Multiple Category Scope and Sequence: Scope and Sequence Report For Course Standards and Objectives, Content, Skills, Vocabulary

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	Unit	Course Standards and Objectives	Content	Skills	Vocabulary
District Advanced **Emergency Medical Technician (51.0904) (District)** 2014-2015 **Christensen, Jennifer**	**CPR** (Week 1, 2 Weeks)	**Professional Rescuer Student Handbook.pdf**	**Circulatory System** ▪ Recognize a heart attack ▪ Care for patients in cardiac arrest ▪ Heart conditions ▪ Cardiovascular disease **Automated External Defibrillation** ▪ Components of CPR ▪ Performance of CPR ▪ Heart rhythms ▪ Early defibrillation	▪ Describe how to recognize and care for a victim who may be experiencing a heart attack. ▪ Describe how to care for a patient who may be experiencing cardiac arrest. ▪ List the reasons why the heart would stop beating. ▪ Identify controllable risk factors for cardiovascular disease. ▪ Describe the skill components of CPR. ▪ List the steps of one-rescuer CPR for an adult, a child and an infant. ▪ Explain when it is appropriate to stop performing CPR. ▪ Describe how to perform two-rescuer CPR for an adult, a child and an infant. ▪ Define defibrillation and describe how it works. ▪ Identify the abnormal heart rhythms commonly present during cardiac arrest. ▪ Describe the role and importance of early defibrillation in cardiac arrest. ▪ List the general steps for using an automated external defibrillator. ▪ Identify precautions for using an AED. ▪ Identify special situations that may arise when using an AED.	Vocabulary students will learn and understand: ▪ Heart ▪ Cardiac arrest ▪ Cardiopulmonary Resuscitation (CPR) ▪ Automated external defibrillator (AED) ▪ Sinoatrial node ▪ Atrioventricular node ▪ Normal sinus rhythm ▪ Cardiovascular disease ▪ Coronary heart disease ▪ arrhythmia ▪ Sudden cardiac arrest ▪ Angina pectoris ▪ Arrhythmia ▪ Congestive heart failure ▪ Hypertension ▪ Cardiac chain of survival
	Section 1 - Foundations (Week 3, 5 Weeks)	**M01_LIMM3804_12_SE_CH01.doc** **M02_LIMM3804_12_SE_CH02.doc** **M03_LIMM3804_12_SE_CH03.doc** **M04_LIMM3804_12_SE_CH04.doc**	**Introduction to Emergency Care** ▪ History of EMS ▪ NHTSA standards ▪ EMS system ▪ Levels of training ▪ EMT responsibilities ▪ Traits of an EMT	Students will be able to: ▪ Create a historical timeline of the events leading to the development of modern emergency medical services. ▪ Describe the importance of each of the National Highway Traffic Safety Administration standards for assessing EMS systems. ▪ Describe components of an EMS	Vocabulary students will learn and understand: ▪ EMT code of ethics ▪ EMT oath ▪ Emergency care in the 1790's ▪ American Civil War ▪ World War I ▪ Korean conflict and

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Well-Being of an EMT

- Health habits
- Personal protective equipment
- Hand-washing
- Diseases of concern
- CDC, OSHA, Ryan White CARE act
- N-95 or HEPA respirator
- Tuberculosis
- Stress in EMS
- Critical incident stress management (CISM)
- Death and dying

Lifting and Moving Patients

- Considerations before lifting
- Body mechanics
- Power lift and power grip
- Emergency, urgent and non-urgent moves
- Patient lifting and carrying devices
- Devices for lifting spinal cord injuries

Legal and Ethical Issues

- Scope of practice
- Standard of care
- Types of consent
- Refusal of care
- Advance directives
- Good Samaritan laws
- Patient confidentiality
- Libel or slander
- Situations that need reporting

Anatomy

- Medical terminology in EMS

system.

- Compare and contrast training responsibilities of EMR, EMT, AEMT and Paramedic.
- Explain each of the specific areas of responsibility for the EMT.
- Give examples of the physical and personality traits that are desirable for EMTs.
- Describe EMT job settings.
- Demonstrate the purpose of the National Registry of Emergency Medical Technicians.
- Describe health habits that promote physical and mental well-being.
- Determine appropriate personal protective equipment needed in EMT situations.
- Demonstrate proper procedures for hand washing and using alcohol-based hand cleaners.
- Describe health concerns related to exposure to hepatitis B, hepatitis C, tuberculosis and AIDS.
- Access the Centers for Disease Control and explain their essential provisions along with OSHA and the Ryan White CARE Act.
- Know the indications for use of an N-95 or HEPA respirator.
- Understand the purpose of the tuberculin skin test.
- Give examples of common EMS stressors.
- Describe the stages of the stress response, including the effects of each stage on the body.
- Differentiate between acute, delayed and cumulative stress reactions.
- List lifestyle changes that can be used to manage stress.
- Explain the purpose of critical incident stress management.
- Identify with the feelings of a patient who has a communicable disease.
- Promote the importance of safety on EMS calls.
- Describe factors to consider before lifting any patient.
- Use principles of proper body mechanics when lifting and moving patients and other heavy objects.

Vietnam war

- Emergency care in the 1900's
- 1966 - The White Paper
- TV show Emergency
- 1973 EMSS Act
- EMS
- DOT
- National Registry of EMT
- NHTSA
- NHTSA Standards
- Professionalism
- ADA
- EMD
- EMR
- EMT
- AEMT
- Paramedic
- Public Safety Answering Point
- Access to EMS
- Personal Safety
- EMT primary responsibility
- Patient assessment
- Patient care
- Lifting and moving
- Transport
- Transfer of care
- Data collection
- Patient advocacy
- Physical traits
- Personal traits
- Ethics
- Quality improvement
- Medical director
- Medical direction
- Protocols
- Designated agent
- Standing orders
- Off-line medical direction
- On-line medical direction
- Patient outcomes
- Evidence-based
- EMS role in public health
- Certification
- Reciprocity
- CME
- Specialty centers

- Anatomical position and directional terms
- Structures and functions of body systems
- Differences in adults and children
- Life support chain

Physiology

- Roles and structure of cells
- Cardiopulmonary function and cells
- Shock
- Impairment of cardiopulmonary function
- Body's fluid balance and disruption
- Nervous system and impairment

Life Span Development

- Infant
- Toddler
- Preschool age
- School age
- Adolescent
- Early adult
- Middle adult
- Late adult
- Psychosocial characteristics and development

- Demonstrate the power lift and power grip when lifting a patient-carrying device.
- Follow principles of good body mechanics when reaching, pushing and pulling.
- Give examples and demonstrate emergency, urgent and non-urgent patient moves.
- Demonstrate and give examples of the proper use of patient-lifting and carrying devices.
- Differentiate between devices to be used to lift and carry patients with and without suspected spinal injuries.
- Define EMT scope of practice.
- Differentiate between scope of practice and standard of care.
- Give examples of patient consent and their application.
- Explain legal and ethical considerations in situations here patients refuse care.
- Identify EMT obligations with respect to advance directives.
- Define negligence.
- Explain the purpose of Good Samaritan laws.
- Identify situations that would constitute a breach of patient confidentiality, libel or slander.
- Recognize medical identification devices and organ donor status.
- List items that may be considered evidence at a crime scene.
- Describe ways an EMT can minimize their impact on evidence while meeting obligations to care for patients.
- Recognize situations that may legally require reporting to authorities.
- Describe the importance of medical terminology in EMS.
- Apply definitions of common prefixes, suffixes, and roots to determine the meaning of medical terms.
- Recognize the meaning of acronyms and abbreviations commonly used in EMS.
- Use anatomical terms of position and direction to describe the location of body structures and position of the

- Well-being
- Concepts of well-being
- Pathogens
- Standard precautions
- Personal protective equipment (PPE)
- Contamination
- Hand washing
- HEPA
- NIOSH
- Hepatitis B
- Hepatitis C
- Tuberculosis
- PPD
- HIV
- AIDS
- Emerging diseases and conditions
- OSHA
- CDC
- Ryan White CARE act
- Stress
- Signs of stress
- Acute stress reaction
- Delayed stress reaction
- Cumulative stress reaction
- Causes of stress
- Multiple-casulty incident
- Managing stress
- Lifestyle changes
- Critical incident stress management (CISM)
- Stages of grief
- Denial
- Anger
- Bargaining
- Depression
- Acceptance
- Scene safety
- Hazardous Material incident
- Decontamination
- React to danger
- Retreat
- Radio
- Reevaulate
- Body mechanics
- Power lift

body.

- Utilize topographical anatomical landmarks as points of reference.
- Describe the structures and functions of each of the body systems - musculoskeletal, respiratory, cardiovascular, nervous, digestive, integumentary, endocrine, renal, male and female reproduction.
- Label anatomical structures of each of the body systems - skeletal, respiratory, cardiovascular, nervous, skin, endocrine, renal/urinary, male and female reproductive.
- Describe the differences in the respiratory anatomy of children as compared to adults.
- Understand the roles and structures of body cells.
- Describe the roles of water, glucose, and oxygen in the cell.
- Describe conditions that can threaten cardiopulmonary function.
- Explain how impaired cardiopulmonary function affects the body.
- Discuss the mechanisms the body uses to compensate for impaired cardiopulmonary function.
- Explain the pathophysiology of shock.
- Identify signs and symptoms that indicate the body is attempting to compensate for impaired cardiopulmonary function.
- Describe ways and recognize indications when the body's fluid balance can become disrupted.
- Describe ways and recognize indications when the nervous system may be impaired.
- Describe the physical and physiological characteristics, including normal vital signs for individuals in each of the following age groups - infant, toddler, preschool age, school age, adolescent, early adult, middle adult, late adult.
- Describe the typical psychosocial characteristics and concerns of individuals at each stage during the life span.
- Use knowledge of physical,
- Power grip
- Reaching
- Pushing
- Pulling
- Emergency moves
- Urgent moves
- One-rescuer drags
- Two rescuer emergency moves
- Non-urgent moves
- Patient-carrying devices
- Wheeled stretcher
- Bariatric stretcher
- Stair chair
- Spine boards
- Scoop stretcher
- Basket stretcher
- Flexible stretcher
- Extremity lift
- Direct ground lift
- Draw-sheet method
- Direct carry
- Positioning for shock
- Trendelenburg position
- Fowler position
- Semi-fowler position
- Kendrick Extrication Device (KED)
- Recovery position
- Supine
- Prone
- Laterally recumbent
- Medical director
- Scope of practice
- Protocols
- Standing orders
- Standard of care
- Ethics
- Consent
- Implied consent
- Expressed consent
- In loco parentis
- Involuntary transportation
- Liability
- Assault
- Battery
- Do Not Resuscitate (DNR)
- Advance directive

physiological and psychosocial development to anticipate the needs and concerns of patients of all ages.

