



Business phone: (510) 452-4626
 Toll-free: (800) 704-8391
 Fax: (510) 452-4642
 Locations on the East and West Coasts

NAME: _____ DATE: _____

CHECKLIST FOR EMERGENCY MEDICAL TECHNICIAN / EMT

KEY

Please check the appropriate column of proficiency for each type of equipment or situation.

Level of Proficiency:

- 0 - Never done
- 1 - Not done regularly
- 2 - Six (6) months to one (1) year experience
- 3 - More than one (1) year experience

Please Check:

- SCLS
- ACLS

PATIENT GROUPS

	0	1	2	3
Infant				
Pediatric				

	0	1	2	3
Adult				
Geriatric				

BASIC SKILLS

	0	1	2	3
Admission and Discharge Procedures				
Documentation Paperwork, Logbooks				
Universal Precautions/Body Substance Isolation				
Infection Control				
Restraint Application, Safety Criteria				
Security Procedures for Emergency Dept.				
Confidentiality of Information				
Orienting Patients to Room				
Telephone Procedures				
Notifying Patient/Others of Delays				
Transporting Patients to Other Departments and Units				
Prepare Patient for Examination or to be Seen by Physician (e.g., assist with putting on gown, etc.)				
Collecting /Documenting Inventory/ Disposition of Patient Belonging When Admitted				
Assist Patients to Restroom, Use of Bedpan				
Prepare/Restock Patient Exam Rooms				

	0	1	2	3
Assist Patient to Ambulate				
Feeding Patients				
Assist Patients with Bathing/Grooming				
Collecting/Labeling Specimens: Urine, Sputum, etc.				
Applying Cervical Collar				
Maintaining C-Spine Precautions				
Apply Ace Wraps/Slings/Swatches/ Finger Splints				
Apply Clavicle Straps				
Apply Knee Immobilizers				
Apply Ankle Braces				
Other Orthopedic Appliances				
Instruct Patient on Use of Crutches/Care				
Post-Mortem Care and Procedures				
Stripping and Removing Gurneys				



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PROCEDURES

	0	1	2	3
Obtain Vital Signs, Temperature, B/P, Respirations				
Apply Oxygen Saturation Monitor				
Place Patient on Cardiac Monitor				
EKG Perform, Label, and Print				
Set Up for Exams: Vaginal, Rectal, etc.				
Assist Physicians/Other Staff Members with Procedures/Exams				

	0	1	2	3
Cleaning/Preparing Wounds for Suturing/Suture Removal				
Sterile Technique				
Applying Sterile Dressings				
Adult Venipuncture to Obtain Sample				
Pediatric Venipuncture to Obtain Sample				

COMMUNICATION

	0	1	2	3
Reporting Emergency/Changes in Patient Condition to Supervisor				

	0	1	2	3
Patient/Family Teaching				

Signature: _____ **Date:** _____