

Susquehanna Regional EMS Council, Inc.  
**CME SKILLS EVALUATION SHEET**

NAME: \_\_\_\_\_ EMT# \_\_\_\_\_ LEVEL: EMT-B/ EMT-I/ EMT-CC/ EMT-P  
 (CIRCLE ONE)

DATE: \_\_\_\_\_

**Skills Evaluation**

| SKILL   | A= adult<br>P= peds | # of<br>Attempt | # of<br>Successful | Evaluator<br>Signature/title |
|---|---------------------|-----------------|--------------------|------------------------------|
| <b>Airway management (#Required)</b>                  |                     |                 |                    |                              |
| A. Adult ET (2 successful)                            |                     |                 |                    |                              |
| B. Pediatric ET (2)                                   |                     |                 |                    |                              |
| C. Digital ET (2)                                     |                     |                 |                    |                              |
| D. LMA (2)  |                     |                 |                    |                              |
| E. Needle Chest Dec. (CC/P only) (2)                  |                     |                 |                    |                              |
| F. Needle Cricothyrotomy (P only) (2)                 |                     |                 |                    |                              |
| <b>IV Therapy</b>                                     |                     |                 |                    |                              |
| A. Peripheral IV Line (2)                             |                     |                 |                    |                              |
| B. External Jugular Vein Access (2)                   |                     |                 |                    |                              |
| C. Intraosseous Access (P only) (2)                   |                     |                 |                    |                              |
| <b>Medication Administration (EMT-CC/P only)</b>      |                     |                 |                    |                              |
| A. IV Push (2)  |                     |                 |                    |                              |
| B. IV Drip (2)  |                     |                 |                    |                              |
| C. Endotracheal (2)                                   |                     |                 |                    |                              |
| D. Intramuscular (IM) (2)                             |                     |                 |                    |                              |
| E. Subcutaneous (SQ) (2)                              |                     |                 |                    |                              |
| F. Nebulizer (2)                                      |                     |                 |                    |                              |
| <b>Electrical Therapy</b>                             |                     |                 |                    |                              |
| A. Adult Defibrillation (2)                           |                     |                 |                    |                              |
| B. Pediatric Defibrillation (CC/P only) (2)           |                     |                 |                    |                              |
| C. Synchronized Cardioversion (CC/P only) (2)         |                     |                 |                    |                              |
| D. Transcutaneous Pacing (CC/P only) (2)              |                     |                 |                    |                              |
| <b>Miscellaneous Skills</b>                           |                     |                 |                    |                              |
| A. Nasal Gastric Tube (P only) (2)                    |                     |                 |                    |                              |
| B. Medical Incident Management - annually, all levels |                     |                 |                    |                              |
|   |                     |                 |                    |                              |
|   |                     |                 |                    |                              |
| <b>Inservice Education (Topic) (Total of 6 hours)</b> | <b>DATE</b>         | <b>TIME</b>     | <b>Location</b>    |                              |
|   |                     |                 |                    |                              |
|   |                     |                 |                    |                              |
|   |                     |                 |                    |                              |

**BLS providers must have 2 defibrillations every six months, Albuterol, Epi Pen, ASA & Glucometry for Basics if the agency is approved for skill. All BLS must have 6 hours Didactic.**