- Negligence
- Tort
- Criminal law
- Civil law
- Res ipsa loquitur
- Duty to act
- Abandonment
- Moral
- Ethical
- Good Samaritan Laws
- Confidentiality
- HIPAA
- Libel
- Slander
- Special situations
- Organ donors
- Safe Haven Law
- Crime scene
- Special reporting requirements
- Medical terminology
- Compound
- Root
- Combining form
- Prefix
- Suffix
- Abbreviations
- Acronyms
- Anatomy
- Physiology
- Anatomical position
- Left
- Right
- Plane
- Midline
- Medial
- Lateral
- Bilateral
- Mid-axillary
- Anterior
- Posterior
- Ventral
- Dorsal
- Mid-clavicular
- Superior
- Inferior
- Plantar
- Palmar
- Proximal

- Distal
- Supine
- Prone
- Abdominal quadrants
- Fowlers
- Semi-Fowlers
- Trendelenburg
- Shock position
- Musculoskeletal system
- Skeleton
- Muscle
- Ligament
- Tendon
- Skull
- Spinal column
- Thorax
- Ribs
- Floating ribs
- Pelvis
- Lower extremities
- Upper extremities
- Joints
- Voluntary muscle
- Involuntary muscle
- Respiratory system
- Diaphragm
- Inhalation
- Exhalation
- Ventilation
- Cardiovascular system
- Heart chambers
- Heart valves
- Heart vessels
- Cardiac conduction system
- Artery
- Vein
- Carotid arteries
- Femoral artery
- Brachial artery
- Radial artery
- Posterior tibial artery
- Dorsalis pedis artery
- Blood
- Pulse
- Blood pressure
- Perfusion
- Hypoperfusion
- Life support chain

- Nervous system
- Central nervous system
- Peripheral nervous system
- Autonomic nervous system
- Digestive system
- Integumentary system
- Endocrine system
- Renal system
- Reproductive system
- Pathophysiology
- Metabolism
- Electrolyte
- Aerobic metabolism
- Anaerobic metabolism
- Cardiopulmonary system
- Airway
- Lungs
- Respiratory dysfunction
- Respiratory compensation
- Patent
- Tidal volume
- Minute volume
- Dead air space
- Chemoreceptors
- Blood Plasma oncotic pressure
- Hydrostatic pressure
- Blood dysfunction
- Blood vessels
- Stretch receptors
- Blood vessel dysfunction
- Systemic vascular resistance (SVR)
- Heart
- Stroke volume
- Cardiac output
- Heart dysfunction
- Cardiopulmonary system
- V/Q match
- Perfusion
- Hypoperfusion
- Shock
- Fluid balance
- Disruptions of fluid balance
- Dehydration

				▪ Edema ▪ Nervous system ▪ Nervous system dysfunction ▪ Endocrine system ▪ Endocrine system dysfunction ▪ Digestive system ▪ Digestive system dysfunction ▪ Immune system ▪ Hypersensitivity ▪ Infancy ▪ Moro reflex ▪ Palmar reflex ▪ Rooting reflex ▪ Sucking reflex ▪ Bonding ▪ Trust vs. mistrust ▪ Scaffolding ▪ Temperament ▪ Toddler phase ▪ Preschool age ▪ School age ▪ Adolescence ▪ Early adulthood ▪ Middle adulthood ▪ Late adulthood
Section 3 - Patient Assessment (Week 7, 6 Weeks)	**M10_LIMM3804_12_SE_CH10.doc** **M11_LIMM3804_12_SE_CH11.doc** **M12_LIMM3804_12_SE_CH12.doc** **M13_LIMM3804_12_SE_CH13.doc** **M14_LIMM3804_12_SE_CH14.doc** **M15_LIMM3804_12_SE_CH15.doc** **M16_LIMM3804_12_SE_CH16.doc** **M17_LIMM3804_12_SE_CH17.doc**	**Scene Size-Up** ▪ Ongoing nature of scene size-up ▪ Potential hazards for an EMT ▪ Establishing a danger zone ▪ Possible crime scenes and potential for violence ▪ Standard precautions ▪ Mechanism of injury ▪ Nature of illness ▪ Number of patients **Primary Assessment** ▪ Purpose of primary	Students will be able to: ▪ Explain the ongoing nature of scene size-up beyond the initial moments at the scene. ▪ Given a scene-arrival scenario, list several examples of potential hazards for which the EMT should actively search. ▪ Describe considerations in establishing a danger zone at the scene of a vehicle collision. ▪ Recognize indications of possible crime scenes and the potential for violence. ▪ Use information from the scene size-up to make decisions about the use of standard precautions to protect against disease exposure. ▪ Use information from the scene size up to determine the mechanism of	Vocabulary students will learn and understand: ▪ BSI ▪ Universal precautions ▪ CDC ▪ Scene safety ▪ MOI (Mechanism of Injury) ▪ High index of suspicion ▪ NOI (Nature of Illness) ▪ Number of patients ▪ Additional help ▪ Triage ▪ Personal safety ▪ Crew safety ▪ Patient safety ▪ Bystander safety ▪ Scene hazards ▪ Danger zone

assessment
- First step to assessment
- General impression
- Chief complaint
- Patient's mental status
- Assess airway
- Assess breathing
- Assess circulation
- Patient's transport priority

Vital Signs

- Vital signs used in the prehospital setting
- Vital signs and decision making
- Documenting vital signs
- Pulse
- Respirations
- Skin
- Pupils
- Blood pressure
- Oxygen saturation
- Blood glucose
- Mental status and vital signs
- Expected ranges for vital signs

Trauma Assessment

- Significant mechanism of injury
- Non-significant mechanism of injury
- Systemic secondary assessment
- Physical examination
- Manual stabilization of cervical spine
- Unstable trauma patient
- Rapid trauma assessment
- Advanced life support considerations

injury or nature of the illness.
- Explain the importance of determining the number of patients and the need for additional resources in the scene size up.
- Recognize potential dangers.
- Make decisions about body substance isolation.
- Determine the nature of illness or mechanism of injury.
- Determine the number of patients.
- Determine the need for additional resources.
- Explain the purpose of the primary assessment.
- Discuss the difference in first steps to assessment if the patient is apparently lifeless or if the patient has signs of life.
- Form a general impression
- Determine the chief complaint.
- Determine the patient's mental status.
- Assess the airway.
- Assess breathing.
- Assess circulation.
- Determine the patient's priority for transport.
- Recognize findings in the primary assessment that require immediate intervention.
- Differentiate the approach to the primary assessment based on mechanism of injury, nature of illness and the patient's age.
- Identify the vital signs used in prehospital patient assessment.
- Explain the use of vital signs in patient care decision making.
- Integrate assessment of vital signs into the patient assessment process, according to the patient's condition and the situation.
- Discuss the importance of documenting vital signs and the times they were obtained in the patient care record.
- Demonstrate assessment of pulse, respirations, skin, pupils, blood pressure, oxygen saturation and blood glucose.
- Integrate assessment of mental status and ongoing attention to the

- Fuel spill danger zone
- Vehicle on fire danger zone
- Power lines down danger zone
- North American Emergency Response Guidebook
- CHEMTREC
- Crime scene
- Side-impact collision
- Rear-end collision
- Rollover collision
- Rotational impact collision
- Head-on collision
- Collisions with pedestrians & bicycles
- Blunt force trauma
- Penetrating trauma
- Cavitation
- Primary assessment
- Patient assessment
- General impression
- Level of consciousness
- A&O assessment
- Person
- Place
- Time
- Event
- AVPU
- Permission to treat
- Chief complaint
- Airway
- Breathing
- Non-rebreather
- Circulation
- Priority decision
- Interventions
- SAMPLE
- Patient's history
- Chief complaint
- Signs
- Symptoms
- Baseline vital signs
- Trending
- Pulse
- Blood pressure
- Respiratory rate

- Detailed physical examination

Medical Assessment

- Responsive medical assessment
- Unresponsive medical patients
- History of present illness
- Past medical history
- Specific patient complaints
- Rapid physical examination
- Baseline vital signs
- Advanced life support considerations

Reassessment

- Importance of reassessment
- Proper points in reassessment
- Components
- Patient conditions
- Obvious and subtle changes in patient condition
- Trends in patient condition

EMT Diagnosis

- EMT vs. physician diagnoses
- Critical thinking and diagnosis
- Basic approach to diagnosis
- Differences in traditional diagnosis
- Special challenges to EMS providers
- Relationship between diagnosis and treatment

primary assessment while obtaining vital signs.

