Safety Unlimited, Inc.
Course Syllabus
Emergency Medical Technician

Summer/Fall 2025	Aug 12 – Sep 28, 2025	(25-13889)	Tue and Thur Evening + Sundays
	Aug 11 – Sep 12, 2025	(25-13887)	Mon-Tue-Thu-Fri
	Aug 16 – Oct 26, 2025	(25-13888)	Sat-Sun

Instructor: TBD
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Textbook: Emergency Care, 14th edition by Dan Limmer, Michael F. O'Keefe, and Edward T. Dickenson. Pub Date: May 27, 2020 by Pearson (Mandatory)

Course Description: The Emergency Medical Technician (EMT) course prepares the EMT student to provide prehospital assessment and care for patients of all ages with a variety of medical conditions and traumatic injuries. Areas of study include an introduction to emergency medical services systems, roles and responsibilities of the EMT, anatomy and physiology, medical emergencies, trauma, special considerations for working in the prehospital setting, and providing patient transportation. Students are provided the opportunity to develop the necessary knowledge, skills, and abilities required to successfully pass the National Registry Emergency Medical Technician certification exam. Upon completion of said certification exam, an EMT may gain employment and/or progress to paramedic level training. With very few exceptions, the EMT course is conducted at the basic life support level, therefore do not expect to learn or engage in advanced life support training and/or activities.

Course Length: Initial EMT Course attendees must have a minimum of 170 hours including 146 minimum didactive and 24 hours of supervised clinical experience.

CPR and Health Appraisal Forms: All students are required to submit a valid CPR card prior to the **start of the program.**

A Health Appraisal form must also be completed and returned to the instructor. These documents are required before any student is allowed to begin his/her clinical experiences or ride-a-longs.

Student Background Check and Drug Screening: All students are required to complete and submit a current background check prior to participating in clinical experience hours. All fees related to this background check are the responsibility of the student. Details regarding the background check and drug screening process will be provided during class.

ASSIGNMENTS AND EXAMS:	Chapter Quizzes	41	10 points each	410 points total
	FEMA IS Assignments	2	20 points each	40 points total
	First Responder Awareness for EMS			40 points total
	Block Exams	4	100 points each	400 points total
	NREMT Prep	3	75 points each	225 points total
	Final Exam	1	450 points each	450 points total

In keeping with the standards of NREMT, there is a time limit on all quizzes and exams. You will be allotted 1 minute per question per test (i.e., 10 question quiz is 10 minutes).

SKILLS EXAMS:

Patient Assessment / Management – Trauma
Patient Assessment / Management – Medical
Cardiac Arrest Management / AED
Bag Valve Mask Apneic Patient
Spinal Immobilization – Supine Patient
Spinal Immobilization – Seated Patient
Bleeding Control / Shock Management
Supplemental Oxygen Administration
Naloxone
Epinephrine
Penetrating Chest Trauma
Childbirth with neonatal resuscitation

GRADES: 80% is required for successful course completion. All students are required to maintain a minimum of 80% overall course average and a minimum final exam score of 80% to receive recommendation for certification exam.

90 % - 100 %	=	A	
80 % - 89 %	=	B	**80% REQUIRED**
70 % - 79 %	=	C	**FOR COURSE**
60 % - 69 %	=	D	**COMPLETION**
< 60 %	=	F	

DUE DATES: If any task or assignment is not turned in on the specified due date, students will not receive points the assignment is worth. This also includes incomplete assignments. These assignments include CPR, Health Appraisals, Homework, Background Checks, etc. Assignments on MyBradyLab will be locked after the due date and will not be re-opened unless prior arrangements have been made or there are extenuating circumstances.

CLINICAL EXPERIENCE: All students are required to successfully complete at least two (2) clinical experience days. A minimum of ten patient contacts is required. If ten patient contacts are not attained during the clinical experience, arrangements will be made to conduct additional clinical experience days or simulated patient contact experiences.

HOLIDAYS: Monday, September 1, 2025 Thursday, November 27, 2025
Friday, November 28, 2025

UNIFORM AND GROOMING

EMT Students must adhere to industry standards.

Pants:		Tact Squad #7011N-33 or equivalent. Navy Blue.
Shirt:		Safety Unlimited provided EMT Student shirt.
Shoes:		Black leather safety shoes or boots (steel toe optional) No tennis shoes, hiking boots, or similar.
Belt:		Smooth or basketweave black leather uniform belt, no studs or other adornments.
Undergarment (shirt):		Plain white crew neck t-shirt with no decals or logos. Additional undergarments may be worn as appropriate.
Fingernails:		No artificial nails. Nail color must be subtle.
Hair:	Females:	Hair pulled back in ponytail or otherwise put up off collar.
	Males:	Hair above collar, no ponytails, sideburns no lower than ear lobe. A mustache is allowed as long as it is neatly trimmed and the ends are no lower than the corners of the mouth. **No other facial hair is permitted.**

Jewelry and make-up:

All:	Wedding or class ring only on 1 finger, necklaces must be inside of shirt.
Females:	One pair of identical stud earrings in lobes, no additional showing piercings. Subtle make-up appropriate to situation of patient care.
Males:	No visible piercings or make-up.

Watches:	All students must wear a watch that is either analog with a second hand or a digital watch with a second counter.

Tattoos:	All tattoos must be covered at all times.
Name Tag:	Clearly visible student ID card with clip fastener.
Safety Vest:	Per Federal Highway Transportation Safety Regulations, a high visibility safety vest is required while on the Ambulance Ride-a-long.

ATTENDANCE:

ATTENDANCE IS NOT OPTIONAL.
IT IS MANDATORY.

The State of California Emergency Medical Services Authority requires a minimum number of hours. Therefore, students must have a minimum of 170 hours, excluding exams.

No make-up tests are given. Extenuating circumstances will be evaluated on a case-by-case basis and must be approved by the instructor.

GRADING POLICIES AND CONDUCT:

Any person found to be cheating or acting improperly will be turned over to the Program Director for disciplinary action.

CELL PHONES AND OTHER ELECTRONIC DEVICES:

All cellular phones and other electronic devices must be kept in silent or vibrate modes throughout the class. This includes during lectures, skills practice, testing, clinical settings, and ambulance ride-a-longs.

No text messaging of any kind is permitted during class hours.

SMOKING POLICY:

The policy states:

A. In the interest of health and welfare of students, employees and the public, smoking is not permitted anywhere in the Safety Unlimited building, except in parking lots only.

B. Smoking shall be allowed only in the specific areas described as follows: ALL PARKING LOT AREAS ONLY, at least 20 feet from the entrance to any business.

C. Dispose of all smoking remains (butts) and do not leave on ground.

****INSTRUCTORS RESERVE THE RIGHT TO MAKE ANY CHANGES TO ANY OF THE ABOVE INFORMATION AND POLICIES****

Course Objectives:

After reading this each chapter, you should be able to:

Chapter 1

1.1 Describe the components of the EMS system.

- **a.** Describe the connections between EMS history and EMS today.
- **b.** Recognize components that make up EMS systems.
- **c.** Diagram the chain of human resources in EMS systems.
- **d.** Describe the communications systems by which the public can access EMS.

1.2 Summarize the roles and responsibilities of EMTs.

- **a.** Explain the different levels of EMS training.
- **b.** Describe the tasks within the roles and responsibilities of an EMT.
- **c.** Explain the traits of an EMT that convey professionalism.
- **d.** Explain the EMT's role in quality improvement.
- **e.** Explain the role of an EMS system physician Medical Director.

1.3 Describe the connection between public health and EMS systems.

- **a.** List ways that EMS systems can support public health.

1.4 Summarize the role of evidence-based research in EMS.

- **a.** Identify ways research impacts EMS.
- **b.** Explain the evidence-based process for EMTs.
- **c.** Compare the different methods of medical research.
- **d.** Explain how to evaluate medical research.

Chapter 2

2.1 Describe how specific healthy habits can affect the EMT's well-being.

a. Identify the role of a support system in maintaining well-being.

b. Recognize the health benefits of an exercise program.

c. Relate the importance of sleep to performance as an EMT.

d. Identify the health benefits of eating right.

e. List the negative impacts of excess consumption of alcohol and caffeine.

f. Recognize the importance of regular visits to your physician, including keeping current on vaccines.

g. Explain the concepts of personal protection from communicable diseases.

