

OHIO
Emergency Medical Technician:
Basic Refresher Curriculum



Instructor Course Guide

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INTRODUCTION

PHILOSOPHY

The EMT is responsible for a wide range of knowledge and skills which includes material originally learned, as well as new information resulting from the constant growth and evolution of the field of emergency medical care. In order to maintain up-to-date proficiency, an EMT must regularly participate in educational programs which review the essential components of the Ohio curriculum as well as those which provide exposure to new knowledge and skills resulting from advances in emergency medical care.

This document is a course guide for the basic EMT refresher training program. It will provide information which will help program administrators and instructors plan and implement a course.

COURSE OVERVIEW

ORGANIZATION

The EMT-Basic Refresher curriculum is the minimum acceptable content that must be included in any Ohio EMT-Basic refresher educational program. This program consists of 30 classroom hours. The refresher training program is divided into the following subject areas and hours:

- I. EMS Operations – 2 hours
- II. Airway & Ventilation – 2 hours
- III. Cardiology – 2 hours
- IV. Medical Emergencies – 6 hours
- V. Trauma Issues – 8 hours (2 hours must pertain to triage and transportation protocols as approved by the State Board of EMS.)
- VI. Obstetrics & Gynecology – 2 hours
- VII. Pediatrics Issues – 6 hours
- VIII. Geriatrics Issues – 2 hours
- IX. Patient Assessment – to be covered in all applicable subject areas

EMTs who successfully complete this course must demonstrate competency through written and practical testing over the knowledge and skills outlined in this refresher education program prior to receiving a certificate of completion.

OBJECTIVES

The objectives are divided into two categories: Cognitive and Psychomotor. Some objectives may be repeated in more than one unit. All objectives refer to all patient age groups (pediatric, adult and geriatric) unless otherwise specified or appropriate.

Patient assessment objectives are grouped together at the end of the curriculum for organization. It is expected that these objectives will be covered in each module as appropriate, not necessarily as a separate module.

PREPARATION

The instructor should be familiar with the subject area and the specific objectives of the subject area and be able to prepare the students or explain why this is important to them.

MATERIALS

The instructor should provide EMS equipment as an integral part of the instruction of the classroom presentation. The instructor should assure that the necessary types of equipment in appropriate amounts are accessible to the class.

Lesson plans are outlines of the goals, objectives, content, instructional materials and evaluation methods to be used in a class session. Each instructor will incorporate their own personality and style into their presentations, but the goal of all instructors is to design an organized lesson plan that maximizes the students' opportunity to achieve the stated objectives.

PERSONNEL

All instructional staff utilized during the course must fall into one of the following categories:

EMS Instructor -- This person holds a current and valid certificate to teach issued by the Division of EMS which permits the individual to teach in courses for initial certification and continuing education. This instructor may teach any topic included in the curriculum up to and including their level of EMT certification.

Special Topics Instructor -- This person holds a current and valid certificate to teach special topics areas. This instructor may only teach the topic area(s) denoted on their letter of certification issued by the Division of EMS.

Guest Lecturer -- A guest lecturer may be used to bring a specific area of expertise to the classroom. Whenever a guest lecturer is used, a certified instructor must be present in the classroom.

PRESENTATION

The lesson plan is used to develop the information the instructor provides. This may be accomplished by various methods, including lectures, small group discussion, the use of audio-visual materials, EMS equipment, etc. Lesson plans are time guidelines for the appropriate flow of information and should be developed by the instructor.

The EMT should be able to demonstrate competency in all skills listed. The instructor should perform demonstrations prior to having the EMT perform the skill.

The instructor should supervise the EMTs while they practice the psychomotor skills and should reinforce the progress of the student in all areas. The instructor:student ratio should be no more than 1:10 during these practice sessions. If there is difficulty understanding the content or performing the skills, the instructor should remediate as needed.

COURSE PLANNING CONSIDERATIONS

NEEDS ASSESSMENT

The first step in course planning is the performance of a comprehensive analysis of the many factors which influence the pre-hospital emergency care delivery system in the area. Factors which should be included in this analysis are:

- Recertification requirements (local and state);
- System structure;
- Call characteristics (i.e., volume, type);
- Community demographics; and
- Community hazard assessment.

The second step of the needs assessment is an analysis of the education needs of the potential course participants.

Information obtained through the assessment process should be used as a guide to selection of specific material to be presented in the classroom, within the limitations imposed by local and state standards. The assessment results should also be used in determining course format, schedule, and methods.