- Differentiate between vital signs that are within expected ranges for a given patient, and those that are not.
- Compare and contrast the techniques of assessment and expected vital sign values for pediatric and adult patients.
- Differentiate between trauma patients with a significant mechanism of injury and those without a significant mechanism of injury.
- Select the appropriate physical examination for a patient with no significant mechanism of injury.
- Recognize patients for whom manual stabilization of the cervical spine and application of a cervical collar are indicated.
- Conduct a systemic secondary assessment of an unstable or potentially unstable trauma patient, or a patient with a significant mechanism of injury.
- Explain the purpose of the rapid trauma assessment.
- Recognize significant findings in the rapid trauma assessment.
- Recognize situations in which you should consider requesting advanced life support personnel to assist with the management of a trauma patient.
- Incorporate a detailed physical examination of the unstable or potentially unstable trauma patient at the appropriate time for a given scenario.
- Adapt the secondary assessment process to both responsive and unresponsive medical patients.
- Collect a systemic history of the present illness.
- Collect a relevant past medical history.
- Adapt the secondary assessment process to specific patient complaints.
- Adapt your approach to secondary assessment of the medical patient to overcome challenges, according to the circumstances.
- Conduct a rapid physical examination

- Skin temperature
- Rate
- Rhythm
- Quality
- Inspiration
- Expiration
- Tidal volume
- Normal breathing
- Deep breathing
- Shallow breathing
- Labored breathing
- Unlabored breathing
- Wheezing
- Stridor
- Crackles
- Nasal flaring
- Noisy breathing
- Peripheral pulse
- Carotid pulse
- Brachial pulse
- Radial pulse
- Femoral pulse
- Popliteal pulse
- Dorsalis pedis pulse (pedal)
- Posterior tibial pulse
- Bradycardia
- Tachycardia
- Anemia
- Hemorrhage
- Cardiac output
- BP by auscultation
- BP by palpation
- Systolic pressure
- Diastolic pressure
- Hypertension
- Hypotension
- Sphygmomanometer
- Skin CTC
- Pale skin
- Cyanosis
- Cyanotic
- Flushed
- Jaundice
- Diaphoretic
- Oral mucosa
- Conjunctiva
- Capillary refill
- Pupil size

- Diagnostic shortcuts
- EMTs and critical thinking process

Communication

- Communication technology
- Communication devices
- Federal communications commission
- Pertinent patient information on radio
- Confirmation and clarification of information
- Pertinent patient information to receiving hospital personnel
- Verbal and nonverbal interpersonal communication
- Communication principles for various ages and cultures
- Prehospital care report
- Legal issues with documentation

for the unresponsive medical patient.

- Explain the importance of checking baseline vital signs in the unresponsive medical patient.
- Recognize situation in which you should consider requesting the assistance of advance life support personnel for a medical patient.
- Identify other sources of patient information for the unresponsive or uncooperative medical patient.
- Explain the importance of reassessment.
- Identify the proper points in the patient care process at which reassessment should be performed.
- Adapt the reassessment process and frequency of reassessment based on patients' conditions.
- Recognize both obvious and subtle changes in the patient's condition.
- Assign meaning to trends in the patient's condition over time.
- Compare and contrast EMTs' and physicians' diagnoses.
- Explain the relationship between critical thinking and diagnosis.
- Explain typical steps used in the basic approach to reaching diagnosis.
- Explain how diagnosis in emergency situations may differ from traditional approaches to diagnosis.
- Identify some of the special challenges to EMS providers in the diagnostic process.
- Discuss the relationship between diagnosis and treatment in emergency situations.
- Discuss the benefits and pitfalls of diagnostic shortcuts.
- Identify heuristics commonly used by highly experienced physicians.
- Describe ways in which EMTs can improve their critical thinking process.
- Describe the role of communication technology in EMS systems.
- Describe various types of communication devices and equipment used in EMS system communication.
- Explain the role of the Federal Communications Commission as it

- Pupil
- Reactive pupils
- Sluggish pupils
- Orthostatic vital signs
- Reassessing vital signs
- Pulse oximetry
- General impression
- Signs/symptoms
- Allergies
- Medications
- Past history
- Last oral intake
- Events
- Onset
- Provocation
- Quality
- Radiation
- Severity
- Time
- Blood glucose monitors
- Trauma
- Mechanism of Injury (MOI)
- Significant MOI
- Non-significant MOI
- Chief complaint
- Rapid trauma assessment
- DCAP-BTLS
- Deformity
- Contusion
- Abrasion
- Punctures
- Penetrations
- Burns
- Tenderness
- Lacerations
- Swelling
- Crepitation
- Jugular vein distention
- Tracheal deviation
- Paradoxical motion
- Subcutaneous emphysema
- Tenderness
- Rigidity
- Distention
- Guarding
- Level of responsiveness

relates to EMS system communication.
- Discuss how to communicate effectively by radio with dispatch and hospital personnel.
- Provide a thorough, organized, concise report of pertinent patient information when giving a radio report or requesting orders.
- Explain the importance of asking for information to be repeated for confirmation and clarification.
- Deliver an organized, complete, concise report of pertinent patient information when giving a verbal report to receiving hospital personnel.
- Demonstrate principles and techniques of effective verbal and nonverbal interpersonal communication.
- Adapt communication principles for effective interaction with patients of various ages and cultures.
- Complete a prehospital care report.
- Understand legal issues and special situations associated with documentation.

- Cervical collar
- Stoma
- Tracheostomy
- Colostomy
- Ileostomy
- Priapism
- Mid-axillary line
- Mid-clavicular line
- Dorsalis pedis pulse
- Posterior tibialis pulse
- Detailed physical examination
- Reassessment
- Responsive medical patient
- SAMPLE history
- OPQRST
- Unresponsive medical patient
- Stoma
- Jugular vein distention
- Tracheal deviation
- Distention
- Rigidity
- Guarding
- Baseline vital signs
- Signs
- Symptoms
- Chief complaint
- Medic alert tag
- Priority patient
- Reassessment
- Repeat primary assessment
- Reassess vital signs
- Repeat parts of history and physical exam
- Check interventions
- Stable patient
- Unstable patient
- Trends
- Trending
- Diagnosis
- EMT diagnosis
- Critical thinking
- Differential diagnosis
- Red flag
- EMS approach to diagnosis

- Physician approach to diagnosis
- Representativeness
- Availability
- Overconfidence
- Confirmation bias
- Illusory correlation
- Anchoring and adjustment
- Search satisfying
- Communication
- Interpersonal communication
- 9-1-1 system
- Base station
- Mobile radio
- Portable radio
- Mobile data
- Repeaters
- Correct radio procedure
- Cellular phones
- FCC
- Unit identification
- Estimated time of arrival
- Eye contact
- Body position
- Body language
- Listen
- Run report
- Prehospital care report
- Computerized report
- Electronic clipboard
- Data elements
- Run data
- Patient data
- Check boxes
- Narrative
- Subjective
- Objective
- Timeline or sequential
- SOAP
- CHART
- Pertinent negatives
- Radio codes
- Abbreviations
- Legible writing
- Medical terminology
- Not written = not done
- Confidentiality

					▪ Falsification ▪ Omission ▪ Commission ▪ Patient refusals ▪ Correction of errors ▪ Multiple-casualty incidents ▪ Special situation reports ▪ Exposure to blood ▪ Personal injury ▪ Hazardous scenes
Section 2 - Airway Management (Week 13, 3 Weeks)	**M08_LIMM3804_12_SE_CH08.doc** **M09_LIMM3804_12_SE_CH09.doc**	**Airway Management** ▪ Anatomy and physiology of upper and lower airways ▪ Pathophysiologic problems leading to airway obstruction ▪ Airway sounds ▪ Airway compromise ▪ Signs of an inadequate airway ▪ Opening the airway ▪ Airway adjuncts ▪ Suctioning ▪ Airway management for pediatrics **Respiration and Artificial Ventilation** ▪ Maintaining an open airway ▪ Ventilation ▪ Depth and rate of ventilation ▪ Tidal volume, respiratory rate, minute volume, dead air space, and alveolar ventilation ▪ External and internal respiration ▪ Failing cardiopulmonary system ▪ Adequate breathing	Students will be able to: ▪ Describe anatomy and physiology of upper and lower airways. ▪ Describe common pathophysiologic problems leading to airway obstruction. ▪ Demonstrate assessment of the airway in a variety of patient scenarios. ▪ Associate abnormal airway sounds with likely pathophysiologic causes. ▪ Identify patients who have an open airway but who are at risk for airway compromise. ▪ Recognize patients who have an inadequate airway. ▪ Demonstrate opening the airway in pediatric and adult patients using the head-tilt, chin-lift maneuver and the jaw-thrust maneuver. ▪ Describe indications, contraindications, use and potential complications of airway adjuncts including the oropharyngeal airway and nasopharyngeal airway. ▪ Recognize the indications for suctioning the mouth and oropharynx. ▪ Demonstrate inserting an oropharyngeal airway, nasopharyngeal airway and suctioning the mouth and oropharynx. ▪ Describe modifications in airway management for pediatric patients, patients with facial trauma, and patients with airway obstruction. ▪ Explain the physiological relationship between assessing and maintaining an open airway, assessing and	Vocabulary students wil learn and understand: ▪ Respiratory system ▪ Airway ▪ Patent airway ▪ Bronchoconstriction ▪ Stridor ▪ Head-tilt, chin-lift maneuver ▪ Jaw-thrust maneuver ▪ Oropharyngeal airway ▪ Nasopharyngeal airway ▪ Gag reflex ▪ Suctioning ▪ Mounted suction system ▪ Portable suction units ▪ Tubing, tips and catheters ▪ Ventilation ▪ Alveolar ventilation ▪ Diffusion ▪ Pulmonary respiration ▪ Cellular respiration ▪ Mechanics of breathing disrupted ▪ Gas exchange interrupted ▪ Circulation issues ▪ Respiration ▪ Adequate breathing ▪ Inadequate breathing ▪ Hypoxia ▪ Respiratory distress ▪ Respiratory failure ▪ Respiratory arrest ▪ Artificial ventilation

