

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.**

DIRECT OROTRACHEAL INTUBATION - PEDIATRIC	Start Time		End Time	
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		Performed
1.	Selects, checks, assembles equipment <ul style="list-style-type: none"> • BVM • Oxygen • Airway Adjuncts • Suction unit with appropriate catheters 	<ul style="list-style-type: none"> • Laryngoscope and blades • ET tubes and stylette • Capnography/capnometry
	Prepares Patient	
2.	Takes appropriate PPE precautions	
3.	Manually opens airway and inserts adjunct	
4.	Ventilates patient within 30 seconds at rate of 10-12/minute, sufficient volume to make chest rise	
5.	Preoxygenates patient	
	Performs Intubation	
6.	Places patient in neutral or sniffing position by padding between scapulae to elevate shoulders and torso as needed	
7.	Elevates mandible with laryngoscope	
8.	Inserts ET tube to proper depth	
9.	Inflates cuff to proper pressure and immediately removes syringe, only if cuffed tube utilized	
10.	Ventilates patient and confirms proper tube placement by auscultation bilaterally over lungs and over epigastrium	
11.	Secures ET tube	
12.	Ventilates patient at proper rate and volume while observing capnography/capnometry	
13.	Steps 6-12 in sequence	
14.	Exhibits calm professional demeanor with all persons involved	
15.	Exhibits leadership and teamwork	

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

Evaluator Name (PRINTED) _____ Signature _____

COMMENTS (Required for any failure):