2.2 Explain why EMS can be a particularly stressful job.

- **a.** Describe what happens in each stage of stress.
- **b.** Contrast acute, delayed, and cumulative stress reactions.
- **c.** Give examples of types of situations in EMS that have a higher probability than routine circumstances of causing a stress reaction in EMS providers.
- **d.** Recognize when an EMT is exhibiting signs and symptoms of stress.
- **e.** Identify the components of an employer's comprehensive system for stress management.
- **f.** Interpret the statements and behaviors of a dying patient or that patient's family members in terms of emotional stages of grief.
- **g.** Given a scenario, translate generic approaches for dealing with death and dying patients into actions specific to the situation.

2.3 Summarize concepts of scene safety in EMS.

- **a.** State the rationale for the priority given to scene safety in EMS.
- **b.** List the most common causes of EMS line-of-duty deaths (LODD).
- **c.** State the primary actions expected of EMTs upon encountering a potential hazardous materials situation.
- **d.** State actions EMTs can take in advance to plan for encountering violence on an EMS call.
- **e.** Explain specific observations EMTs should make on every call to detect potential indications of violence.
- **f.** Given a scenario, translate the generic approach to reacting to danger to

situation-specific actions.

Chapter 3

3.1 Describe the considerations in preventing injury to the EMS crew when lifting and moving patients.

- **e.** Given descriptions of situations, estimate whether it is safe to attempt to lift the patient.
- **f.** Distinguish between proper use of body mechanics and improper lifting and moving technique.

3.2 Summarize the considerations in moving patients.

- **f.** Given a selection of descriptions, categorize the need to move the patients as emergent, urgent, or nonurgent.
- **g.** Recognize the specific techniques used for each method of moving a patient.
- **h.** Identify patient-carrying devices.
- **i.** Given a description of a situation, select the most appropriate patient-carrying device.
- **j.** Contrast the general considerations for moving a patient with a suspected spine injury and one with no suspected spine injury.
- **k.** Distinguish between techniques for moving a patient without suspected spine injury onto a carrying device.

Match descriptions of patient problems with considerations for positioning the patient.

Chapter 4

4.1 Summarize the relationship between scope of practice and standard of care.

- **a.** Classify tasks and procedures as either within or outside of an EMT's scope of practice.
- **b.** Give examples of ways an EMT can maintain the expected standard of care.

4.2 Give a synopsis of concepts of patient consent to and refusal of care and ethical challenges that arise in the EMT's work.

- **a.** Describe when each of the types of consent applies.
- **b.** Recognize the criteria that must be met when a patient refuses emergency medical care.

c. Given scenarios, derive specific actions from the general steps for interacting with a patient who refuses emergency medical care.
d. Describe the EMT's obligations when confronted with different types of Physician's Orders for Life-Sustaining Treatment (POLST).
e. Recognize the presence of an ethical challenge.
f. Explain various actions that could be taken to address an ethical challenge.
g. Predict how various decisions about ethical challenges might play out.

4.3 Outline concepts associated with legal issues that affect EMTs.

a. Given a scenario in which a patient makes a claim of negligence against an EMT, determine whether the elements required to prove negligence are present.
b. Differentiate between a tort and a criminal act.
c. Summarize what Good Samaritan laws are.
d. Identify ways in which EMTs may inadvertently violate a patient's confidentiality.
e. Describe how the Health Insurance Portability and Accountability Act (HIPAA) impacts the legality of what patient information can be shared by EMTs.
f. Identify situations with potential for slander or libel.
g. State how medical identification devices and organ donor status identification can guide the decisions of EMTs.
h. Describe the purpose of "safe haven" laws.
i. Give examples of observations EMTs should make and document at crime scenes.
j. Given scenarios, translate the general list of actions EMTs should take at crime scenes into specific actions.

Chapter 5

5.1 Demonstrate communication in the language of medicine.

a. Analyze the meanings of medical terminology components.
b. Recognize the meanings of common acronyms, mnemonics, and abbreviations used in the language of medicine.
c. Distinguish between circumstances in which an EMT should use medical terminology, abbreviations, and acronyms; and situations in which plain language

is a better choice.

5.2 Apply terms of position and direction to describe a location on the human body.

- **a.** Identify the anatomic regions of the body.
- **b.** Match anatomic terms of position and direction to their definitions.

Chapter 6

6.1 Explain the locations of the major systems in the body.

- **a.** Relate topographic landmarks to the locations of underlying body structures.
- **b.** Identify the structures in various diagrams of organs.
- **c.** Given a description of how a patient was injured, predict internal organs that may be harmed.

6.2 Analyze the overall roles of each organ system in maintaining normal body functions.

- **a.** Recognize how each organ system in the body contributes to that system's function.
- **b.** Relate observable signs to potential dysfunctions of internal organs.

Chapter 7

7.1 Summarize the structures and functions of body cells.

- **a.** Describe the influence of water on cells.
- **b.** Describe the role of glucose in cells.

7.2 Summarize the coordinated processes required of the cardiopulmonary system to maintain perfusion.

- **a.** Contrast the processes of aerobic and anaerobic metabolism in cells.
- **b.** Relate the composition of air with the demands of the cardiopulmonary system.
- **c.** Distinguish between the processes of ventilation, respiration, and perfusion.
- **d.** Identify the structures of the airway.
- **e.** Explain the impact on the body of changes in the tidal volume, minute volume, and dead air space.
- **f.** Explain circumstances that lead to respiratory dysfunction.
- **g.** Describe the mechanism by which the body attempts to compensate for disruptions of respiration.
- **h.** Describe the functions of the various components of blood.

i. Describe the consequences of reduction of blood volume, red blood cells, and water-retaining proteins.
j. Distinguish the functions of arteries, veins, and capillaries.
k. Outline the process of gas (oxygen and carbon dioxide) exchange in the body.
l. Explain how the nervous system can correct low and high blood pressure.
m. Given a change in the balance of sympathetic and parasympathetic components of the nervous system, predict the impact on heart function.
n. Analyze how loss of blood vessel tone, increased permeability, and increased systemic vascular resistance affect blood pressure.
o. Illustrate the interaction of stroke volume, cardiac preload, cardiac contractility, and cardiac output.
p. Predict the consequences of mechanical and electrical dysfunctions of the heart.
q. Explain the concept of V/Q (ventilation–perfusion) match.

7.3 Summarize the pathophysiology of shock.

a. Describe the mechanism that underlies all forms of shock.
b. Contrast hypovolemic, distributive, cardiogenic, and obstructive shock.
c. Given descriptions of patient presentations, categorize them as being in either compensated or decompensated shock.

7.4 Summarize fluid balance in the body.

a. Recall the distribution of water throughout the spaces of the body.
b. Explain the distribution of water throughout the spaces of the body.
c. Identify the structures that regulate fluid distribution throughout the spaces of the body.
d. Describe disruptions of fluid balance.

7.5 Give a synopsis of general concepts of nervous system dysfunction.

a. Explain how trauma can result in nervous system dysfunction.
b. Explain how medical problems can result in nervous system dysfunction.
c. Given a scenario, predict whether a patient has nervous system dysfunction.

7.6 Describe the mechanism by which the endocrine system contributes to control of body functions.

a. Recall the structures primarily at the root of endocrine dysfunction.
b. Explain the general categories of endocrine disorders.

7.7 Describe the relationship between perfusion and the gastrointestinal system.

a. Describe the anatomy that can contribute to the severity of gastrointestinal bleeding.
b. Recall potential causes of nausea and vomiting.
c. Describe the consequences of ongoing loss of blood or fluid through the gastrointestinal tract.

7.8 Summarize the mechanism by which a response by the immune system can lead to shock.

a. Give examples of types of substances that may provoke a hypersensitivity reaction.
b. Compare normal immune response to foreign substances with allergic reactions.
c. Describe the impact on body tissues of excess release of histamine.

Chapter 8

8.1 Distinguish between the physiologic characteristics of people of different age groups.

a. Recall the physiologic characteristics of infants.
b. Categorize infants' vital signs as normal or abnormal.
c. Given descriptions of physical stimulation of an infant, explain the reflexes that should occur.
d. Match infant age ranges with cognitive (mental) developmental milestones.
e. Categorize toddlers' vital signs as normal or abnormal.
f. Explain the increased susceptibility of toddlers to infectious diseases.
g. Categorize a preschooler's vital signs as normal or abnormal.
h. Categorize a school-age child's vital signs as normal or abnormal.
i. Describe the physiologic changes that characterize adolescence.
j. Differentiate between normal and abnormal adolescent vital signs.
k. Compare the physiologic characteristics of early, middle, and late adulthood.
l. Differentiate between normal and abnormal adult vital signs.