COURSE DESIGN

Once the needs assessment has been performed, the following steps should be accomplished to design and implement the course:

- course and sponsoring agency approval
- hours, content, faculty requirements or restrictions in compliance with state requirements
- Identify and orient program staff (medical director and program coordinator)
- Identify and provide equipment sufficient for needs
- Determine class size
- Appropriate physical facilities based on class size
- Presentation can be individual lessons/units, or lessons/units can be combined in a variety of formats

COURSE CONDUCT AND EVALUATION

INSTRUCTIONAL APPROACH

Given the repetitive nature of refresher education, it is easy for participants to become bored quickly and to lack enthusiasm about the program. In order to improve the quality of the educational experience for instructors and participants, creative and innovative instructional activities are strongly suggested. Some specific examples and discussion follow:

Knowledge: Participants in refresher programs have a wealth of experience to draw on and enjoy sharing it.

Skills: Students rapidly lose interest in repetitive entry-level skills drills. Be creative and try new ideas.

Attitudes: A significant concern in EMS today is EMT stress caused by a variety of factors including indifference to quality of education, poor community support, excessive demands on personal time and energy, too many or too few runs, or feelings of inadequacy when dealing with critical patients. Be aware of this and be prepared to provide additional assistance as needed.

Records management

The refresher education program must maintain program and student records which demonstrate compliance with pertinent program standards and local and state regulations. All class records are to be given to the program coordinator of the sponsoring institution, which will include the following:

Program records

- Syllabus
- Course schedule

- Advertising materials
- Master attendance records
- Copies of exams, lesson plans, handout materials
- Any additional records required by the local training institution and program coordinator.

Student records

- Attendance record.
- Test scores.
- Skill competency evaluation checklists.

The Certificate of Completion should not be issued until all program hours are satisfactorily completed. The certificate must be signed by the program coordinator of the sponsoring institution.

TESTING AND EVALUATING THE STUDENT

The primary purpose of refresher training is to assure that EMT-Basics maintain up-to-date proficiency in the knowledge and skill areas which are pertinent to their scope of practice. The program objectives identify these knowledge and skill areas. In order to assure that each student has met the objectives, it is necessary for the education program to use a variety of methods for testing and evaluating participants.

Training programs must provide for regular evaluation of student performance and achievement through written and practical testing prior to issuance of a Certificate of Completion. Examples of evaluation methods include: written quizzes, case review presentations, videotaped skills demonstrations, practical skill exams, oral quizzes and research papers. Written examinations and practical skills demonstrations are the most frequently used tools for assessing student progress.

Requirements for the examination process may be influenced by local and state regulations or standards. A certificate of course completion should not be issued to the student until the student demonstrates competency as measured by formal and documented effective written and practical evaluations.

Written examinations: Written exams should be designed to measure critical components within the broad knowledge base. The student should demonstrate an acceptable level of knowledge (a passing grade) in each subject area. If the devices used to measure student performance are faulty, then an accurate appraisal of student performance will be impossible.

Skills: Skills proficiency should also be measured at several points in the refresher program. The final skills examination should assess both component skills and the

student's ability to apply necessary and appropriate skills to simulated patient care situations.

Another factor in successful course completion may be:

Attendance: Attendance policies, including minimum attendance requirements, should be established in advance and communicated to course participants. Minimum attendance requirements may, in fact, be stipulated by local or state approved policy. Students should attend all refresher sessions for successful course completion.

PROGRAM EVALUATION

PROCESS

Process evaluation will help identify specific causes of instructional failure (i.e., the reason why students fail to achieve satisfactory performance during the course).

Some possible causes of such failure may include:

- instructional activities do not conform to the lesson plans.
- resources, facilities, or materials are inadequate.
- instructor is not well qualified to teach a particular lesson.
- Lack of student attendance and/or participation.

Students must be provided the opportunity to evaluate the class. These evaluations should be reviewed by the instructor(s) and program coordinator and used to develop a quality program.

The on-going review of the course is part of the program coordinator's responsibilities. The review process will include the student evaluations, an evaluation by the instructional staff and an evaluation of the class by the program coordinator. If deficiencies are found, corrective measures must be taken.

All documentation for the class must be submitted to and maintained by the program coordinator of the sponsoring institution.

RESOURCES

Listed below are possible sources of information that may be helpful in teaching this and other courses. This listing is only a sampling and should not be considered all inclusive.

