



MEDICAL SKILLS COMPETENCY CHECKOFF SHEET

Student Name: _____

Course: _____

Airway Management (NREMT) Instructor date & initials _____

- Bag Valve Mask (BVM) _____
- Oral Airway (OPA) _____
- Nasal Airway (NPA) _____
- Advanced Airway Insertion (Supraglottic) _____
- Cricoid Pressure (ALS Assist Only) _____
- Head-Tilt Chin-Lift _____

Suctioning Upper Airway (NREMT)

- Rigid Tip _____
- Flexible Tip _____

Oxygen Administration (NREMT)

- Nasal Cannula _____
- NRB Mask _____
- Partial Rebreather _____
- Simple Mask (book) _____
- Venturi Mask (book) _____

Oxygen Tank Use (NREMT)

- Oxygen Tank Safety _____
- Oxygen Tank regulator assembly _____

Medical Patient Assessment (NREMT)

- Primary Assessment _____
- Secondary Assessment _____
- OPQRST & SAMPLE _____

BLS Skills (NREMT & AHA)

- Mouth-to-Barrier _____
- Mouth-to-Pocket Mask _____
- FBAO/Choking _____
- CPR _____
- Defibrillation _____

Assisting patient with Rx Meds

- ASA _____
- NTG _____
- MDI _____
- Nebulized _____
- Auto-injector _____

Medication Administration

- Nebulizer (albuterol) _____
- ASA _____
- Oral glucose _____
- Intranasal naloxone _____

- Activated Charcoal _____
- Pulse Oximetry _____
- Non-medicated IV fluid maintenance _____
- Blood Glucose Monitoring & Assess. _____

Vital Signs

- Manual Blood Pressure _____
- Pulse _____
- Respiratory Rate _____
- Skin Condition _____
- Bilateral Breath Sounds _____

Ventilatory Care/Assessment

- End Tidal Monitoring _____
- Waveform Capnography _____
- Automated Transport Ventilator _____
- BiPAP/CPAP _____
- Demand Valve/PEEP (Manual & Triggered) _____

Cardiac Monitoring

- 3-4 Lead Placement _____
- 12 Lead Placement _____

Mechanical CPR Devices _____

Pregnancy & Childbirth

- Normal Assisted Delivery _____
- Abnormal Assisted Delivery (Breech, etc) _____

Handwashing _____

Instructor comments: _____

Lead Instructor Name: _____ Date Completed: _____

Instructor Signature: _____