8.2 Compare the psychosocial characteristics of people.

a. Describe the cognitive (mental) and emotional characteristics expected in normally developing infants.
b. Match toddler age ranges with cognitive (mental) developmental milestones.
c. List the benefits to preschoolers of social interaction.
d. Describe the psychosocial characteristics of school-age children.
e. Describe the psychosocial characteristics of adolescents.
f. Compare the psychosocial characteristics of early, middle, and late adulthood.

Chapter 9

9.1 Describe the structure and function of the normal airway.

a. Differentiate the structures of the upper airway from those of the lower airway.
b. Match airway structures to their functions.

9.2 Explain concepts of airway pathophysiology.

a. List causes of obstruction of the upper and lower airway.
b. List the steps to airway assessment in the primary assessment.
c. Distinguish between signs that indicate absent breathing, inadequate airway, and adequate airway.
d. List signs of inadequate airway that are more likely in children than in adults.
e. Explain how to determine whether a patient's airway status may worsen.

9.3 Describe the use of manual maneuvers to open the airway.

a. Given a scenario, provide a rationale for selecting the type of manual maneuver that is best for the patient in the scenario.

9.4 Explain the use of adjunctive equipment to manage a patient's airway.

a. State the importance of having a suction device immediately available during airway management procedures.
b. Given scenarios, identify adherence to general rules for using airway adjuncts.
c. Describe how the features of an oropharyngeal airway allow it to provide an air passage in patients who cannot maintain their own airways.
d. List the sequence of steps used in the insertion of an oropharyngeal airway.
e. Identify instances when a nasopharyngeal airway offers benefits over an oropharyngeal airway.

f. List the sequence of steps used in the insertion of a nasopharyngeal airway.
g. Describe the minimum features required of suction units.
h. Match the components and attachments of suction devices with their designed purposes.
i. Suggest responses to complications encountered when suctioning a patient's airway.
j. Recall the general rules that apply to all suctioning techniques.
k. Describe decision-making considerations in choosing approaches to suctioning.

Chapter 10

10.1 Compare the physiology and pathophysiology of breathing.

a. Describe the mechanical process of breathing.
b. Describe the physiology of respiration at the alveolar level.

10.2 Explain concepts of cardiopulmonary pathophysiology.

a. Explain how various conditions can interrupt the mechanical processes of breathing.
b. Explain how various conditions can interrupt the process of gas exchange at the alveolar level.
c. Explain how various impairments of circulation can interrupt the exchange of gases at the cellular level.

10.3 Summarize concepts of respiration.

a. List conditions necessary for adequate respiration.
b. Recognize the consequences of inadequate breathing.
c. Distinguish the pathophysiologies of respiratory distress and respiratory failure.

10.4 Describe the assessment of patients' breathing.

a. Describe the sequence of steps involved in assessing breathing.
b. Evaluate breathing status based on assessment findings.
c. Differentiate between patients who need only supplemental oxygen and those who need artificial ventilation with supplemental oxygen.

10.5 Summarize concepts of positive pressure ventilation.

a. Explain complications of positive pressure intervention.
b. Describe the general approach to using artificial ventilation.

c. Describe different techniques of artificial ventilation.

d. Compare the approaches to artificial ventilation for patients with rapid breathing and those with slow breathing.

e. Match the EMT's interventions with patients' respiratory statuses.

f. Identify the equipment used with each technique of artificial ventilation.

g. List the sequence of steps for using each technique of artificial ventilation.

h. List modifications of artificial ventilation for stoma breathers.

i. Describe the indications for using an automatic transport ventilator (ATV).

10.6 Explain concepts related to administering supplemental oxygen.

a. Describe the major issues to consider when making a decision to provide patients with supplemental oxygen.

b. Compare the features of various portable and fixed oxygen cylinders used in EMS systems.

c. Describe the EMT's obligations with respect to evaluating the supply of oxygen available.

d. List the EMT's obligations with respect to safety related to oxygen use.

e. Identify the equipment and supplies used in oxygen administration.

f. Describe the purpose of each of the parts of an oxygen delivery system.

g. List risks to patients who receive excessive amounts of supplemental oxygen.

h. List the sequence of steps for preparing an oxygen delivery system for supplemental oxygen administration.

i. Given a patient scenario, select the most appropriate approach to oxygen therapy.

j. Describe considerations in responding to patients who have complications that can interfere with oxygen administration and artificial ventilation.

k. Provide the rationales for modifying techniques of oxygenation and artificial ventilations in pediatric patients.

10.7 Explain the EMT's roles and responsibilities related to the use of advanced airway devices.

a. Recognize the types of devices used for advanced airway management.

b. Identify what EMTs can do to assist in the advanced airway placement procedures.

c. Describe considerations in ventilating a patient who has an advanced airway device in place.

Chapter 11

11.1 Analyze each of the components of scene size-up.

a. Recognize potential hazards at a scene.

b. Explain the rationale for the priority of determining scene safety.

c. Identify any modifications required to your personal protective equipment based on specific characteristics of a scene.

d. Relate observations about the mechanism of injury to suspicions for patterns of patient injuries.

e. Identify sources of information to advise you about the nature of a medical patient's illness.

f. Given a scenario, determine the need for additional resources.

Chapter 12

12.1 Summarize the general approach to primary assessment.

a. Describe the components of the primary assessment.

b. Describe why the steps of primary assessment are ongoing.

c. Given a scenario, determine the sequence of the primary assessment steps.

d. Describe the actions to be taken upon finding specific problems during the primary assessment.

e. Compare the approaches to stable, potentially unstable, and unstable patients.

f. Describe the concept of manual stabilization of the head and neck.

12.2 Summarize the specific components of the primary assessment.

a. Given a description of mental status, categorize a patient's status using the Alert/Verbal/Painful/Unresponsive (AVPU) approach.

b. Given a description of primary assessment findings, categorize the patient as stable, potentially stable, or unstable.

12.3 Explain the concept of clinical judgment applied to the primary assessment.

a. Explain the evolution of clinical judgment from novice to expert EMTs.

b. Explain how observations can modify the EMT's interpretation of the chief complaint.

c. Analyze a primary assessment.

Chapter 13

13.1 Explain the contribution of vital signs to the patient assessment process.

a. Describe the physiologic processes indicated by each vital sign.

b. Explain causes of abnormal vital signs.

c. Describe modifications of assessing circulation in children.

d. Compare vital signs of infants and children with those of adults.

e. Describe the techniques for assessing each of the vital signs.

f. Integrate vital signs with other assessment findings to refine the patient's priority.

g. Recognize characteristics that can lead to difficulty or false readings when obtaining vital signs.

h. Compare auscultation, palpation, and automatic blood pressure monitor approaches to obtaining a blood pressure.

13.2 Explain the contribution of information from monitoring devices to patient assessment.

a. Identify patients for whom the use of a monitoring device will provide useful information.

b. Outline the steps of using various monitoring devices.

c. Interpret findings of pulse oximetry.

d. Recognize blood glucose level normal ranges.

e. Identify situations that can lead to difficulty or false readings when using a monitoring device.

Chapter 14

14.1 Explain techniques that are useful in obtaining the patient history.

a. Distinguish between circumstances when collecting a complete history is better facilitated by open-ended or closed-ended questions.

b. Apply the OPQRST mnemonic to gain additional information about a complaint.

c. Apply the SAMPLE mnemonic to organize information gathering.

14.2 Describe the general techniques of physical examination.

a. Compare the type of information that can be obtained through each general technique of physical examination.

b. Provide the information you anticipate getting from different body systems when deciding to use a general technique of physical examination.

14.3 Analyze your approach to decision making in EMS scenarios.

a. Compare EMTs' process of diagnosis with that of emergency physicians.

b. Explain the impact of experience on diagnostic processes.

c. Given a short description of an EMT setting, recognize common cognitive biases.

14.4 Evaluate your approach to decision making in EMS scenarios.

a. Compare the features of experienced physicians' thinking with EMTs' thinking.

b. Evaluate your approach to thinking like an EMT.

Chapter 15

15.1 Describe the integration of the secondary assessment into the overall patient care process.

a. State the purpose of the secondary assessment.

b. List the components of secondary assessment.

c. Describe modifications to the approach to secondary assessment based on patients' situational factors.

15.2 Describe secondary assessment of medical patients.

a. Compare approaches you would take to responsive and unresponsive patients.

15.3 Describe secondary assessment of trauma patient with serious or multisystem injuries.

a. Adapt secondary assessment techniques based on the suspected body system involved.

15.4 Analyze your approach to decision making in EMS scenarios.

a. Compare the secondary assessment approaches to trauma patients with minor injuries and those with serious or multisystem injuries.

