

SKILL SHEETS SHOULD BE APPROVED BY INDIVIDUAL EDUCATION PROGRAM

Candidate Name _____ Date _____

TDSHS Level: AEMT EMT-P

Type of Test: Initial Course Number _____ Initial Testing Initial Retest

LATE RENEWAL TDSHS EMS Personnel Number _____

Testing Location _____

**All components are ABSOLUTES.
DO NOT DEDUCT FOR OUT OF SEQUENCE UNLESS SPECIFICALLY INDICATED.**

Intraosseous Placement	Start Time		End Time	
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1.	Utilizes appropriate PPE	Performed
2.	Checks selected IV fluid for: -Proper fluid -Clarity -Expiration date	
3.	Selects appropriate equipment to include: -IO needle/device -Syringe -Saline	
4.	Prepares administration set [fills drip chamber and flushes tubing]	
5.	Identifies appropriate insertion site	
6.	Cleanses site appropriately	
7.	Performs IO puncture	
8.	Disposes/verbalizes proper disposal of needle/stylette in proper container	
9.	Attaches syringe and slowly injects saline to assure proper placement of needle	
10.	Attaches administration set and sets flow rate appropriate for situation	
11.	Secure IO, per manufacturer recommendations	
12.	Exhibits calm professional demeanor with all persons involved	
13.	Exhibits leadership and teamwork	

STATUS PASS (ALL COMPONENTS PERFORMED) FAILED (COMPONENTS NOT PERFORMED)

Evaluator Name (PRINTED) _____ Signature _____

COMMENTS (Required for any failure):