Virginia OFFICE OF EMERGENCY MEDICAL SERVICES
Virginia Department of Health

Patient Assessment/Management – Trauma

Scenario #:

Same Day Retest ☐

LEVEL TESTED: ☐ **EMR** ☐ **EMT**

Date: _____/_____/_____ **Test Site Location:** _____

Candidate's Name: _____ **#:** _____ **End Time:** _____

Evaluator's Name: _____ **Start Time:** _____

Evaluator's Signature:_____ **Total Time:** _____

By signing above, I affirm that to the best of my knowledge, this document is an accurate objective evaluation of the above-named candidate. I further affirm that this document was completed in accordance with Office of EMS policies and I have no conflicts of interest or bias for the evaluated candidate.

NOTE: Areas denoted by "**" may be integrated within the sequence of the Primary Assessment without penalty.

		Points Possible	Points Awarded
Takes or verbalizes appropriate precautions (PPE) *if required based on patient scenario. Award point if N/A*		1	
SCENE SIZE-UP			
Determines the scene is safe		1	
Determines the mechanism of injury		1	
Determines the number of patients		1	
Requests additional help if necessary		1	
Considers stabilization of spine		1	
PRIMARY ASSESSMENT			
Verbalizes general impression of the patient		1	
Determines responsiveness / level of consciousness (AVPU)		1	
Determines chief complaint / apparent life threats		1	
Airway	Opens and assesses airway	1	
	Inserts adjunct as indicated	1	
Breathing	Assessment	1	
	Initiates appropriate Oxygen therapy	1	
	Assures adequate ventilation	1	
	Injury management that compromises airway/breathing	1	
Circulation	Assesses / controls major bleeding if present	1	
	Assesses pulse	1	
	Assesses skin (either color, temperature, or condition)	1	
	Initiates shock management (proper position, conserve heat)	1	
Identifies priority patients / makes transport decision / integrates treatments to preserve life		1	
HISTORY TAKING			
Obtains S.A.M.P.L.E. history, if able		1	
SECONDARY ASSESSMENT AND VITAL SIGNS			
Obtains vital signs (must include Pulse, Respirations and BP)		1	
Assess the head	Inspects and palpates the scalp and ears	1	
	Assesses the eyes**	1	
	Assesses the facial areas including oral and nasal areas**	1	
Assess the neck**	Inspects and palpates the neck	1	
	Assesses for JVD	1	
	Assesses for tracheal deviation	1	
Assess the chest**	Inspects	1	
	Palpates	1	
	Auscultates	1	
Assess the abdomen / pelvis	Assesses the abdomen	1	
	Assesses the pelvis	1	
	Verbalizes assessment of genitalia / perineum as needed	1	
Assess the extremities	1 point for each extremity Includes inspection, palpation, and assessment of motor sensory and circulatory function	4	
Assess the posterior	Assesses thorax**	1	
	Assesses lumbar	1	
Manages secondary injuries and wounds appropriately		1	
REASSESSMENT (verbalized)			
Verbalizes reassessment of the patient and interventions		1	
	TOTAL:	**42**	

Critical Criteria: **(You must thoroughly explain your reason for checking any critical criteria on the back of this sheet)**

☐ 111 - Did not determine scene safety
☐ 112 - Did not provide for spinal protection when indicated
☐ 113 - Did not assess for and verbalize high concentration of Oxygen, if indicated
☐ 114 - Did not find, or manage, problems associated with airway, breathing, hemorrhage, or shock
☐ 115 - Did other assessment before assessing the airway, breathing, and circulation
☐ 116 - Did not verbalize appropriate intervention or verbalized inappropriate / unsafe treatment
☐ 117 - Did not verbalize transporting patient within 10-minute time limit, if EMT candidate
☐ 118 - Did not obtain 33 or more points

☐P ☐F

OEMS Examiner Review

Initials: _____

Bubble T or 2 on Scanform if Failed