Chapter 16

16.1 Analyze the components in your approach to re-evaluating patients in EMS scenarios.

a. Evaluate patient status based on trending assessment findings.

b. Compare the approaches to reassessing stable and unstable patients.

Chapter 17

17.1 Compare public safety radio communications systems to best practices.

a. Describe the features of communication system components.

b. Describe the impact of each component of a communication system on the delivery of patient care.

c. Assess portrayals of radio communication for compliance with basic principles of radio communication.

d. Assess portrayals of radio medical reports for the correct use of each of the components of a radio medical report.

17.2 Evaluate the various types of interpersonal communications EMTs have with others.

a. Compare the verbal patient report when transferring patient care to hospital personnel to the radio patient report given en route.

b. Explain professional ways to overcome a communication problem.

c. Describe the importance of communicating with all health care providers involved in patient care at the scene.

d. Describe the general guidelines for engaging in therapeutic communication.

e. Describe modification of approaches to patients with communication challenges.

f. Given a portrayal of an episode of therapeutic communication, identify what went well and what did not go well.

17.3 Generate a written prehospital care report from a portrayal of patient care.

a. Describe each of the functions of a prehospital care report.

b. Identify the purposes of the National Highway Transportation Safety Administration (NHTSA) data elements.

c. Identify the Patient Information and Administrative Information elements of the NHTSA minimum data set.

d. Identify the minimum NHTSA data required to communicate effectively through the narrative of a prehospital report.

e. Explain the importance of each of the required elements of the narrative portion of a written prehospital care report.

f. Explain how to ensure your written prehospital care report complies with confidentiality requirements.
g. Explain the documentation required when a patient refuses emergency prehospital care and transportation.
h. Give examples of how the quality and completeness of your written prehospital care reports can serve you and others in the near and far future.
i. Explain the consequences of falsification of prehospital care report information.
j. Describe the proper correction of errors and late entries in prehospital care reports.
k. Explain modifications to the EMT's documentation in special situations.

Chapter 18

18.1 Describe medications EMTs may carry on the ambulance and administer.

a. Describe the actions of specific medications carried on the ambulance (e.g., aspirin, oral glucose, oxygen, naloxone).
b. Identify the reason an EMT would administer a medication carried on the ambulance.
c. Identify the routes by which medications carried on the ambulance are administered to the patient by the EMT.
d. Identify generic and trade names of all medications carried on the ambulance and those prescribed to patients with which EMTs may assist.

18.2 Describe patients' own prescription medications which EMTs may assist patients in taking.

a. Describe the actions of bronchodilators, nitroglycerin, epinephrine auto-injectors, and force protection medication.
b. Describe the role of medical direction in assisting with administration of patients' prescribed medications.
c. Relate the actions of albuterol and epinephrine to the correction of the pathophysiology of anaphylaxis and asthma.

18.3 Explain general concepts of pharmacology.

a. Distinguish between chemical, generic, and trade names of drugs.
b. Assess patient and context to determine the indications and contraindications for

a medication before you give it.

c. Anticipate desired effects, known side effects, and untoward effects of drugs before you give them.

d. Recognize the occurrence of desired effects, untoward effects, and side effects in a patient.

e. Describe the importance of clinical judgment in administering medications.

f. Compare the two types of medical authorization under which an EMT can administer medications.

g. Describe the importance of checking expiration dates and following the Five Rights of medication administration.

h. Describe each of the routes of drug administration.

i. Describe how pharmacodynamics affect judgments about medication administration.

j. Identify the steps of reassessment and documentation required after administering a medication.

k. Describe common categories of medications and herbal remedies that you will find used by patients in the field.

18.4 Explain the EMT's role in assisting with intravenous (IV) therapy.

a. Identify the parts of the equipment and supplies required for IV therapy.

b. Outline the steps of preparing the IV fluid and intravenous tubing.

c. Recognize other tasks EMTs can assist with, if asked, when assisting with IV therapy.

d. Describe how to troubleshoot an IV that is not running, running too slowly, or running too quickly.

Chapter 19

19.1 Explain a patient’s breathing status.

a. Summarize the coordinated processes required of the cardiopulmonary system to maintain perfusion.

b. Outline the assessment procedure for determining the adequacy of respiration.

c. Describe the mechanics of inspiration and expiration.

19.2 Distinguish between descriptions of a patient who is breathing adequately and one who is not.

- **a.** Discern adequate from inadequate respiratory rate.
- **b.** Discern adequate from inadequate respiratory rhythm.
- **c.** Discern adequate from inadequate breathing quality.
- **d.** Relate the differences in pediatric anatomy and physiology to the differences observed in inadequate breathing in children compared with adults.

19.3 Select the most appropriate intervention sequence for a description of a patient with inadequate breathing.

- **a.** Recommend the prioritized treatment for a patient with inadequate breathing.
- **b.** Describe the considerations in choosing the means of providing artificial ventilation to a patient.
- **c.** Contrast the characteristics of inadequate artificial ventilation with those of adequate artificial ventilation.
- **d.** Describe differences in the respiratory interventions for children versus those for adults.

19.4 Outline the assessment process for a patient complaining of difficulty breathing.

- **a.** Recognize the different ways patients may describe a chief complaint that tells you they are having difficulty breathing.
- **b.** Describe immediate observations that give an early means of differentiating between adequate and inadequate breathing in a patient complaining of difficulty breathing.
- **c.** Describe the adaptation of the OPQRST mnemonic to a patient with a chief complaint of difficulty breathing.
- **d.** Recall symptoms that a patient with shortness of breath may complain of.
- **e.** Describe specific observations that EMTs should look for in the assessment of a patient with difficulty breathing.
- **f.** Describe the auscultation of the lungs in a patient with difficulty breathing.
- **g.** Describe the characteristics of abnormal breath sounds.
- **h.** Describe the underlying problem that produces each of the abnormal breath

sounds.

i. Recognize how vital signs may be altered in a patient with a chief complaint of difficulty breathing.

j. Describe how the pulse oximeter should be integrated in assessment of a patient complaining of difficulty breathing.

19.5 Propose a treatment plan for a representation of a patient with breathing difficulty. Describe the components of the general approach to caring for a patient with difficulty breathing.

a. Select the best oxygen administration modality for a patient complaining of difficulty breathing.

b. Describe how continuous positive airway pressure (CPAP) works.

c. List the indications for treating a patient with CPAP.

d. List the contraindications for treating a patient with CPAP.

e. Describe the procedure for treating a patient with CPAP.

f. Describe how different complications of C3PAP can be recognized.

19.6 Recommend a diagnosis-based treatment plan for a patient with difficulty breathing.

a. Describe the features of chronic obstructive pulmonary disease (COPD).

b. Describe the features of asthma.

c. Describe the features of pulmonary edema.

d. Describe the features of pneumonia.

e. Describe the features of spontaneous pneumothorax.

f. Describe the features of pulmonary embolism.

g. Describe the features of epiglottitis.

h. Describe the features of croup.

i. Describe the features of bronchiolitis.

j. Describe the features of cystic fibrosis.

k. Describe the features of viral respiratory infections.

19.7 Identify common medications used for patients with difficulty breathing.

a. Differentiate between the types of inhaled medications EMTs may give to a

patient with difficulty breathing and those they may not give.

b. List the indications for assisting a patient with a metered-dose inhaler.

c. List the contraindications of treating a patient with a metered-dose inhaler.

d. Provide the instructions a patient needs to use the inhaler.

e. Recall the rights of medication administration.

f. List the side effects of the inhaled medications EMTs assist with.

g. Describe the steps in assisting a patient with using a prescribed inhaler.

h. Compare the use of a small-volume nebulizer with that of a metered-dose inhaler.

Chapter 20

20.1 Explain the anatomy and physiology of the cardiovascular system.

a. Describe the flow of blood through the heart's chambers.

b. Describe the flow of blood from the heart, to the body, and back to the heart.

20.2 Explain the concept of acute coronary syndrome (ACS).

a. Recognize the signs and symptoms of acute coronary syndrome.

b. Describe the concept of cardiac compromise.

20.3 Outline management when presented with a portrayal of a patient presenting with signs and symptoms of acute coronary syndrome.

a. Evaluate the patient's signs and symptoms against those for ACS.

b. Describe the role of positioning for a patient with ACS.

c. Describe the practice for administering oxygen to a patient with suspected ACS.

d. Describe the pharmacology of medications that EMTs can administer to patients with suspected ACS.

e. Describe the EMT’s responsibilities with respect to administering aspirin to a patient with suspected ACS.

f. Describe the EMT’s responsibilities with respect to administering nitroglycerin to a patient with suspected ACS.

g. Identify criteria for immediate transport of a patient with ACS signs and symptoms.

h. Explain the teamwork required to carry out interventions while transporting an ACS patient to the hospital.

i. Explain the advantage of prehospital 12-lead electrocardiograms (ECGs).