Ohio Division of EMS (www.ohiopublicsafety.org)

- Ohio Revised Code (EMS section)
- Ohio Administrative Code (EMS section)
- Scope of Practice
- Adult and Pediatric Protocols
- State Trauma Triage Protocols
- EMS-C information

National Highway Traffic Safety Administration (NHTSA) / U. S. Department of Transportation (USDOT) (www.nhtsa.dot.gov)

- National curriculum information
- Studies and statistics

Ohio Department of Health (www.odh.state.oh.us)

- Do Not Resuscitate Comfort Care program

National Registry of EMTs (www.nremt.org)

- Practical exam skill sheets

Department of Job & Family Services (www.state.oh.us/odjfs)

- Safe Haven for Newborns – abandoned baby laws

Ohio Board of Pharmacy (www.state.oh.us/pharmacy)

- Drug licenses

EMS-C National Resource Center (www.emsc.org)

- EMS-C related materials and studies

American Geriatric Society (www.americangeriatrics.org)

- Geriatric related materials

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Unit I: EMS Operations

TASK LIST AND EDUCATIONAL OBJECTIVES

At the completion of this unit, the student will be able to:

[**Patient assessment objectives are to be covered as it applies to all topic areas.**]

COGNITIVE OBJECTIVES

1. Provide for safety of self, patient and fellow workers
 - Discuss the importance of body substance isolation (BSI).
 - Describe the steps the EMT-Basic should take for personal protection from airborne and bloodborne pathogens.
2. Identify the presence of hazardous materials
 - Break down the steps to approaching a hazardous situation.
3. Participate in the quality improvement process
 - Define quality improvement and discuss the EMT-Basic's role in the process.
4. Use physician medical direction for authorization to provide care
 - Define medical direction and discuss the EMT-Basic's role in the process.
 - Discuss online vs. offline medical direction.
5. Use body mechanics when lifting and moving a patient
 - Relate body mechanics associated with patient care and its impact on the EMT-Basic.
 - Explain the rationale for properly lifting and moving patients.
6. Use methods to reduce stress in self, a patient, bystanders and co-workers
 - Recognize the signs and symptoms of critical incident stress.
 - State possible steps that the EMT-Basic may take to help reduce/alleviate stress.
7. Obtain consent for providing care
 - Define consent and discuss the methods of obtaining consent.
 - Discuss the implications for the EMT-Basic in patient refusal of transport.
 - Discuss the importance of Do Not Resuscitate [DNR] (advance directives) and local or state provisions regarding EMS application.
 - Explain the role of EMS and the EMT-Basic regarding patients with DNR orders.
 - Explain Ohio's Do Not Resuscitate Comfort Care [DNRCC] laws and rules and their impact on EMS care.
8. Assess and provide care to patients and families involved in suspected abuse or neglect
 - Discuss the special considerations for assessing and managing a patient with suspected abuse or neglect.
9. Discuss the role of the EMT in multiple agency incidents [rescue, weapons of mass destruction (WMD), crime scene]
10. Describe warning signs of potentially violent situations.

11. Explain emergency evasive techniques for potentially violent situations, including:
 - Threats of physical violence.
 - Firearms and other weapon encounters.
12. Explain EMS considerations for the following types of violent or potentially violent situations:
 - Gangs and gang violence.
 - Hostage/sniper situations.
 - Clandestine drug labs.
 - Domestic violence.
 - Emotionally disturbed people.
13. Given a scenario, in which equipment and supplies have been exposed to body substances, discuss the proper cleaning, disinfection, and disposal of the items.

PSYCHOMOTOR OBJECTIVES

1. Working with a partner, move a simulated patient from the ground to a stretcher and properly position the patient on the stretcher.
2. Working with a partner, demonstrate the technique for moving a patient secured to a stretcher to the ambulance and loading the patient into the ambulance.