			vs. inadequate breathing ▪ Respiratory arrest ▪ Hypoxia ▪ Patients who require artificial ventilation ▪ Supplemental oxygen ▪ Positive pressure ventilation ▪ Techniques of artificial ventilation ▪ Adequate artificial ventilation ▪ Cricoid pressure ▪ Patients with a stoma ▪ Oxygen delivery devices	ensuring adequate ventilation, and assessing and maintaining adequate circulation. ▪ Describe the mechanics of ventilation. ▪ Explain mechanism that control the depth and rate of ventilation. ▪ Explain the relationships between tidal volume, respiratory rate, minute volume, dead air space, and alveolar ventilation. ▪ Describe the physiology of external and internal respiration. ▪ Recognize patients at risk for failure of the cardiopulmonary system. ▪ Differentiate between adequate breathing, inadequate breathing and respiratory arrest. ▪ Use information from the scene size-up and patient assessment to anticipate hypoxia. ▪ Given a variety of scenarios, differentiate between patients who require artificial ventilation and those who do not. ▪ Identify patients who require administration of supplemental oxygen. ▪ Discuss the potential negative effects of positive pressure ventilation, and how to minimize complications from positive pressure ventilation. ▪ Demonstrate the following ways for artificial ventilation - mouth-to-mask, two-rescuer bag-valve mask, one-rescuer BVM, flow-restricted, oxygen-powered ventilation device and automatic transport ventilator. ▪ Assess the adequacy of artificial ventilations. ▪ Demonstrate the application of cricoid pressure. ▪ Modify artificial ventilation and oxygen techniques for patients with stomas. ▪ Discuss considerations for selecting the best device for delivering oxygen for a variety of patient scenarios.	▪ Positive pressure ventilation ▪ Hyperventilation ▪ Techniques of artificial ventilation ▪ Mouth-to-mask ▪ Two-rescuer BVM ▪ FROPVD ▪ One-rescuer BVM ▪ CPAP ▪ BiPAP ▪ Pocket face mask ▪ Bag-valve mask ▪ Cricoid pressure ▪ Stoma ▪ Automatic transport ventilator (ATV) ▪ Oxygen therapy ▪ Oxygen cylinders ▪ D cylinder ▪ E cylinder ▪ M cylinder ▪ G cylinder ▪ H cylinder ▪ Pressure regulator ▪ Flowmeter ▪ Humidifier ▪ Hazards of oxygen therapy ▪ Nonrebreather mask (NRB) ▪ Nasal cannula ▪ Partial rebreather mask ▪ Venturi mask ▪ Tracheostomy mask
Section 4 - Medical Emergencies (Week 16, 7	**M18_LIMM3804_12_SE_CH18.doc** **M19_LIMM3804_12_SE_CH19.doc**	**Pharmacology** ▪ Drugs in EMT scope of practice	Students will be able to: ▪ List the drugs in EMT scope of practice.	Vocabulary students will learn and understand: ▪ Pharmacology	

Weeks)

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- Generic and common trade names
- Indications
- Contraindications
- Side effects and untoward effects
- Forms
- Routes of administration
- Six rights
- Looking up medications and requesting information
- On-line and off-line medical direction
- Oral, sublingual, inhaled, intravenous, intramuscular, subcutaneous and endotracheal routes of administration
- Patients' ages and weights and medications
- Documentation and drug administration
- Readily available references to identify common drugs
- EMT assistance and IV therapy

Respiratory Emergencies

- Adequate and inadequate breathing
- Differences between adult and pediatric airways
- Signs of inadequate breathing
- Provide supplemental oxygen and artificial ventilation
- Effectiveness of artificial ventilation
- Recognize breathing difficulty
- Care to provide for patient with breathing difficulty

- Describe the following information about medications: generic and common trade names, indications, contraindications, side effects and untoward effects, forms and routes of administration.
- Follow principles of medication administration safety, including the five rights of medication administration.
- Discuss the importance of looking up medications and requesting information from medical direction when needed.
- Identify the type of medical direction (on-line or off-line) required to administer each medication in the scope of practice.
- Describe the characteristics of the oral, sublingual, inhaled, intravenous, intramuscular, subcutaneous and endotracheal routes of administration.
- Identify special considerations in medication administration related to patients' ages and weights.
- Explain the importance of accurate documentation of drug administration and patient reassessment following drug administration.
- Discuss the importance of having readily available references to identify drugs commonly taken by patients.
- Discuss the steps an EMT may take in assisting with IV therapy.
- Describe anatomy and physiology of respiration.
- Differentiate between adequate and inadequate breathing based on the rate, rhythm and quality of breathing.
- Discuss differences between the adult and pediatric airways and respiratory systems.
- Recognize signs of inadequate breathing in pediatric patients.
- Provide supplemental oxygen and assisted ventilation as needed for patients with inadequate breathing.
- Assess the effectiveness of artificial ventilation.
- Discuss how to recognize and assess the patient with difficulty breathing.
- Discuss the care to provide for the

- Medications on an ambulance
- Medications assisted with
- MDI (Prescribed inhaler)
- Generic name
- (USP) US Pharmacopoeia
- Albuterol
- Injection
- Gels
- Tablets
- Suspensions
- Sublingual
- Nebulized
- Transdermal
- Indications for use
- Route
- Dose
- Actions
- Side effect
- Contraindications
- Indications
- Untoward effect
- Parenteral
- Enteral
- Six rights
- Epinephrine (auto inject Epi)
- Nitroglycerin
- Smooth muscle relaxant
- Activated charcoal
- Oral glucose
- Carbohydrate
- Inhaled bronchodilator
- Aspirin
- Blood clotting
- Platelets
- Oxygen
- Protocol
- Pharmacodynamics
- Assisting in IV therapy
- Oropharynx
- Nasopharynx
- Epiglottis
- Trachea
- Larynx
- Bronchi
- Lungs
- Alveoli

- CPAP
- Assist patient with bronchodilator by inhaler
- COPD
- Asthma
- Pulmonary edema
- Pneumonia
- Spontaneous pneumothorax
- Pulmonary embolism
- Epiglottitis
- Cystic fibrosis
- Viral respiratory infections

Cardiovascular Emergencies

- Anatomy and physiology of cardiovascular system
- Acute coronary syndrome
- Administration of Nitroglycerin
- Administration of Aspirin
- Coronary artery disease
- Aneurysm
- Electrical malfunctions of the heart
- Mechanical malfunctions of the heart
- Angina pectoris
- Acute myocardial infarction
- Congestive heart failure
- Cardiac chain of survival
- Skills for EMT to manage cardiac arrest
- Types of AEDs
- Effective CPR and AED

Patients with Altered Mental

patient with difficulty breathing.

- Recognize the indications, contraindications, risks and side effects of CPAP.
- Use CPAP to assist the patient with difficulty breathing as permitted by medical direction.
- Assist a patient with administration of a prescribed bronchodilator by inhaler or small volume nebulizer as permitted by medical direction.
- Describe pathophysiology, signs and symptoms of: COPD, asthma, pulmonary edema, pneumonia, spontaneous pneumothorax, pulmonary embolism, epiglottitis, cystic fibrosis and viral respiratory infections.
- Describe the anatomy and physiology of the cardiovascular system.
- Define acute coronary syndrome and discuss its most common signs and symptoms.
- Discuss the management of a patient with acute coronary syndrome.
- Discuss the indications, contraindications, dosage and administration of Nitroglycerin to a patient with chest pain.
- Discuss the indications, contraindications and administration of Aspirin to a patient with chest pain.
- Discuss the following conditions and how each may lead to a cardiac emergency: coronary artery disease, aneurysm, electrical malfunctions of the heart, mechanical malfunctions of the heart, angina pectoris, acute myocardial infarction and congestive heart failure.
- Discuss the factors in the chain of survival - immediate recognition and activation, early CPR, rapid defibrillation, effective advanced life support, integrated post-cardiac arrest care.
- List the skills necessary for the EMT to manage a patient in cardiac arrest.
- Discuss types of automated external defibrillators and how they work.
- Discuss the effective coordination of CPR and AED for a patient in cardiac arrest.

- Diaphragm
- Aspiration
- Inspiration
- Expiration
- Adequate breathing
- Inadequate breathing
- Respiratory rate
- Respiratory rhythm
- Respiratory quality
- Breathing difficulty
- Tripod position
- Accessory muscles
- Wheezing
- Gurgling
- Snoring
- Stridor
- Agonal respirations
- Pertinent negatives
- Pulse oximetry
- Continuous positive airway pressure (CPAP)
- Chronic obstructive pulmonary disease (COPD)
- Asthma
- Pulmonary edema
- Pneumonia
- Spontaneous pneumothorax
- Epiglottitis
- Cystic fibrosis
- Viral respiratory infections
- Bronchoconstriction
- Seesaw respirations
- Retractions
- Nasal flaring
- Inhaler indications for use
- Inhaler contraindications for use
- Inhaler dose
- Actions of inhaler
- Side effects of inhaler
- Artificial ventilation
- Adequate artificial ventilation
- Inadequate artificial ventilation
- Cardiac compromise
- Cardiac arrest

Status

- Causes of altered mental status
- Physiological requirements for maintaining consciousness
- Assessment on patients with altered mental status
- Diabetic emergencies
- Blood glucose meter
- Hyperglycemia and hypoglycemia
- Seizures, stroke, dizziness and syncope

Allergic Reactions

- Allergic reaction vs. anaphylactic reaction
- Relationship between allergens and antibodies
- Histamine and other chemicals
- Allergens
- Manage allergic and anaphylactic reactions
- Administration of EpiPen
- Desired and side effects associated with EpiPen

Poisoning and Overdose Emergencies

- Ways poisons can enter the body
- Potential dangers to EMS providers
- Elements in patient history with poisoning
- Administration of activated charcoal
- Ingested, inhaled and absorbed poisons
- Alcohol abuse

- Discuss special considerations for AED use, including general principles, coordination with others, and post-resuscitation care.
- Discuss the purpose and use of mechanical CPR devices.
- Consider several possible causes of altered mental status when given scenarios involving patients with alterations in mental status.
- Describe the basic physiological requirements for maintaining consciousness.
- Perform primary and secondary assessments on patients with altered mental status.
- Describe the pathophysiology of diabetes and diabetic emergencies.
- Determine a patient's blood glucose level using a blood glucose meter, as allowed by local protocol.
- Develop a plan to manage patients with diabetic emergencies involving hyperglycemia and hypoglycemia.
- Recognize the signs, symptoms, and history consistent with other causes of altered mental status, including seizures, stroke, dizziness and syncope.
- Given a variety of scenarios involving patients with seizures, search for potential underlying causes.
- Develop a plan to assess and manage patients who are having or who have just had a seizure.
- Explain the causes of strokes.
- Develop a plan to assess and manage patients who are exhibiting signs and symptoms of a stroke.
- Given a scenario of a patient complaining of dizziness or syncope, search for potential underlying causes.
- Develop a plan to assess and manage patients with complaints of dizziness and syncope.
- Differentiate between the signs and symptoms of an allergic reaction and an anaphylactic reaction.
- Describe the relationship between allergens and antibodies necessary for an allergic reaction to occur.