20.4 Illustrate how the underlying pathophysiology of the various causes of cardiac conditions poses threats to the patient.

a. Describe the relationship between coronary artery disease, angina pectoris, and acute myocardial infarction (AMI).

b. Describe the concept of a dysrhythmia.

c. Relate the pathophysiology of heart failure to its presenting signs and symptoms.

d. Describe the concept of an aneurysm.

e. Identify conditions that interfere with the mechanical work of the heart.

Chapter 21

21.1 Explain the pathophysiology of cardiac arrest.

a. Describe conditions that may trigger cardiac arrest.

b. Identify key signs of cardiac arrest.

21.2 Summarize the importance of EMS systems' use of the chain of survival as a means of improving outcomes from cardiac arrest.

a. Explain the features of each component of the chain of survival.

b. Explain how each component of the chain of survival is intended to improve cardiac arrest outcomes.

c. Describe the treatment sequence by which EMTs manage a patient in cardiac arrest.

d. Identify circumstances when a mechanical CPR device is advantageous.

e. Compare the two types of mechanical CPR devices an EMT may use.

f. Describe types and operation of automated external defibrillators (AEDs).

g. Explain the integration of CPR and AED use in a patient in cardiac arrest.

h. Explain how roles change during the transition of patient care.

i. Describe the EMT's approach to different patient responses to treatment, including regaining a pulse and going back into cardiac arrest.

j. Describe modifications to cardiac arrest management for pediatric patients.

21.3 Summarize the EMT's obligations with respect to terminating resuscitative efforts before arriving at the hospital.

a. Identify the circumstances of the cardiac arrest that must be present prior to an

individual EMT's stopping resuscitative efforts.

b. Identify the criteria that must be reported to medical direction when requesting an order to cease resuscitative efforts.

21.4 Identify special circumstances in resuscitation that the EMT may encounter.

a. Explain the teamwork required to carry out interventions in coordination with others or while transporting a patient with ACS to the hospital.

b. Describe the significance to cardiac arrest management of cardiac implants and surgeries.

Chapter 22

22.1 Explain the concepts of altered mental status (AMS).

a. Recall the role of the reticular activating system in level of responsiveness.

b. List factors that can interfere with the function of the reticular activating system.

c. Identify the range of changes that are considered alterations in mental status.

d. Recognize the reason why a patient presenting with altered mental status is considered an emergency.

e. Describe the emphasis on using the AVPU mnemonic in patients with AMS.

f. Describe how the determination to use blood glucose monitoring is made in the assessment of a patient with AMS.

g. Compare the assessment of the level of responsiveness in pediatric patients with limited verbal skills with that of adults.

h. State the importance of interpreting trends in repeated assessments of the level of responsiveness.

22.2 Summarize the application of concepts of diabetes to patient care.

a. Describe the physiology of normal glucose breakdown and use by the body.

b. Compare the pathophysiology of type 1 and type 2 diabetes.

c. Describe causes of diabetic emergencies.

d. Compare the effects of hypoglycemia on the body with those of hyperglycemia.

e. Describe the pathophysiology of diabetic ketoacidosis.

f. Differentiate through assessment findings between hypoglycemia and hyperglycemia.

g. Describe the determination of blood glucose levels by glucometer.

h. Interpret glucometer readings.

i. Identify the indications and contraindications for administering oral glucose.

j. Describe how to prioritize the administration of oral glucose with other interventions for a diabetic patient with AMS.

k. Recall the key pharmacology of oral glucose.

l. Describe the decision-making process in giving oral glucose to a diabetic patient in whom the EMT cannot distinguish between hypoglycemia and hyperglycemia.

22.3 Summarize the application of concepts of seizures to patient care.

a. Differentiate between partial and generalized seizures.

b. Describe the phases of tonic–clonic generalized seizures.

c. Identify common causes of seizures.

d. Apply knowledge of causes of seizures to assessment findings to identify correctible causes of seizures.

e. Explain why status epilepticus requires priority transport.

f. Formulate questions to ask of witnesses about a patient who has had a seizure.

g. Use the information attained in the clinical reasoning process to establish the patient's priority for transportation.

h. Identify situations in which requesting advanced life support providers should be considered in the management of a patient having a seizure.

i. Justify a treatment plan based on assessment findings.

j. Compare the nature of pediatric seizures with that of seizures in adults.

22.4 Summarize the application of the concepts of stroke to patient care.

a. Compare the mechanisms of stroke caused by blood vessel obstruction and by hemorrhagic stroke.

b. Describe how a stroke scale, such as the Cincinnati Prehospital Stroke Scale, is used to identify patients whose signs and symptoms may be caused by a stroke.

c. Use clinical reasoning to determine whether your patient is likely to be having stroke.

d. Describe considerations in transporting a patient to a stroke center.

22.5 Summarize the application of concepts of dizziness and syncope to patient care.

a. Give examples of questions to ask a patient to clarify whether what was experienced was dizziness or syncope.
b. Recognize potentially life-threatening causes of dizziness and syncope.
c. Outline specific steps in the care of a patient with dizziness or syncope.

Chapter 23

23.1 Summarize the concepts of the spectrum of mild allergic reactions to anaphylactic shock.

a. Describe how the interaction of the immune system with a substance leads to allergic reactions.
b. List substances commonly implicated in allergic reactions.
c. Describe the special considerations involved with latex allergies.
d. Relate the signs and symptoms of allergic reactions to their underlying pathophysiologic processes.

23.2 Summarize the application of prehospital management for patients with allergic reactions.

a. Recognize assessment findings that point toward an allergic reaction.
b. Distinguish the severity of patient allergic reactions.
c. Explain the importance of communicating with medical direction based on the patient's history and current presentation.
d. Describe decision making for assisting a patient with a prescribed epinephrine auto-injector.
e. Describe decision making for administering epinephrine carried by the EMT.
f. Outline the pharmacology of epinephrine.
g. Compare the features of different kinds of epinephrine auto-injectors patients may have.
h. List the priority of the administration of epinephrine with other patient interventions.
i. Determine whether calling for paramedic assistance will benefit a patient.

Chapter 24

24.1 Identify key factors involved in transmission of infectious diseases.

a. Describe the factors that determine whether exposure to a communicable

disease results in infection.

b. Define the terms 'incubation period,' 'bacteria,' 'viruses,' 'sepsis,' and 'septic shock.'

c. List the two most effective methods of preventing the spread of disease.

24.2 Explain the pathophysiology and progression of sepsis.

a. Describe how exposure to a disease can progress to septic shock.

b. Identify common causes of sepsis.

c. List criteria for recognizing sepsis using the systemic inflammatory response syndrome criteria.

d. Given a patient description, determine whether you should notify the emergency department of a sepsis alert.

24.3 List the common patient presentation, treatment, standard precautions and post-exposure actions for each of the following diseases:

a. Chickenpox

b. Measles

c. Mumps

d. Hepatitis

e. HIV/AIDS

f. Influenza

g. Croup

h. Pertussis

i. Pneumonia

j. Tuberculosis

k. Meningitis

l. Sexually transmitted infections (STIs)

m. Diseases carried by ticks

24.4 Discuss reactions among the public and health care providers when a potentially deadly infectious disease is discovered or rediscovered.

Chapter 25

25.1 Summarize concepts of poisoning.

a. Describe ways that poisons can damage the body.

b. Describe the routes of exposure to poison.

c. Explain the effects of commonly ingested poisons.

d. Determine when a poisonous substance should be transported with the patient.

e. Prioritize the specific steps in the care of patients with poisoning with other needed interventions.

25.2 Explain how to incorporate management relevant to ingested poisoning into the patient care process.

a. State the rationale for the specific questions that EMTs should ask of each type of poisoned patient.

b. Identify the EMT's key decision points in the care of poisoned patients.

c. Describe the steps that can minimize exposure to food poisoning.

d. Outline the pharmacology of activated charcoal.

e. Explain why syrup of ipecac is rarely used for ingested-poisoning emergencies.

f. Explain the reason why many state legislatures have amended laws to allow laypeople to administer naloxone.

g. Outline the process of using dilution as a treatment for ingested poisoning.

h. Explain the extra consideration for avoiding direct mouth-to-mouth contact with a patient who has ingested poison and who requires positive pressure ventilation.

i. State the reasons that the pediatric population is especially prone to ingested poisoning.

j. Outline the pharmacology of naloxone.

k. Paraphrase the concerns with acetaminophen overdose.