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Unit II: Airway & Ventilation

TASK LIST AND EDUCATIONAL OBJECTIVES

At the completion of this unit, the student will be able to:

[**Patient assessment objectives are to be covered as it applies to all topic areas.**]

COGNITIVE OBJECTIVES

1. Perform techniques to assure a patent airway
 - Describe the steps in performing the head-tilt chin-lift.
 - Describe the steps in performing the jaw thrust.
 - Describe the techniques of suctioning.
 - Describe how to measure and insert an oropharyngeal (oral) airway.
 - Describe how to measure and insert a nasopharyngeal (nasal) airway.
 - Describe how to assist the special needs airway patient (i.e. stoma, pediatric).
 - Describe the steps in performing orotracheal intubation in the pulseless, apneic patient.
 - Describe the steps in performing dual lumen airway insertion in the pulseless, apneic patient.
2. Provide ventilatory support for a patient
 - Describe the steps in performing the skill of artificially ventilating a patient with basic and advanced adjunctive devices.
3. Explain the use of oxygen delivery system components (nasal cannula, face mask, etc.)
 - Identify a non-rebreather face mask and state the oxygen flow requirements needed for its use.
 - Identify a nasal cannula and state the flow requirements needed for its use.

PSYCHOMOTOR OBJECTIVES

1. Demonstrate the steps in performing the skill of artificially ventilating a patient with a bag-valve-mask for one and two rescuers.
2. Demonstrate how to insert an oropharyngeal and nasopharyngeal airway.
3. Demonstrate the use of a non-rebreather face mask and a nasal cannula.
4. Demonstrate artificial ventilation of a patient with a flow restricted, oxygen powered ventilation device.
5. Demonstrate the techniques of suctioning.
6. Demonstrate endotracheal and dual lumen airway insertion.

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Unit III: Cardiology

TASK LIST AND EDUCATIONAL OBJECTIVES

At the completion of this unit, the student will be able to:

[**Patient assessment objectives are to be covered as it applies to all topics**]

COGNITIVE OBJECTIVES

1. Provide care to a patient experiencing chest pain/discomfort
 - Describe the emergency medical care of the patient experiencing chest pain/discomfort.
 - Discuss the position of comfort for patients with various cardiac emergencies.
 - Recognize the need for medical direction to assist in the emergency medical care of the patient with chest pain.
 - List the indications for the use of nitroglycerin.
2. Attempt to resuscitate a patient in cardiac arrest
 - Discuss the circumstances, which may result in inappropriate shocks.
 - Explain the considerations for interruption of CPR, when using the automated external defibrillator.
 - List the steps in the operation of the automated external defibrillator.
 - Discuss the need to complete the Automated Defibrillator: Operator's Shift Checklist.
 - Explain the role medical direction plays in the use of an automated external defibrillator.
 - Discuss the need for ACLS during an arrest.
 - Discuss the Quality Assurance (QA) process and documentation in cardiac arrest.
 - Discuss post resuscitation care.

PSYCHOMOTOR OBJECTIVES

1. Given a cardiac arrest scenario, demonstrate the use of the AED.
2. Demonstrate proper CPR on an adult, pediatric and infant manikin.
3. Given cardiac scenarios, demonstrate the ability to properly assess and care for a patient, including the use of assisted nitroglycerin when appropriate.

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Unit IV: Medical Emergencies

TASK LIST AND EDUCATIONAL OBJECTIVES

At the completion of this unit, the student will be able to:

[**Patient assessment objectives are to be covered as it applies to all topic areas.**]

COGNITIVE OBJECTIVE

1. Provide treatment for a patient in respiratory distress
 - List the signs and symptoms of difficulty breathing.
 - Describe the emergency medical care of the patient with breathing difficulty.
 - Recognize the need for medical direction to assist in the emergency medical care of the patient with breathing difficulty.
 - State the generic name, medication forms, dose, administration, action, indications and contraindications for the prescribed inhaler.
2. Provide care to a patient with an altered mental status
 - State the steps in the emergency medical care of the patient taking diabetic medicine with an altered mental status and a history of diabetes.
 - Evaluate the need for medical direction in the emergency medical care of the diabetic patient.
3. Provide care of the patient experiencing an allergic reaction
 - Recognize the patient experiencing an allergic reaction.
 - Describe the emergency medical care of the patient with an allergic reaction.
 - State the generic and trade names, medication forms, dose, administration, action, and contraindications for the epinephrine auto-injector.
 - Evaluate the need for medical direction in the emergency medical care of the patient with an allergic reaction.
 - Differentiate between the general category of those patients having an allergic reaction and those patients having an allergic reaction and requiring immediate medical care, including immediate use of an epinephrine auto-injector.
4. Provide care to a suspected poison/overdose patient
 - Describe the steps in the emergency medical care for the patient with suspected poisoning.
 - Discuss the emergency medical care for the patient with possible overdose.
5. Provide care to a patient experiencing a behavioral problem
 - Discuss the characteristics of an individual's behavior which suggests that the patient is at risk for suicide.
 - Discuss the special considerations for assessing a patient with behavioral problems.