- Automated external defibrillator (AED)
- Semiautomatic AED
- Perfusion
- Atria
- Ventricles
- Automaticity
- Conduction pathway
- Sinoatrial node
- Acute myocardial infarction
- Angina pectoris
- Congestive heart failure
- Coronary artery disease
- Chain of survival
- Generic name for Nitroglycerin
- Indications for Nitroglycerin
- Contraindications for Nitroglycerin
- Dysrhythmias
- Arrhythmias
- Ventricular fibrillation
- Ventricular tachycardia
- Pulseless electrical activity (PEA)
- Asystole
- Apnea
- Pulseless
- Post resuscitation care
- Witnessed cardiac arrest
- Indications for use of AED
- Contraindications for use of AED
- Cardiac pacemaker
- CABG
- Epigastric pain
- Bradycardia
- Tachycardia
- Hypertension
- Position of comfort
- Hypotension
- Atherosclerosis
- Arteriosclerosis
- Thrombus
- Occlusion
- Embolism
- Aneurysm

- Alcohol abuse and alcohol withdrawal
- Abuse of substances

Abdominal Emergencies

- Organs in the abdominal cavity
- Visceral, parietal and tearing pain
- Referred pain
- Common abdominal conditions
- Abdominal pain and cardiac involvement
- Management of abdominal pain

Behavioral Emergencies

- Medical and trauma conditions causing unusual behavior
- Recognition of abnormal behavior
- Behavioral and psychiatric emergencies
- Managing behavioral and psychiatric emergencies
- Suicide factors
- Attempted suicides
- Violent patients
- Refusal of transport

Hematologic and Renal Emergencies

- Structure and function of hematologic system
- Medications interfering with blood clotting
- Sickle cell anemia
- Renal system
- Acute and chronic renal failure
- Hemodialysis and peritoneal dialysis

- Describe the effects of histamine and other chemicals in producing the signs and symptoms of anaphylaxis.
- List common allergens.
- Prioritize the steps in assessment and management of patients with allergic and anaphylactic reactions.
- Recognize the indications for administering and assisting a patient in the use of an epinephrine auto-injector.
- Describe the desired effects and side effects associated with the administration of epinephrine.
- Demonstrate administration of epinephrine by auto-injector.
- Describe the considerations in reassessment of patients with allergic and anaphylactic reactions.
- Describe the ways in which poisons can enter the body.
- Identify potential dangers to EMS providers and others at scenes where poisoning, alcohol abuse or substance abuse is involved.
- Collect key elements in the history of a patient who has been poisoned.
- Describe the use of activated charcoal in the management of ingested poisons.
- Explain the management of patients who have ingested, inhaled and absorbed poisons.
- Develop a plan for managing patients who have absorbed poisons through the skin.
- Describe health risks associate with alcohol abuse.
- Recognize the signs and symptoms of alcohol abuse and alcohol withdrawal.
- Recognize signs, symptoms and health risks associated with abuse of substances, including stimulants, depressants, narcotics, volatile chemicals and hallucinogens.
- Given a variety of scenarios, develop a treatment plan for patients with emergencies related to alcohol and substance abuse.
- Describe the location, structure and function of the organs in the

- Pulmonary edema
- Edema
- Pedal edema
- Altered mental status
- Hypoglycemia
- Hyperglycemia
- Seizures
- Stroke
- Dementia
- Diabetes mellitus
- Insulin
- Glucose
- Diabetic ketoacidosis
- Diabetic coma
- Insulin shock
- Pancreas
- Seizure disorder
- Convulsions
- Epilepsy
- Febrile seizures
- Generalized tonic-clonic seizure
- Tonic
- Clonic
- Postictal
- Status epilepticus
- Congenital brain defects
- Metabolic
- Idiopathic
- CVA - stroke
- Transient Ischemic Attack (TIA)
- Ischemic stroke
- Hemorrhagic stroke
- Subarachnoid hemorrhage
- Allergic reactions
- Allergens
- Anaphylaxis
- Anaphylactic shock
- Hives
- Epinephrine
- Generic name for Epinephrine
- Indications for Epinephrine
- Contraindications for Epinephrine
- Poison

- End stage renal disease and dialysis
- Kidney transplant patients
-

abdominal cavity.
- Explain the origins and characteristics of visceral, parietal and tearing pain.
- Associate areas of referred pain with the likely origins of the pain.
- Recognize the common signs and symptoms of abdominal conditions, including appendicitis, peritonitis, cholecystitis, pancreatitis, ulcers, abdominal aortic aneurysm, hernia and renal colic.
- Discuss the type of abdominal pain that may indicate cardiac involvement.
- Discuss appropriate assessment and management of patients complaining of abdominal pain.
- Elicit key information in the history of patients complaining of abdominal pain, including history specific to female patients.
- Recognize behaviors that are abnormal in a given context.
- Discuss medical and traumatic conditions that can cause unusual behavior.
- Discuss techniques to calm a patient and gain cooperation for a patient whose abnormal behavior appears to be caused by stress.
- Discuss assessment of a patient who appears to be suffering from a behavioral or psychiatric emergency.
- Discuss the steps in managing a patient presenting with a behavioral or psychiatric emergency.
- Describe factors often associated with risk of suicide.
- Discuss care for a patient who is a potential or attempted suicide.
- Recognize indications that a patient may become violent.
- Explain considerations in using force and restraint when managing behavioral emergency calls.
- Explain considerations when faced with a behavioral emergency patient who refuses treatment and transport.
- Describe the structure and function of the hematologic system.
- Identify medications that can interfere with blood clotting.

- Ingestion
- Inhalation
- Injection
- Contact
- Absorption
- Toxin
- Antidote
- Activated charcoal
- Indication for charcoal
- Contraindications for charcoal
- Dosages for charcoal
- Carbon monoxide
- Absorbed poisons
- Decontamination
- Alcohol abuse
- Withdrawal
- Delirium tremens (DTs)
- Uppers
- Downers
- Narcotics
- Hallucinogens
- Volatile chemicals
- Solid organs
- Hollow organs
- Peritoneum
- Retroperitoneal space
- Abdominal quadrants
- Visceral pain
- Parietal pain
- Tearing pain
- Referred pain
- Appendicitis
- Peritonitis
- Cholecystitis
- Gallstones
- Pancreatitis
- Gastrointestinal bleeding
- Abdominal aortic aneurysm
- Hernia
- Renal colic
- Cardiac involvement
- History taking
- General abdominal stress
- Behavior
- Behavioral emergency
- Physical causes of altered behavior

			▪ Explain the pathophysiology and complications of sickle cell anemia. ▪ Discuss assessment and management for patients with emergencies related to sickle cell anemia. ▪ Describe the structure and function of the renal system. ▪ Describe the causes and consequences of acute and chronic renal failure. ▪ Explain the purpose of hemodialysis and peritoneal dialysis. ▪ Recognize patients with complications of end-stage renal disease, dialysis and missed dialysis. ▪ Provide treatment for patients with complications of end-stage renal disease, dialysis and missed dialysis. ▪ Describe special considerations for patients who have received a kidney transplant.	▪ Withdrawn ▪ Depressed ▪ Altered mental status ▪ Anxiety ▪ Panic attack ▪ Depression ▪ Schizophrenia ▪ Delusions ▪ Psychosis ▪ Paranoia ▪ Hallucinations ▪ Phobias ▪ Suicide ▪ Attempted suicide ▪ Situational stress ▪ Agressive/hostile patients ▪ Reasonable force ▪ Positional asphyxia ▪ Hobble restraints ▪ Hematologic system ▪ Red blood cells ▪ White blood cells ▪ Platelets ▪ Plasma ▪ Anemia ▪ Sickle cell anemia ▪ Renal system ▪ Renal failure ▪ End-stage renal disease (ESRD) ▪ Dialysis ▪ Hemodialysis ▪ Peritoneal dialysis ▪ Exchange ▪ Continuous ambulatory peritoneal dialysis (CAPD) ▪ Continuous cycler-assisted peritoneal dialysis (CCPD) ▪ Peritonitis
Section 5 - Trauma Emergencies (Week 23, 5 Weeks)	**M27_LIMM3804_12_SE_CH27.doc** **M28_LIMM3804_12_SE_CH28.doc** **M29_LIMM3804_12_SE_CH29.doc**	**Bleeding and Shock** ▪ Circulatory system ▪ Perfusion ▪ Arterial, venous and capillary bleeding ▪ Causes and effects of	Students will be able to: ▪ Describe the structure and function of the circulatory system, including functions of the blood. ▪ Explain the concept of perfusion. ▪ Compare and contrast arterial,	Vocabulary students will learn and understand: ▪ Adult blood volume ▪ Child blood volume ▪ Infant blood volume ▪ Arterial bleeding	

