

<b>2010 ABDOMINAL PAIN &amp; SOFT TISSUE INJURIES</b>				<b>SKILLS CHECKLIST</b>	
Name				Date	
Objective: Demonstrate appropriate assessment and treatment using appropriate equipment and Patient Care Protocols					
<b>SCENE SIZE-UP</b>					
<input type="checkbox"/> BSI	<input type="checkbox"/> Scene Safety	<input type="checkbox"/> Determines MOI / NOI	<input type="checkbox"/> # of Patients	<input type="checkbox"/> Additional Resources	
<b>INITIAL ASSESSMENT</b>					
<input type="checkbox"/> Mental Status	<input type="checkbox"/> Airway	<input type="checkbox"/> Breathing	<input type="checkbox"/> Circulation	<input type="checkbox"/> Obvious Trauma	<input type="checkbox"/> SICK
<input type="checkbox"/> Chief Complaint	<input type="checkbox"/> C-spine		<input type="checkbox"/> Bleeding	<input type="checkbox"/> Body Position	<input type="checkbox"/> NOT SICK
<b>SUBJECTIVE (FOCUSED HISTORY)</b>					
<input type="checkbox"/> Establishes rapport with patient (reassures and calms) and obtains consent to treat (implied / actual) <input type="checkbox"/> Determines patient's chief complaint and follows SAMPLE and OPQRST investigation <input type="checkbox"/> Determines mechanism of injury (MOI) as soon as possible OR considers NOI and acts accordingly <input type="checkbox"/> Obtains names/dosages of current medications (if possible)					
<b>OBJECTIVE (PHYSICAL EXAM)</b>					
<input type="checkbox"/> Records and documents Baseline vital signs – listens to lung sounds and compares sides <input type="checkbox"/> Performs appropriate trauma/medical exam – exposes/checks for bleeding and/or injuries <input type="checkbox"/> Performs a proper abdominal exam <input type="checkbox"/> Obtains second set of vital signs and compares to baseline					
<b>ASSESSMENT (IMPRESSION)</b>					
<input type="checkbox"/> Verbalizes impression (SICK / NOT SICK)					
<b>PLAN (TREATMENT)</b>					
<b>GENERAL CARE</b> (check all that apply)				<b>CRITICAL (FAIL) CRITERIA</b>	
<input type="checkbox"/> Indicates need for immediate transport <input type="checkbox"/> Considers postural vital signs exam <input type="checkbox"/> Administers oxygen (appropriate rate and delivery device) <input type="checkbox"/> Applies dressing/bandage (as indicated - including proper use of occlusive) <input type="checkbox"/> Properly positions patient <input type="checkbox"/> Prevents heat loss		<input type="checkbox"/> Performs proper spinal immobilization if needed <input type="checkbox"/> Monitors patient's vital signs <input type="checkbox"/> Considers Index of Suspicion <input type="checkbox"/> Performs ongoing assessment <input type="checkbox"/> _____ <input type="checkbox"/> _____		<b>... DID NOT ...</b> <input type="checkbox"/> Take/verbalize BSI <input type="checkbox"/> Appropriately provide/manage airway, breathing, bleeding control, treatment of shock <input type="checkbox"/> Administer appropriate rate and delivery of oxygen <input type="checkbox"/> Indicate need for immediate transport (SICK patient)	
<b>COMMUNICATION AND DOCUMENTATION</b>				<b>MEETS STANDARDS</b>	
<input type="checkbox"/> Delivers timely and effective short report				<input type="checkbox"/> YES <input type="checkbox"/> NO	
<hr/> EVALUATOR				<b>2<sup>nd</sup> ATTEMPT</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	