- Discuss the general principles of an individual's behavior which suggests that the patient is at risk for violence.
- Discuss methods to calm behavioral emergency patients.

PSYCHOMOTOR OBJECTIVES

1. Given medical scenarios, demonstrate the ability to properly assess the patient and demonstrate the ability to properly utilize the intervention to include inhaler, nitroglycerin, oral glucose and activated charcoal.
2. Demonstrate the use of an epinephrine auto-injector.
3. Given a cardiac arrest scenario, demonstrate the use of the AED.

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Unit V: Trauma

TASK LIST AND EDUCATIONAL OBJECTIVES

At the completion of this unit, the student will be able to:

[**Patient assessment objectives are to be covered as it applies to all topics.**]

COGNITIVE OBJECTIVES

1. Mechanism of Injury
 - List the motion and energy considerations of blunt and penetrating mechanisms of injury.
 - Define the role and kinematics as an additional tool for patient assessment.
 - Describe the pathophysiology of the head, spine, thorax, and abdomen that result from blunt and penetrating forces.
2. Patient Assessment – Reference to Patient Assessment unit
 - Explain the importance of the patient assessment in the overall management of the trauma patient.
 - Describe the initial assessment using the A B C D method.
 - Describe the rapid examination skills necessary to evaluate respiration, circulation, and level of consciousness/responsiveness.
 - Identify life-threatening conditions that require immediate attention.
 - Identify the steps in the focused history and physical examination.
3. Airway Management – Reference to Airway Unit
 - Identify patients who require airway control.
 - List methods of manual and mechanical airway management and how to implement them while maintaining in-line cervical spine immobilization.
 - Describe the techniques for initial and subsequent assessment of the airway and ventilation interventions on trauma patients.
4. Thoracic Trauma
 - Define the associate physiology and pathophysiology pertinent to ventilation and circulation in the thorax.
 - List the basic diagnostic signs and symptoms of the following:
 - Flail chest
 - Pneumothorax (open and closed)
 - Tension pneumothorax and hemothorax
 - Pericardial tamponade
 - Aortic, tracheal and bronchial rupture
 - Identify the need for rapid stabilization and transportation to the hospital.
1. Shock and Fluid Resuscitation
 - List the signs and symptoms of each phase of shock.
 - List the indications for intravenous fluid replacement.
 - Identify the need for rapid transportation when confronted with continuing hypofusion.

1. Abdominal Trauma
 - Define the associated physiology and pathophysiology of blunt and penetrating injury to the abdomen.
 - Identify the importance of maintaining a high index of suspicion for abdominal trauma.
 - Identify the need for rapid intervention and rapid transportation when appropriate.
 - Identify the anatomic and physiologic changes that occur in pregnancy.
 - Identify the proper position for transport of the pregnant trauma patient.
2. Musculoskeletal Trauma
 - Describe the initial and focus assessments as related to extremity trauma.
 - List the five major pathophysiologic problems that require management in injuries of the extremities.
 - Demonstrate an understanding of the relationship between hemorrhage and open and closed fractures.
 - List the four primary signs and symptoms of extremity trauma; list other signs and symptoms that can indicate less obvious extremity injury.
 - Explain the management of extremity trauma, especially in the presence of life-threatening injuries.
 - Describe the management of amputations.
3. Head Trauma
 - Define the physiology and pathophysiology of hypoperfusion, concussion, contusion, laceration, hematoma, and fractures pertinent to the head.
 - Define increased intracranial pressure and list the progression of events as pressure rises.
 - Explain the indications for hyperventilation in the head injury patient.
 - Identify the need for rapid transport of a patient with a decreased level of consciousness from a significant head injury.
4. Spine Trauma
 - List in order of frequency, four major activities producing spinal trauma in adults and pediatric patients.
 - List a minimum of four specific mechanisms of injury that can cause spinal injury.
 - Demonstrate a clear understanding that three indications of spinal trauma must be assessed: (1) mechanism of injury; (2) the presence of trauma due to violent force; (3) specific signs of spinal trauma.
 - Discuss the assessment findings associated with spinal injuries.
5. Thermal Trauma
 - List the basic criteria for assessing burn severity.
 - List two life-threatening injuries resulting from burns that require prehospital treatment.
 - List five signs that indicate inhalation injury and possible respiratory sequelae after a burn injury.
 - Define the rules of nines for adult and pediatric patients.
 - Perform a rapid extrication of a trauma patient.
6. Pediatric Trauma – Reference to Pediatric unit