25.3 Explain how to incorporate management of inhaled poison into the patient care process.

a. Describe the observations that should make an EMT suspect carbon monoxide inhalation.

b. Describe the special concerns associated with smoke inhalation.

c. Recognize indications of hydrogen sulfide gas exposure.

25.4 Explain how to incorporate management of absorbed poison into the patient care process.

a. Describe the potential risks to EMTs of entering a scene involving absorbed poisons.
b. Identify the additional resources that may be required at the scene before an EMT can provide treatment for a patient with absorbed poison.
c. Describe the proper way of decontaminating patients of exposures to absorbed poisons.
d. Describe special considerations in the scene size-up for poisoned patients.
e. Recall sources of information about specific kinds of poisons.
f. Identify situations in which additional resources are required for poisoning situations.

25.5 Summarize concepts of alcohol and substance abuse.

a. Describe the role of professionalism in increasing the substance abuse patient's cooperation with your interactions.
b. Compare the acute and chronic effects of common substances of abuse.
c. Explain the need for careful assessment of patients who are acutely intoxicated.
d. Anticipate the potential for violence toward EMTs when caring for patients who have a substance abuse issue.
e. Explain the considerations for restraining a substance abuse patient.

25.6 Apply knowledge of the effects of alcohol to the patient care process.

a. Explain clinical reasoning to identify problems that may be incorrectly attributed to alcohol intoxication.
b. Recognize signs of alcohol intoxication.
c. Recognize signs and symptoms of the spectrum of withdrawal from alcohol.
d. Explain the reason why reassessment is especially important in the care of a patient with acute alcohol intoxication.
e. Describe the risks of turning over an intoxicated patient without apparent injury or illness to law enforcement.
f. Apply medical–legal and ethical principles to decision making regarding a patient's ability to consent under the influence of a substance.

25.7 Apply knowledge of the effects of a variety of substances of abuse to the patient

care process.

a. Identify substance abuse as an illness.

b. Outline the characteristics of the different categories of commonly abused substances.

c. Relate a patient's presentation to the category of substance most likely to cause observed signs and symptoms.

d. Recognize indications of substance withdrawal.

e. Describe priorities in the care of patients with substance abuse.

Chapter 26

26.1 Summarize the anatomy and physiology of abdominal organs.

a. Describe the mechanism for visualizing abdominal quadrants.

b. Describe the structure of the peritoneum.

c. Match abdominal organs with their descriptions.

d. Given a visual image, identify the abdominal organs.

e. Differentiate between abdominal and retroperitoneal organs.

f. List the internal female reproductive organs found in the pelvis.

26.2 Outline the pathophysiology of abdominal emergencies.

a. Compare the characteristics of different patterns of abdominal pain.

b. Give examples of problems associated with describing abdominal pain.

c. Describe characteristics of common causes of abdominal conditions.

d. Identify nonabdominal causes of abdominal pain.

26.3 Explain how to prioritize specific steps of managing patients with abdominal pain.

a. Recognize elements of the scene size-up that can be clues to abdominal emergencies.

b. Identify the significance of a patient's position in suspecting abdominal pain.

c. Describe the reason why a thorough history and exam of the patient with abdominal pain are critical, despite limitations in identifying the exact problem.

d. Anticipate complications of abdominal conditions that may change the sequence of an EMT's planned approach to care.

e. Adapt the approach to history taking to account for a complaint of abdominal pain.

f. Adapt the approach to history taking for abdominal complaints to a female patient.

g. Recognize complicating factors when assessing geriatric patients with abdominal complaints.

h. Outline the approach to physical examination of the abdomen.

i. Describe the limitations of palpating for pulsating abdominal masses.

j. Describe the approach to reassessment of the patient with abdominal complaints.

k. Describe how to make a patient with abdominal pain as comfortable as possible.

Chapter 27

27.1 Summarize the concepts of behavioral emergencies.

a. Describe the factors that interact to determine if a patient's behavior constitutes an emergency.

b. Identify the contribution of psychiatric conditions to the incidence of behavioral emergencies.

c. Identify the rationale for prescribing drugs that affect neurotransmitters.

d. Describe the pathophysiology by which physical conditions can result in altered behavior.

e. Recognize signs of hostility and potential for violence against the patient's self or others.

f. Describe approaches to preventing patients who are hostile or violent from harming themselves or others.

g. Recognize common presentations that indicate psychiatric emergencies.

27.2 Integrate knowledge of behavioral emergencies into the overall care of specific patients.

a. Explain how to safely and compassionately treat a patient with behavioral emergencies.

b. Give examples of how a thorough history can contribute to determining the underlying cause of a behavioral emergency.

c. Recognize risk factors for suicide.

d. Describe the priorities of care for patients who have attempted suicide.

e. Explain the decision making related to care of a patient with a behavioral emergency.

27.3 Explain the decision-making process in the use of patient restraints.

a. Identify public safety personnel who may be required to assist with restraint procedures.

b. Describe the concept of using reasonable force in restraint.

c. Explain the phenomenon of excited delirium.

d. Distinguish between safe and unsafe restraint procedures.

e. Describe how restraint can lead to positional asphyxia.

f. Describe the actions to be taken after a patient is restrained.

g. Identify reasons the EMT should avoid being alone with patients with behavioral and psychiatric emergencies.

Chapter 28

28.1 Explain the anatomy and physiology of the blood as an organ.

a. Describe the overall functions of the blood.

b. Identify the elements required for normal blood clotting.

28.2 Summarize the characteristics of disorders of the blood.

a. Describe the spectrum of coagulopathies.

b. Recognize causes of coagulopathies.

28.3 Describe the EMT care approach to patients with coagulopathies.

a. Identify patients in whom coagulopathies may be a factor in their stability.

b. Describe EMT decision-making that provides coagulopathy patients with the best potential outcomes.

c. Compare the characteristics of different types of anemia.

d. Relate the pathophysiology of sickle cell anemia to presentations of the disease.

28.4 Describe the EMT care approach to patients with sickle cell anemia.

a. State the importance of clarifying whether a patient has sickle cell anemia or sickle cell trait.

b. Identify the signs and symptoms of sickle cell anemia emergencies.

c. Identify the role of oxygen in treating sickle cell emergencies.

d. Recognize factors that influence an EMT's decision to request ALS when caring

for a patient with sickle cell anemia.

28.5 Summarize the anatomy and physiology of the kidneys.

- **a.** Describe the function of each structure of the renal system.
- **b.** Describe the role of the kidneys in maintaining the proper balance of substances in the blood.
- **c.** Explain the kidneys' reactions to differences in hydration.

28.6 Summarize features of diseases of the renal system.

- **a.** Identify the risk associated with inadequately treated urinary tract infections.
- **b.** Identify the circumstances when kidney stones become painful.
- **c.** Recognize reasons why patients may use urinary catheters.
- **d.** Describe the pathophysiology of renal failure.
- **e.** Recognize causes of acute renal failure.
- **f.** State causes of chronic renal failure.
- **g.** Compare the processes of hemodialysis and peritoneal dialysis in patients with renal failure.

28.7 Summarize the EMT care approach to patients with medical emergencies related to end-stage renal disease.

- **a.** List complications of end-stage renal disease.
- **b.** Explain the consequences of missing dialysis appointments.
- **c.** Recognize complications of dialysis.
- **d.** Propose care plans for a variety of portrayals of dialysis complications.
- **e.** Describe the considerations in caring for a kidney transplant patient.

Chapter 29

29.1 Summarize the significance of bleeding in trauma.

- **a.** Explain the impact on the body when a significant amount of blood escapes the vascular system due to injury.
- **b.** Explain the impact of modern battlefield injuries on the importance of immediate hemorrhage control in saving lives.
- **c.** Describe the interaction of the components of the circulatory system to maintain perfusion.

29.2 Summarize concepts of shock.

a. Describe how failure of any of the components of the cardiovascular system can lead to hypoperfusion.
b. Describe the characteristics of the major classifications of shock.
c. Compare compensated and decompensated shock.
d. Compare the pediatric patient's presentation in shock with that of adults.
e. Explain the role of time to definitive care in survival from hemorrhagic shock.
f. Relate signs and symptoms of shock to the body’s attempts to compensate for the amount of blood lost.

29.3 Summarize the EMT care approach to the patient in shock.

a. Prioritize the interventions for specific portrayals of patients in shock.
b. Describe the decision-making process for transporting a patient in shock.