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- severe external bleeding
- Management of external bleeding
- Patients at risk for internal bleeding
- Management of internal bleeding
- Causes of shock and effects on the body
- Compensated, decompensated and irreversible shock
- Body's ability to compensate for blood loss
- Management of shock

Soft Tissue Trauma

- Structure and function of skin
- Types and management of closed soft-tissue wounds
- Injuries indicated by bruises
- Types, assessment and care for open soft-tissue wounds
- Specific treatment for abrasions, lacerations, puncture wounds, impaled objects, avulsions, amputations and genital injuries
- Complications, classification and treatment of burns
- Dressing and bandaging wounds

Chest and Abdominal Trauma

- MOI for chest injuries
- Specific chest injuries
- Mechanism and types of abdominal injuries
- Assessment and

- venous and capillary bleeding.
- Discuss causes and effects of severe external bleeding.
- Discuss assessment and management of external bleeding, including methods of controlling external bleeding.
- Identify patients at risk for internal bleeding.
- Recognize signs of internal bleeding and discuss patient care for internal bleeding.
- Discuss the causes of shock and its effects on the body.
- Explain the concepts of compensated, decompensated and irreversible shock.
- Discuss the types of shock.
- Relate the signs and symptoms of shock to the body's attempts to compensate for blood loss.
- Discuss the management of patients in shock.
- Describe the structure and function of the skin.
- Describe types of closed soft-tissue wounds and the assessment and management of closed soft-tissue wounds.
- Predict injuries that may be indicated by various contusion (bruise) types and locations.
- Describe types of open soft-tissue wounds and general assessment and care for open soft-tissue wounds.
- Describe specific treatment for abrasions and lacerations, puncture wounds, impaled objects, avulsions, amputation and genital injuries.
- Discuss complications associated with burns.
- Classify burns by agent, source, depth and severity.
- Describe specific treatment for thermal burns and chemical burns.
- Describe assessment and management for electrical burns.
- Describe considerations in the dressing and bandaging of open wounds.
- Describe mechanisms of injury commonly associated with chest

- Venous bleeding
- Capillary bleeding
- Aorta
- Vena Cava
- Coronary arteries
- Pulmonary artery
- Carotid artery
- Brachial artery
- Radial artery
- Femoral artery
- Plasma
- Red blood cells
- White blood cells
- Platelets
- Bleeding out
- 4 stages of hemorrhage
- Direct pressure
- Elevation
- Pressure points
- Pressure bandage
- Diffuse pressure
- Air splints
- PASG
- Tourniquet
- Epistaxis
- CSF
- Shock
- Perfusion
- Hypoperfusion
- Anaphylactic shock
- Cardiogenic shock
- Hemorrhagic shock
- Hypovolemic shock
- Neurogenic shock
- Septic shock
- Psychogenic shock
- Compensated shock
- Decompensated shock
- Treatment of shock
- Epidermis
- Dermis
- Subcutaneous
- Closed injuries
- Crush injuries
- Contusions
- Hematomas
- Burns
- Open injuries
- Abrasions

management of open abdominal injuries

Musculoskeletal Trauma

- Anatomy of musculoskeletal system
- MOI for musculoskeletal injuries
- Types, assessment and care of musculoskeletal injuries
- Considerations for splinting
- Management for specific injuries

Trauma to the Head, Neck and Spine

- Components and function of nervous system
- Anatomy of head and spine
- Injuries to the skull and brain
- Management of skull fractures and brain injuries
- Management of cranial injuries and impaled objects
- Management of injuries to the face and jaw
- Nontraumatic brain injuries
- Glasgow coma scale
- Management of open wounds
- Mechanisms of spine injury
- Management of spine and spinal cord injury
- Immobilization of the

injuries.

- Describe specific chest injuries, including flail chest, open chest wounds, pneumothorax, tension pneumothorax, hemothorax, hemopneumothorax, traumatic asphyxia, cardiac tamponade, aortic injury and commotio cordis and the assessment and management for each of these specific injuries.
- Discuss mechanisms and types of abdominal injuries.
- Demonstrate the assessment and management of patients with blunt and penetrating abdominal injuries, including management of evisceration.
- Describe the anatomy of elements of the musculoskeletal system.
- Associate mechanisms of injury with the potential for musculoskeletal injuries.
- Describe the four types of musculoskeletal injury (fracture, dislocation, sprain and strain) and define open and closed extremity injuries.
- Discuss the assessment of musculoskeletal injuries, including compartment syndrome.
- Discuss the general care of musculoskeletal injuries.
- Describe specific considerations for splinting.
- Discuss considerations in the assessment and management of specific types of injuries including: shoulder girdle injuries, pelvic injuries, hip dislocation, hip fracture, femoral shaft fracture, knee injury, tibia or fibula injury and ankle or foot injury.
- Describe the components and function of the nervous system and anatomy of the head and spine.
- Describe types of injuries to the skull and brain.
- Describe the general assessment and management of skull fractures and brain injuries.
- Describe specific concerns in management of cranial injuries with impaled objects.

- Lacerations
- Avulsions
- Penetration injuries
- Amputations
- Impaled objects
- Air embolism
- Entrance wound
- Exit wound
- Evisceration
- Dressing
- Bandages
- Pressure dressing
- Sterile
- Occlusive dressing
- Source
- Depth
- Body surface area (BSA)
- Thermal burns
- Chemical burns
- Electrical burns
- Critical burn
- Moderate burn
- Minor burn
- Superficial burn
- Partial-thickness burn
- Full-thickness burn
- Rule of nines - adult
- Rule of nines - child
- Rule of nines - infant
- Rule of palm
- Circumferential burns
- Peritoneum
- Thoracic cavity
- Pleura
- Pneumonia
- Rib fracture
- Floating ribs
- Flail chest
- Paradoxical motion
- Pneumothorax
- Tension pneumothorax
- Hemothorax
- Spontaneous pneumothorax
- Hemopneumothorax
- Mediastinal shift
- Traumatic asphyxia
- Pleural space
- Pericardial tamponade

head, neck and spine

Multisystem Trauma

- Managing patients with multiple trauma
- Trauma triage
- Special patient considerations
- multisystem trauma management
- Trauma scoring systems

Environmental Emergencies

- Heat loss and heat production
- Hypothermia
- Pass and active rewarming techniques
- Superficial local cold injury
- Heat on the human body
- Management for heat emergency
- Water-related accidents
- Management of bites and stings

- Describe specific concerns in management of injuries to the face and jaw.
- Define nontraumatic brain injuries.
- Explain the purpose and elements of the Glasgow Coma Scale.
- Discuss the assessment and management of open wounds to the next.
- List types and mechanisms of spine injury.
- Discuss the assessment and management of spine and spinal cord injury.
- Discuss issues in the immobilization of the head, neck and spine specifically for the following: applying a cervical collar, immobilizing a seated patient, applying a long backboard, rapid extrication from a child safety seat, immobilizing a standing patient, immobilizing a patient wearing a helmet.
- Discuss issues in selective spine immobilization.
- Describe the considerations for teamwork, timing, and transport decisions in assessing and management patients with multisystem trauma or multiple trauma.
- Discuss the physiologic, anatomic, and mechanism of injury criteria for determining patient severity with regard to trauma triage and transport decisions.
- Recognize special patient considerations that increase the patient's priority for transport, as age, anticoagulation bleeding disorders, burns, time-sensitive extremity injuries, end-stage renal disorders requiring dialysis and pregnancy.
- Discuss general principles of multisystem trauma management.
- Describe the purposes of trauma scoring systems.
- Describe processes of heat loss and heat production by the body.
- Recognize predisposing factors and exposure factors in relation to hypothermia.

- Subcutaneous emphysema
- Sucking chest wound
- Occlusive dressing
- Esophagus
- Stomach
- Small intestine
- Large intestine
- Appendix
- Liver
- Gallbladder
- Spleen
- Pancreas
- Kidneys
- Bladder
- Retroperitoneal
- Evisceration
- Visceral pain
- Parietal pain
- Tearing pain
- Referred pain
- Appendicitis
- Cholecystitis
- Pancreatitis
- Ulcer
- Internal bleeding
- Abdominal aortic aneurysm
- Hernia
- Extremities
- Bones
- Joints
- Tendons
- Ligaments
- Cartilage
- Periosteum
- Muscles
- Skeletal muscle
- Cardiac muscle
- Smooth muscle
- Direct force
- Indirect force
- Twisting force
- Strain
- Sprain
- Fracture
- Comminuted fracture
- Greenstick fracture
- Angulated fracture

- Recognize signs and symptoms of hypothermia.
- Describe the indications, contraindications, benefits and risks of passive and active rewarming techniques.
- Prioritize steps in assessment and management of patients with varying degrees of hypothermia.
- Discuss assessment and management for early or superficial local cold injury and for late or deep local cold injury.
- Discuss the effects of heat on the human body.
- Differentiate between assessment and management priorities for heat emergency patients with moist, pale, normal-to-cool skin and those with hot skin that is either dry or moist.
- Anticipate the types of injuries and medical conditions that may be associated with water-related accidents.
- Discuss the assessment and management of the following water-related emergencies: drowning, diving accidents and scuba-diving accidents.
- Describe safe techniques for water rescues and ice rescues.
- Discuss the assessment and management of the following types of bites and stings: inset bites and stings, snakebites and poisoning from marine life.