- Demonstrate an understanding of the special importance of managing the airway and restoring adequate tissue oxygenation in pediatric patients.
 - Identify the quantitative vital signs for children.
 - Demonstrate an understanding of management techniques for the variety of injuries found in pediatric patients.
7. Geriatric Trauma – Reference to Geriatric unit
 - Demonstrate an understanding of differences in the mechanism of injury in the elderly.
 - Identify the variables in the pathophysiology of aging.
 - Demonstrate an understanding of the special considerations in assessing the elderly.
 - Understand the importance of identifying any preexisting medical conditions.
 - Demonstrate an understanding of the effects of medications taken by the elderly.
 - Demonstrate an understanding of how to appropriately communicate with the elderly.
 - Define implied consent and explain the usually limited role of the third party powers in trauma scene decision-making.
 - Identify the signs and symptoms of abuse and neglect of the elderly.
 8. Discuss the differences in management of adult, pediatric and geriatric trauma patients.
 9. Discuss use of PASG.

PSYCHOMOTOR OBJECTIVES

1. Demonstrate care of the patient experiencing external bleeding.
2. Demonstrate care of the patient exhibiting signs and symptoms of shock (hypoperfusion).
3. Demonstrate the steps in the care of open and closed soft tissue injuries. (chest injuries, abdominal injuries, burns and amputations).
4. Demonstrate the steps in the care of a patient with a head or spine injury.
5. Demonstrate the procedure for rapid extrication.
6. Demonstrate the care of a patient with a possible fracture.
7. Demonstrate methods of assessment and management of the airway of a trauma patient with in-line cervical spine immobilization.

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Unit VI: Obstetrics & Gynecology

TASK LIST AND EDUCATIONAL OBJECTIVES

At the completion of this unit, the student will be able to:

*[**Patient assessment objectives are to be covered as it applies to all topic areas**]*

COGNITIVE OBJECTIVE

1. Discuss the assessment and care provided to the obstetric patient
2. Discuss the body substance isolation (BSI) required to assist in the care of a patient in labor
3. Discuss the steps used to assist with the delivery of an infant
4. Discuss how to provide care to the mother immediately following delivery of a newborn
 - Identify pre-delivery emergencies.
 - State the steps to assist in the delivery.
 - Discuss the steps in the delivery of the placenta.
 - List the steps in the emergency medical care of the mother post-delivery.
 - Summarize neonatal resuscitation procedures.
 - Describe the procedures for abnormal deliveries.
5. Discuss the care of a victim of a sexual assault
6. Assess and provide care to an ill or injured infant or child with:
 - Respiratory distress.
 - Shock (hypoperfusion).
 - Cardiac Arrest.
 - Seizures.
 - Trauma.

PSYCHOMOTOR OBJECTIVE

1. Demonstrate steps to assist in the normal cephalic delivery.
2. Demonstrate steps in caring for a patient with an abnormal delivery.

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Unit VII: Pediatrics

TASK LIST AND EDUCATIONAL OBJECTIVES

At the completion of this unit, the student will be able to:

*[**Patient assessment objectives are to be covered as it applies to all topic areas**]*

COGNITIVE OBJECTIVE

1. Discuss how to provide care to the newborn after delivery.
2. Discuss how to provide care to an ill or injured pediatric patient with:
 - Respiratory distress.
 - Shock (hypoperfusion).
 - Cardiac arrest.
 - Seizures.
 - Trauma.
3. Summarize indications of patient neglect and abuse in the pediatric patient.

PSYCHOMOTOR OBJECTIVE

1. Demonstrate post delivery care of the infant.
2. Demonstrate assessment of a pediatric patient.
3. Demonstrate care of an injured or ill pediatric patient.