29.4 Summarize the EMT care approach to the patient with external bleeding.

a. Distinguish the characteristics of venous, arterial, and capillary bleeding.
b. Identify assessment procedures required to ensure all external bleeding is found.
c. Describe the team approach to caring for a patient with massive external bleeding.
d. Explain the prioritization of external bleeding control in the overall context of the patient's presentation.
e. Identify the rationale for selecting methods of controlling external hemorrhage.
f. Outline the steps of the various approaches to external bleeding control.
g. Describe the modified approaches to managing bleeding from head injuries and nose bleeds.

29.5 Summarize the EMT care approach to the patient with internal bleeding.

a. Recognize indications of internal bleeding.
b. Outline the priorities of care for a patient with internal bleeding.

Chapter 30

30.1 Summarize concepts of soft-tissue injuries.

a. List the soft tissues in the body.
b. Describe the anatomy and physiology of the skin.
c. Relate the potential for complications to the mechanisms that cause soft-tissue injuries.

d. Distinguish between closed and open soft-tissue wounds.

e. Recognize the characteristics of specific types of soft-tissue wounds.

f. Relate soft-tissue injuries to the potential for trauma to underlying structures.

30.2 Integrate the steps of caring for soft-tissue injuries into the overall care of specific patients.

a. Relate the mechanism of injury to steps in caring for the patient.

b. Compare the general approach to closed soft-tissue wounds with the approach to open soft-tissue wounds.

c. Outline the specific considerations in managing a patient with penetrating trauma.

d. Outline the specific considerations for treating an injury with an impaled object.

e. Compare the approaches to managing partial and complete avulsions.

f. Describe the care of amputations.

g. Describe the approach to managing a patient with injuries to the genitalia.

30.3 Summarize the concepts of burn injuries.

a. Outline the prioritization for care for a variety of portrayals of burn patients.

b. Identify the agents of burns.

c. Identify the sources of burns.

d. Classify portrayals of burn injuries by depth.

e. Classify the severity of a variety of portrayals of burn injuries.

f. Explain the classification of burn severity for patients of different age groups.

g. Differentiate the steps in the approaches to treating specific types of burns.

h. Explain complications commonly sustained with different types of burns.

i. Match specific injury characteristics to the most appropriate dressing and bandaging techniques.

Chapter 31

31.1 Summarize the concepts of chest injuries.

a. Review the anatomy and physiology of the chest.

b. Review the anatomy and physiology of the abdomen.

c. Relate mechanisms of injury to the potential for specific chest injuries.

d. Compare the characteristics of closed (blunt) and open (penetrating) chest

wounds.

e. Relate the pathophysiology of specific types of chest injuries to patient assessment findings.

31.2 Summarize the management decisions required in the care of patients with chest injuries.

a. Select the approach to addressing gas exchange based on the adequacy of the patient's respiration.

b. Describe how the treatment indicated for specific chest injuries helps mitigate the underlying problem.

c. Outline the steps in designing the interventions for specific chest injuries.

d. Explain how to prioritize management decisions for portrayals of a variety of patients with chest trauma.

e. Compare the characteristics of pneumothorax, tension pneumothorax, hemothorax, and hemopneumothorax.

f. Describe the processes by which specific types of chest injuries interfere with cardiopulmonary system function.

31.3 Summarize the concepts of abdominal injuries.

a. Relate mechanism of injury to the potential for closed or open abdominal injuries.

b. Relate mechanism of injury to the potential for specific organ injury.

c. Compare the characteristics of injury to solid abdominal organs with those of injury to hollow abdominal organs.

31.4 Summarize the management decisions required in the care of patients with abdominal injuries.

a. Prioritize the care of specific abdominal injuries among the other interventions for trauma patients.

b. Use assessment findings to inform measures to minimize the pain of abdominal injuries.

c. Describe how to address the concerns for vomiting by the patient with an abdominal injury.

d. Describe the special bandaging techniques for specific open abdominal wounds.

Apply assessment and EMS system characteristics to make decisions about patient transportation.

Chapter 32

32.1 Summarize concepts of the musculoskeletal system.

- **a.** Describe the functions of the musculoskeletal system.
- **b.** Identify the anatomy of bone.
- **c.** Relate the nature of bones as living tissue to the implications of skeletal injury.
- **d.** Describe the function of joints.
- **e.** Identify each of the bones of the skeletal system.
- **f.** Apply knowledge of the forces that produce musculoskeletal injuries to the anticipation of specific patterns of injury.
- **g.** Identify fractures with high potential for emergency complications.
- **h.** Distinguish the anatomy and physiology of muscles, cartilages, ligaments, and tendons.
- **i.** Relate the anatomy of musculoskeletal injuries to the potential for underlying organ injury.
- **j.** Match different types of musculoskeletal injuries to their descriptions.
- **k.** Relate the anatomy and physiology structures adjacent to bone to complications of musculoskeletal injury.

32.2 Summarize the management decisions required in the care of patients with musculoskeletal injuries.

- **a.** Outline the general assessment findings associated with musculoskeletal injuries.
- **b.** Relate specific findings to the potential for specific types of musculoskeletal injuries.
- **c.** Explain the importance of serial checks of the distal circulation, sensation, and motor function (CSM) in the care of extremity injuries.
- **d.** Explain how to prioritize steps in caring for patients with musculoskeletal injuries.
- **e.** Explain how and when traction may be used in caring for patients with musculoskeletal injuries.
- **f.** Recognize the signs of compartment syndrome.

g. Describe the role of splinting in managing musculoskeletal injuries.

h. Identify the principles of splinting musculoskeletal injuries.

i. Associate musculoskeletal injuries with the most appropriate type of splint.

j. Explain how to make transport decisions by placing musculoskeletal injuries in the overall context of the patient's condition.

Chapter 33

33.1 Summarize concepts of injuries to the head and spine.

a. State the consequences to society of brain and spine injuries.

b. Explain the overall purposes served by the nervous system.

c. Describe how the structures and functions of the central and peripheral divisions of the nervous system work together.

d. Identify the anatomy of the skull.

e. Explain the relationship between the components of the central nervous system and the structures that protect them.

f. Describe the pathophysiologic consequences of injuries to the brain and spinal cord.

g. Explain how the presence of injuries of the soft tissues, skull, and spinal column relates to injuries to the central nervous system.

h. Relate mechanisms of injury to the potential for injuries to the head and spine.

i. Categorize the features of different types of traumatic brain injuries.

j. Describe the pathophysiology that increases intracranial pressure.

33.2 Summarize management considerations in the care of a patient with an injury to the head and spine.

a. Explain the attention required for the assessment of and intervention with a patient's airway and breathing.

b. Relate abnormal assessment findings to the potential for central nervous system injury.

c. Apply the Glasgow Coma Scale to the assessment of level of responsiveness.

d. Explain how to prioritize the steps of management for patients who have sustained injuries to the head or spine.

e. Justify transportation decision making with interpretation of the patient condition

in the context of the EMS system.

33.3 Summarize concepts of injuries to the face, jaw, and soft tissues of the neck.

- **a.** Recognize how injuries of facial and soft tissues of the neck are associated with potential brain and spinal cord injuries.
- **b.** Explain the relationship between injuries to the face, jaw, and soft tissues of the neck and life-threatening injuries of associated structures.
- **c.** Recommend a prioritized plan of treatment for patients with injuries to the face, jaw, and soft tissues of the neck.

33.4 Summarize concepts of spinal injuries.

- **a.** Distinguish between spinal injury and spinal cord injury.
- **b.** Identify mechanisms of injury with potential for injury to the spine and spinal cord.
- **c.** Outline the steps for assessing for a suspected injury of the spine and spinal cord.
- **d.** Identify signs and symptoms of spine and spinal cord injuries.
- **e.** Describe the application of the NEXUS algorithm in assessing for spinal cord injury.
- **f.** Identify patients who are candidates for spinal motion restriction procedures.
- **g.** Prioritize spinal motion restriction among the patient's needs.
- **h.** Match various portrayals of patients with the devices most suited to achieve spinal motion restriction.
- **i.** Outline the steps of applying each type of spinal motion restriction device to a patient.

Explain how to adapt steps of spinal motion restriction to special circumstances.

Chapter 34

34.1 Summarize the approach to patients with multisystem trauma.

- **a.** Outline the key decisions that must be made with regard to treatment and transport priorities of patients with multisystem trauma.
- **b.** Analyze the combination of physiologic, anatomic, mechanism-of-injury, patient, and situational factors to estimate the patient’s severity of injury.
- **c.** Relate specific assessment findings to a potential for critical internal injuries.

d. Describe the emphasis on teamwork required for successful management of multisystem trauma patients.

e. Apply the principles of managing multisystem trauma to descriptions of multisystem trauma situations.

f. Explain the utility of trauma scoring tools in assessing trauma patients.