- Dislocation
- Closed skeletal injury
- Open skeletal injury
- Crepitus
- PMS
- Distal PMS
- Rules of splinting
- Hazards of splinting
- Position of function
- Rigid splints
- Pneumatic splints
- Air-inflated splints
- Soft and improvised splints
- Pillow splint
- Traction splints
- Sager traction splint
- Hare traction splint
- Manual traction
- Triangular bandage
- Living splint
- PASG
- Cranial skull
- Cranium
- Temporal bone
- Maxillae
- Mandible
- Nasal bones
- Tempromandibular joint
- Malar bone
- Orbits
- Nervous system
- Central nervous system
- Peripheral nervous system
- Autonomic nervous system
- Dura mater
- Pia mater
- Arachnoid membrane
- Meninges
- Cerebrospinal fluid
- Cerebrum
- Cerebellum
- Brainstem
- Medulla oblongata
- Open head injury
- Closed head injury
- Concussion

- Contusion
- Intracranial pressure
- Decorticate
- Decerebrate
- Cushing's triad
- Hematoma
- Subdural hematoma
- Epidural hematoma
- Intracerebral hematoma
- PASG
- Herniation syndrome
- Herniation
- Raccoon eyes
- Battle's sign
- Projectile vomiting
- Glasgow coma score (GCS)
- Eye opening
- Verbal response
- Motor response
- Flexion
- Extension
- Spinal cord
- Vertebrae
- Paralyzed
- Cervical vertebrae
- Thoracic vertebrae
- Lumbar vertebrae
- Sacrum or sacral vertebrae
- Coccygeal vertebrae
- Mechanisms of injury
- Compression
- Rotation bending
- Distraction
- Penetration
- Blunt trauma
- Displaced injury
- Nondisplaced injury
- Priapism
- Severe spinal shock
- Manual stabilization
- KED spinal immobilization device
- Short spine board
- Long spine board
- Rapid extrication
- Helmet removal
- Multiple trauma

				▪ Multisystem trauma ▪ Determining patient severity ▪ Physiologic criteria ▪ Anatomic criteria ▪ Mechanism of injury ▪ Trauma score ▪ Revised trauma score ▪ Glasgow coma scale ▪ Hypothermia ▪ Hyperthermia ▪ Temperature regulation ▪ Radiation ▪ Conduction ▪ Convection ▪ Evaporation ▪ Respiration ▪ Ambient temperature ▪ Wind chill ▪ Hypothermia ▪ Active rewarming ▪ Axillae ▪ Passive rewarming ▪ Normothermic ▪ Localized cold injury ▪ Frostbite ▪ Frostnip ▪ Electrolyte ▪ Heat exhaustion ▪ Heat stroke ▪ Drowning ▪ Near-drowning ▪ Pit viper ▪ Constricting band ▪ Air embolism ▪ Decompression sickness
Section 6 - Special Populations (Week 28, 2 Weeks)	**M34_LIMM3804_12_SE_CH34.doc** **M35_LIMM3804_12_SE_CH35.doc** **M36_LIMM3804_12_SE_CH36.doc** **M37_LIMM3804_12_SE_CH37.doc**	**Obstetric and Gynecological Emergencies** ▪ Female anatomy ▪ Fetal development ▪ Physiology of pregnancy ▪ Correct hypotensive syndrome ▪ Three stages of labor ▪ Assessment of a patient in labor	Students will be able to: ▪ Identify the anatomy of the female reproductive system and fetal development. ▪ Explain the physiology of pregnancy. ▪ Explain and describe measures to prevent or correct supine hypotensive syndrome. ▪ Describe the three stages of labor. ▪ Discuss the assessment of a patient in labor, including history and physical	Vocabulary students will learn and understand: ▪ Obstetrics ▪ Gynecology ▪ Uterus ▪ Fetus ▪ Ovum ▪ Ovary ▪ Fallopian tube ▪ Fertilization

- Signs of imminent delivery
- Need for neonatal resuscitation
- Preparation and delivery
- Care of neonate
- Neonatal resuscitation
- Delivery complications
- Special care for emergencies in pregnancy
- Special care required for gynecological emergencies

Pediatrics

- Infants and children vs. adult anatomy
- Normal vital signs for infants and children
- Assessment for pediatrics
- Adolescent patients
- Caretakers in assessment
- Pediatric assessment triangle
- Special assessment aspects for pediatrics
- Common pediatric medical emergencies
- Child abuse and neglect
- Pediatric patients with special challenges

Geriatrics

- Common changes in body systems in older age
- Adaptations for assessing elderly
- Safety in the home of an elderly person
- Elder abuse
- Psychosocial concerns of older

examination.

- Discuss how to decide if delivery is imminent or if the patient in labor should be transported to a medical facility for delivery.
- State findings that may indicate the need for neonatal resuscitation.
- Discuss the role of the EMT in normal childbirth, including preparation and delivery.
- Describe the normal steps in care of the neonate.
- Explain the indications and procedures for neonatal resuscitation, following the inverted pyramid order of priorities.
- Discuss after-delivery care of the mother, including delivery of the placenta, controlling vaginal bleeding, and providing comfort to the mother.
- Describe and discuss the special care required for complications of delivery, including: breech presentation, limb presentation, prolapsed umbilical cord, multiple birth, premature birth and meconium.
- Describe and discuss the special care required for emergencies in pregnancy including: excessive prebirth bleeding, ectopic pregnancy, seizures in pregnancy, miscarriage and abortion, trauma in pregnancy, stillbirths and accidental death of a pregnant woman.
- Describe and discuss the special care required for gynecological emergencies including: vaginal bleeding, trauma to the external genitalia and sexual assault.
- Describe the anatomic and physiologic characteristics of infants and children compared to adults and the implications of each for assessment and care of the pediatric patient.
- Discuss the normal vital signs ranges for infants and children.
- Adapt history-taking and assessment techniques to patients in each pediatric age group.
- Discuss special considerations in dealing with adolescent patients.
- Discuss the importance of involving

- Zygote
- Implants
- Embryo
- Placenta
- Umbilical cord
- Amniotic sac
- Bag of waters
- Birth canal
- Cervix
- Vagina
- Perineum
- Anus
- Crowning
- Presenting part
- Spontaneous abortion
- Miscarriage
- Menstrual cycle
- Trimester
- Stages of labor
- Full term
- Contractions
- Labor
- Bloody show
- First stage of labor
- Second stage of labor
- Third stage of labor
- Multiple birth
- Prenatal
- Premature
- Anterior fontanels
- Neonate
- APGAR score
- Prolapsed cord
- Limb presentations
- Meconium
- Ectopic pregnancy
- Abruptio placentae
- Placenta previa
- Preeclampsia
- Eclampsia
- Supine hypotensive syndrome
- Shoulder dystocia
- Breech presentation
- Braxton-Hicks contractions
- Lightening
- Newborn
- Infant

patients

Special Patient Populations

- Special challenges
- Responding to patient with special challenges
- Physical impairments and common medical devices
- Abuse in patients with special challenges

caretakers in the assessment and emergency care of pediatric patients and anticipate reactions of parents and caregivers in response to an ill or injured child.

- Discuss the use of the pediatric assessment triangle in assessing pediatric patients.
- Explain special aspects of the steps of assessment for pediatric patients, including the scene size-up, primary assessment, secondary assessment with physical exam and reassessment.
- Demonstrate adaptations to techniques and equipment to properly manage the airway, ventilation and oxygen of pediatric patients.
- Compare and contrast the causes, presentation and management of shock in pediatric and adult patients.
- Recognize the particular concern for preventing heat loss in pediatric patients.
- Recognize the signs, symptoms and history associated with common pediatric medical emergencies including: difficulty breathing, croup, epiglottitis, fever, meningitis, diarrhea and vomiting, seizures, altered mental status, poisoning, drowning and sudden infant death syndrome.
- Discuss injury patterns common in pediatric trauma patients.
- Discuss care for burns in pediatric patients.
- Recognize indications of child abuse and neglect, and explain your ethical and legal responsibilities when you suspect child abuse or neglect.
- Manage pediatric patients with special challenges, including those dependant on tracheostomy tubes, home artificial ventilators, central intravenous lines, gastrostomy tubes and shunts.
- Describe common changes in body systems that occur in older age.
- Discuss adaptations that may be required in communicating with and assessing older patients.
- Discuss the need for awareness of and the special considerations

- Toddler
- Preschooler
- School-age
- Adolescent
- Shock
- Stridor
- Retraction
- Nasal flaring
- Wheezing
- Central perfusion
- Peripheral pulses
- Capillary refill time
- Decompensate
- Respiratory distress
- Compensates
- Respiratory failure
- Respiratory arrest
- Cyanosis
- Hyperextension
- Flexion
- Nares
- Blow-by technique
- Croup
- Epiglottitis
- Tragus
- Febrile seizure
- Poisoning in children
- Apnea
- Secondary drowning syndrome
- Sudden infant death syndrome
- Rigor mortis
- Morbid lividity
- Child abuse and neglect
- Index of suspicion
- Tracheostomy tube
- Home ventilator
- Central venous line
- Gastrostomy tubes
- Ventriculoperitoneal shunt
- Home artificial ventilation
- Spina bifida
- Geriatric
- Cilia
- Aspiration
- Cardiac output
- Dysrhythmia