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Unit VIII: Geriatrics

TASK LIST AND EDUCATIONAL OBJECTIVES

At the completion of this unit, the student will be able to:

*[**Patient assessment objectives are to be covered as it applies to all topic areas**]*

COGNITIVE OBJECTIVE

1. Discuss the factors that may complicate the assessment of the elderly patient.
2. Discuss the impact of polypharmacy and medication non-compliance on patient assessment and management.
3. Discuss the social, financial, and ethical issues facing the elderly patient.
4. Compare the assessment of a younger adult with that of an elderly patient.
5. Compare and contrast the pathophysiology of nervous system diseases in the elderly with that of a younger adult, including but not limited to:
 - Cerebral vascular disease.
 - Delirium.
 - Dementia.
 - Alzheimer's disease.
 - Parkinson's disease.
6. Discuss the normal pathophysiological changes that occur in the elderly and their impact on the care and assessment of geriatric patients.

PSYCHOMOTOR OBJECTIVE

1. Demonstrate the assessment and management of a geriatric patient.

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Unit IX: Patient Assessment

TASK LIST AND EDUCATIONAL OBJECTIVES

At the completion of this unit, the student will be able to:

[**Patient assessment objectives are to be covered as it applies to all topics**]

COGNITIVE OBJECTIVES

1. Assess scene safety
 - Recognize hazards/potential hazards.
 - Describe common hazards found at the scene of a trauma and a medical patient.
 - Determine if the scene is safe to enter.
2. Assess the need for additional resources at the scene
 - Explain the reason for identifying the need for additional help or assistance.
3. Assess mechanism of injury
 - Discuss injury patterns found in trauma patients.
4. Assess nature of illness
 - Discuss common mechanisms of injury/nature of illness.
5. Perform an initial patient assessment and provide care based on initial assessment findings
 - Summarize the reasons for forming a general impression of the patient.
 - Discuss methods of assessing c-spine injuries.
 - Discuss methods of assessing altered mental status.
 - Discuss methods of assessing the airway in the adult, child and infant patient.
 - Describe methods used for assessing if a patient is breathing.
 - Differentiate between a patient with adequate and inadequate breathing.
 - Distinguish between methods of assessing breathing in the adult, child and infant patient.
 - Describe the methods used to obtain a pulse.
 - Describe normal and abnormal findings when assessing skin color, temperature and condition.
 - Explain the reason for prioritizing a patient for care and transport.
6. Obtain a **SAMPLE** history
 - Identify the components of a **SAMPLE** history.
7. Perform a rapid trauma assessment and provide care based on assessment findings
 - State the reasons for performing a rapid trauma assessment.
 - Recite examples and explain why patients should receive a rapid trauma assessment.
8. Perform a history and physical examination focusing on the specific injury and provide care based on assessment findings.

- Discuss the reason for performing a focused history and physical examination.
9. Perform a history and physical examination focusing on a specific medical condition and provide care based on assessment findings.
 - Differentiate between the history and physical examination that are performed for responsive patients with no known prior history and responsive patients with a known history.
 - Differentiate between the assessment that is performed for a patient who is unresponsive or has an altered mental status and other medical patients requiring assessment.
 10. Perform a detailed physical examination and provide care based on assessment findings
 - State the areas of the body that are evaluated during the detailed physical examination.
 - Explain what additional care should be provided while performing the detailed physical examination.
 11. Perform on-going assessments and provide care based on assessment findings.
 - Discuss the reasons for repeating the initial assessment as part of the on-going assessment.
 - Describe the components of the on-going assessment.
 12. Complete a prehospital care report
 - Apply the components of the essential patient information in a written report.
 13. Communicate with the patient, bystanders, other health care providers and patient family members while providing patient care
 - Discuss the communication skills that should be used to interact with the patient.
 - Discuss the communication skills that should be used to interact with the family, bystanders, individuals from other agencies and hospital personnel while providing patient care.
 - Discuss the difference between skills used to interact with the patient and those used to interact with others.
 14. Provide a report to medical direction of assessment findings and emergency care given
 - Explain the importance of effective communication of patient information.
 15. Select the appropriate standing orders based on the assessment findings.
 16. Discuss patient triage and the role of an EMT in mass casualty incidents.
 17. Explain the value of performing an on-going evaluation of each component of the prehospital patient assessment.

PSYCHOMOTOR OBJECTIVES

1. Demonstrate the steps in performing a scene size-up.

2. Demonstrate the steps in performing an initial assessment.
3. Demonstrate the rapid trauma assessment that should be used to assess a patient based on mechanism of injury.
4. Demonstrate the steps in performing a focused history and physical on a medical and a trauma patient.
5. Demonstrate the skills involved in performing a detailed physical examination.
6. Demonstrate the skills involved in performing an on-going assessment.
7. Complete a prehospital care report.