		regarding medical conditions and injuries to which older patients are prone, including effects of medications, shortness of breath, chest pain, altered mental status, gastrointestinal complaints, dizziness/weakness/malaise, depression/suicide, rash, pain, flulike symptoms, and falls, and the possible significance of general or nonspecific complaints in older adults. ▪ Recommend changes to improve safety in the home of an elderly person. ▪ Discuss possible indications of elder abuse. ▪ Discuss psychosocial concerns of older patients, including the fear of loss of independence. ▪ Describe special challenges patients may have, including various disabilities, terminal illness, obesity, homelessness/poverty and autism. ▪ Describe general considerations in responding to patients with special challenges. ▪ Recognize physical impairments and common medical devices used in the home care of patients with special challenges, including respiratory devices, cardiac devices, gastrourinary devices, and central IV catheters, and discuss EMT assessment and transport considerations for each. ▪ Explain why patients with special challenges are often especially vulnerable to abuse and neglect and what the EMT's obligations are in such situations.	▪ Atherosclerosis ▪ Aneurysm ▪ Syncope ▪ Near syncope ▪ Incontinence ▪ Osteoporosis ▪ Psychological ▪ Abuse ▪ Neglect ▪ Chronic bronchitis ▪ Emphysema ▪ Alzheimer's disease ▪ Parkinson's disease ▪ Disability ▪ Autism ▪ Cerebral palsy ▪ Cognitive disabilities ▪ Hearing impairment ▪ Kidney failure ▪ Neuromuscular disorders ▪ Stroke ▪ Spinal cord injury ▪ Vision impairment ▪ Bariatrics ▪ Obesity ▪ Continuous Positive Airway Pressure Device (CPAP) ▪ Tracheostomy ▪ Stoma ▪ Ventilator ▪ Pacemaker ▪ Automatic implanted cardiac defibrillator (AICD) ▪ Left ventricular assist device (LVAD) ▪ Feeding tube ▪ Urinary catheter ▪ Ostomy bag ▪ Dialysis ▪ Central IV catheter
Section 7 - Operations (Week 30, 2 Weeks)	**M38_LIMM3804_12_SE_CH38.doc** **M39_LIMM3804_12_SE_CH39.doc**	**EMS Operations** ▪ Four types of ambulances ▪ Equipment required for an ambulance	Students will be able to: ▪ Recognize the four types of ambulances currently specified by the US Department of Transportation ▪ Describe the types of equipment	Vocabulary students will learn and understand: ▪ Primary assessment ▪ Focused assessment ▪ Equipment for transfer

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- Vehicle and equipment checks
- Emergency Medical Dispatcher
- Ambulance operation
- Highway incidents
- Transferring patient to the ambulance
- Transport patient to the hospital
- Transferring care of patient to ER staff
- Terminating the emergency call
- Landing zones

HAZMAT, MCI and Incident Management

- Hazardous materials incidents
- Hazardous materials response
- Description of hazardous materials incident
- Material Data Safety sheets
- Emergency Response Guidebook
- Multiple casualty incidents
- Incident command system
- Triage

Highway Safety and Vehicle Extrication

- Highway safe area
- Night operations
- 10 phases of vehicle extrication
- Manage hazards
- Gaining access to patients

EMS Response to Terrorism

required to be carried by EMS response units.

- Describe the components of the vehicle and equipment checks done at the start of every shift.
- Describe the roles and responsibilities of the Emergency Medical Dispatcher.
- Discuss the principles of safe ambulance operations while responding to the scene.
- Explain laws that typically apply to ambulance operations.
- Discuss how to maintain safety at highway incidents.
- Describe the steps necessary for transferring the patient to the ambulance.
- Describe the EMT's responsibilities while transporting a patient to the hospital.
- Describe the EMT's responsibilities when transferring care of patients to the emergency department staff.
- Describe the EMT's responsibilities in terminating the call and readying the vehicle for the next response after a call and returning to quarters.
- Identify when and how to call for air rescue, how to set up a landing zone, and how to approach a helicopter when assisting with an air rescue.
- Anticipate situations in which hazardous materials may be involved.
- Describe the roles in hazardous materials response of providers trained at each of the four levels of hazardous materials training specified by OSHA.
- Describe the responsibilities of the EMT at a hazardous materials incident.
- Given a description of a hazardous materials incident, identify the safe and danger zones and then the hot, warm and cold zones.
- Explain how to identify specific hazardous materials using the NFPA 704 and Department of Transportation placard systems, packaging labels, invoices, bills of lading, shipping manifests and

- Equipment for airway management
- Equipment for cardiac arrest
- Equipment for spinal immobilization
- Wound care
- Childbirth
- Drugs/supplies for medical
- North American Emergency Response Guidebook
- Ambulance inspection
- Daily inspection
- Transferring a patient
- Transporting the patient
- Air rescue
- Landing zone
- Warning lights
- Sirens
- Right of way
- Due regard
- Cleaning
- Disinfecting
- Sterilization
- Hazardous material
- National Fire Protection Agency (NFPA)
- NFPA 704
- Occupancy
- DOT
- Placard
- Material data safety sheets (MSDS)
- Emergency Response Guidebook
- CHEMTREC
- Hazard class 1
- Hazard class 2
- Hazard class 3
- Hazard class 4
- Hazard class 5
- Hazard class 6
- Hazard class 7
- Hazard class 8
- Hazard class 9
- First responder awareness level
- Hazardous materials first

- CBRNE agents
- Terrorism incidents
- Terrorism event clues
- Types of harm in terrorism
- Chemical and biological agents

Material Safety Data Sheets.

- Identify sources of information on initial actions to take once the hazardous material has been identified, including the Emergency Response Guidebook, hotlines and poison control centers.
- Discuss how to establish a treatment area and decontamination and care for patients at a hazardous materials incident.
- Describe multiple casualty incident operations.
- Describe the principles and features of the Incident Command System.
- Describe the principles of primary triage, secondary triage, and the START triage system.
- Discuss transportation and staging logistics at a multiple-casualty incident.
- Recognize the psychological aspects of multiple-casualty incidents for patients and responders.
- Given a variety of highway response scenarios, describe how to create as safe a work area as possible.
- Discuss particular considerations in ensuring safety during night operations.
- List the 10 phases of vehicle extrication and rescue operations.
- In a rescue situation, recognize and manage hazards by wearing appropriate protective gear, safeguarding your patient, managing traffic, safely dealing with deployed air bags and energy-absorbing bumpers, managing spectators and exercising safe practices around electrical hazards.
- Describe actions taken at a rescue scene by those trained to do so regarding control of vehicle fires, stabilizing a vehicle and gaining access to patients.
- List the "CBRNE" agents, also called weapons of mass destruction that are often involved in terrorist incidents.
- Describe the risks to first responders in terrorism incidents.
- Discuss clues, such as occupancy or

responder operations level
- Hazardous materials technician level
- Hazardous materials specialist level
- Routes of entry
- Absorption
- Injection
- Ingestion
- Inhalation
- Pathway of exposure
- Hazardous properties
- Contaminated
- Cross-contamination
- Decontamination
- Hot zone
- Warm zone
- Cold zone
- Safe zone
- Placard system
- OSHA
- EPA
- Mass gathering
- Preplanning
- Tagged
- Triage
- Immediate patients
- Delayed patients
- Minor patients
- Deceased patients
- Personal protective equipment
- Patient entrapment
- Priority of patient
- Nuisance hazards
- Deactivation of safety devices
- Headgear
- Eye protection
- Hand protection
- Body protection
- Safeguarding the patient
- Flare positions
- Ground gradient
- Electrical hazards
- ABC fire extinguisher
- Vehicle stabilization
- Chocks

location, type of event, timing of events and on-scene warning signs that help with identification of suspicious events.
- Given a scenario involving a terrorism incident, predict the types of harm that may occur.
- Discuss the principles of time, distance, and shielding that may minimize exposure to harm from terrorism incidents.
- Discuss types of harm and self-protection measures for each of the following: chemical incident, biological agent, radiological/nuclear devices and incendiary devices.
- Describe blast injury patterns and treatment for blast injuries.
- Discuss strategy, tactics and self-protection with regard to a terrorist incident.

- Simple access
- Complex access
- Disentanglement
- Multiple casualty incident (MCI)
- National Incident Management System (NIMS)
- Incident Management System (IMS)
- Freelancing
- Incident Command System (ICS)
- Incident Commander (IC)
- General staff
- Command staff
- Liaison officer
- Safety officer
- Public information officer
- Mutual aid
- Incident action plan (IAP)
- Span of control
- Unity of command
- Clear text
- Unit
- Group
- Division
- Branch
- Command
- Rescue/Extrication group
- Triage group
- Treatment group
- Transportation group
- Staging area
- Supply unit
- Command post (CP)
- Singular command
- Unified command
- EMS task force
- Ambulance strike team
- Incident command post (ICP)
- Staging area
- Base
- Camp
- Helibase
- Helispots

Final Skill Assessments
(Week 32, 7 Weeks)

Airway Management Skills

- Oxygen delivery
- Nasopharyngeal airway
- Oropharyngeal airway
- Using a BVM
- Suctioning a patient

Patient Assessment

- General patient assessment
- Vital signs - blood pressure, pulse, respirations and pulse oximetry

Medical Emergencies

- Chest pain
- AED
- Respiratory distress
- Allergic reactions
- Poisoning and overdose
- Altered mental status
- Glucometry
- Unconscious medical
- Generic medical assessment

Trauma Emergencies

- Lifting and moving
- Bandaging
- Splinting
- Significant trauma assessment
- Non-significant trauma assessment

Special Populations

- Emergency childbirth
- Geriatric assessment

Students will be able to:

- Demonstrate airway management skills - oxygen delivery, insert a nasopharyngeal airway, insert an oropharyngeal airway, use a BVM and suction a patient.
- Demonstrate patient assessment skills - complete a generic patient assessment in less than 9 minutes.
- Complete an entire set of vital signs - blood pressure, pulse, respirations and pulse oximetry.
- Demonstrate competency with medical emergencies - chest pain, respiratory distress, allergic reactions, poisoning and overdose, altered mental status, unconscious medical patients and generic pain.
- Demonstrate competency with trauma emergencies - lifting and moving patients, bandaging, splinting, significant trauma assessment and non-significant trauma assessment.
- Demonstrate competency with special patient population skills - emergency childbirth, geriatric assessment and pediatric assessment

No specific vocabulary for this unit. Only the vocabulary they use while they are completing and practicing their final skills.

- Pediatric assessment