Chapter 35

35.1 Summarize the scope of environmental emergencies.

a. Identify situations in which environmental emergencies may occur.

b. List the general types of environmental emergencies.

35.2 Summarize the physiology and limitations of body temperature regulation.

a. Describe the mechanisms by which the body produces and conserves heat.

b. Describe the mechanisms by which the body loses heat.

c. Compare the mechanism of local cold injuries with that of generalized hypothermia.

d. Describe the mechanisms underlying heat emergencies.

35.3 Recognize the presence of cold-related environmental emergencies.

a. Analyze environment, patient predisposing factors, and signs and symptoms to establish a suspicion for cold-related emergencies.

b. Explain how age influences the suspicion for hypothermia.

c. Recognize the potential for patients' becoming hypothermic as a result of another emergency or circumstance.

d. Differentiate the characteristics of early and late localized cold injuries.

35.4 Summarize the approach to managing patients with cold emergencies.

a. Explain the significance in decision making of the finding of altered mental status in a patient with hypothermia.

b. Explain how to prioritize rewarming procedures with other priorities for treatment as they are impacted by the presence of hypothermia.

c. Compare the characteristics of active and passive rewarming techniques.

d. Explain precautions in managing a hypothermic patient in proposed treatment plans.

e. Explain the adaptation of resuscitative techniques to the severely hypothermic

patient.

f. Outline the management of localized cold injuries.

35.5 Recognize the presence of heat-related environmental emergencies.

a. Analyze environment, patient predisposing factors, and signs and symptoms to establish a suspicion for heat-related emergencies.

b. Compare the heat-related emergencies most likely in patients who have moist, pale, and normal or cool skin; and those in patients who have hot, either dry or moist skin.

35.6 Summarize the approach to managing patients with heat-related environmental emergencies.

a. Recognize the importance of skin color and condition in the decision-making process for treating patients with suspected heat-related environmental emergencies.

b. Compare the cooling techniques used for patients with cool, pale, moist, or normal skin with those used for patients with hot skin, whether dry or moist.

35.7 Explain the role of EMTs in the rescue of patients in water accidents.

a. List the conditions under which an EMT might reasonably consider making a water rescue.

b. Describe the sequence of rescue attempts for reaching a patient in the water.

c. Describe how EMTs may safely reach a patient requiring ice rescue.

d. Describe considerations for starting rescue breathing with the patient still in the water.

e. Describe the approach for caring for possible spinal injuries in the water.

f. Anticipate injuries related to open-water diving emergencies.

35.8 Summarize the pathophysiology of a patient in a water accident.

a. Anticipate the types of problems that can accompany water-related accidents.

b. Explain the mechanism by which drowning occurs.

c. Compare the pathophysiology of air embolism and decompression sickness in scuba diving accidents.

d. Compare the signs and symptoms of air embolism and decompression sickness

in scuba diving accidents.

35.9 Summarize the pathophysiology of altitude illness.

- **a.** Explain physiologic adaptations to high altitude.
- **b.** Describe the signs and symptoms of high-altitude illness.
- **c.** Discuss procedures to care for patients with high-altitude illness.

35.10 Differentiate the concepts of bites leading to anaphylaxis and those leading to venomous injection with localized or systemic reactions.

- **a.** List information that should be gathered at the scene to determine the source of a bite.
- **b.** Recognize the assessment findings associated with dry and envenomated bites.
- **c.** Describe specific steps that are taken to manage the absorption of venom into the tissues and circulation.

Chapter 36

36.1 Describe the anatomy and physiology of the female reproductive system.

- **a.** Describe structures of the female reproductive system and their functions.
- **b.** Identify female reproductive organs in diagrams.
- **c.** Describe the relationship of the female reproductive cycle and potential for pregnancy.
- **d.** Identify the structures of pregnancy.
- **e.** Relate the physiologic changes of pregnancy to the risks for complications in the mother and fetus.
- **f.** Explain the characteristics of the three stages of labor.
- **g.** Recognize indications of imminent delivery of the fetus.

36.2 Summarize the management of childbirth and immediate neonatal care.

- **a.** Describe the evaluation of the pregnant patient in labor.
- **b.** Describe considerations to weigh in deciding whether to transport the patient or prepare for scene-delivery.
- **c.** State the steps in preparing for delivery at the scene.
- **d.** Describe the intended use of the items in an obstetric kit.
- **e.** Describe the importance of reassuring the mother.

f. Outline the steps of assisting with a delivery.

g. Explain findings that may indicate the need for neonatal resuscitation.

h. Outline the steps of assessing a neonate.

i. Outline the steps of caring for the neonate.

j. Describe the procedure for clamping and cutting the umbilical cord.

k. Describe the APGAR scale and Pediatric Resuscitation Triangle as they relate to decision making in the care of the neonate.

l. Relate assessment findings to the specific interventions required for neonatal resuscitation.

36.3 Summarize the postdelivery care of the mother.

a. Describe decisions related to delivery of the placenta.

b. Explain the risks of vaginal bleeding.

c. Outline the steps of caring for vaginal bleeding.

d. List comfort measures you can provide to the mother.

e. Describe the reassessment of the mother during transport

36.4 Summarize the approach to managing childbirth complications.

a. Name specific types of childbirth complications and their presentations.

b. Outline the special care required for each type of childbirth complication.

36.5 Summarize the approach to managing pregnancy-related emergencies.

a. List specific types of pregnancy-related emergencies and their presentations.

b. Outline the specific care required for each type of pregnancy-related emergency.

36.6 Summarize the approach to gynecologic emergencies.

a. Compare the steps in the approaches to nontraumatic vaginal bleeding and traumatic vaginal injury.

b. Describe the special considerations required in the management of a situation in which a patient has been sexually assaulted.

Chapter 37

37.1 Summarize concepts related to patients who have special challenges.

a. Compare the characteristics of a disability and of a developmental disability.

b. Outline the features of selected conditions associated with special challenges.

c. Analyze terminal illness, obesity, homelessness, and poverty as special

challenges.

37.2 Recommend approaches of care for patients with special needs.

a. State the key actions the EMT can use to improve interaction with patients who have autism.

b. Recognize how to obtain information to troubleshoot unfamiliar medical devices in a patient's home.

c. Match specific types of medical devices with the purposes for which patients have them.

37.3 Describe general considerations in responding to patients with special challenges.

a. Defend the rationale for a complete history and physical in the management of a patient who has special challenges.

37.4 Recognize physical impairments and common medical devices used in the home care of patients with special challenges, including respiratory devices, cardiac devices, gastrourinary devices, and central IV catheters, and discuss EMT assessment and transport considerations for each.

a. Explain how to improve interaction with patients who have hearing and vision impairments that interfere with their activities of daily living.

37.5 Explain why patients with special challenges are often especially vulnerable to abuse and neglect, and what the EMT's obligations are in such situations.

a. Identify the risk of abuse and neglect of patients with special challenges.

Chapter 38

38.1 Summarize the circumstances that must be attended to in order to ensure your ambulance is prepared for calls.

a. State the relationship between the type of ambulance and the ability to be best prepared for response.

b. Recognize where to find lists of required equipment and supplies for EMT ambulances.

c. Given a set of equipment and supply items, identify whether the items are required for ambulances.

d. Recognize the components of the daily ambulance inspection for which EMTs

are responsible.

e. Describe the inspection of the patient compartment supplies and equipment.

38.2 Summarize the processes of receiving and responding to EMS calls.

a. Explain the information you should receive from emergency medical dispatch about a call.

b. State the EMT's process in acknowledging that he/she have received and is responding to the call.

38.3 Outline the concepts of professional emergency vehicle operations.

a. Recognize the attitudes and actions needed to safely operate an ambulance.

b. Apply general concepts of emergency vehicle operations law to driving the ambulance.

c. Outline the proper uses of the ambulance's warning devices.

d. Identify conditions that affect the efficiency and safety of operating the ambulance.

e. Compare the benefits and drawbacks of using a global positioning system (GPS) in navigation.

38.4 Summarize the actions responders must take to protect their safety and the safety of the patient at a highway incident.

a. Explain hazards associated with highway response.

b. List actions EMTs must take to improve scene safety when responding to a highway scene.

38.5 Summarize the EMT's actions in preparing patients for and transporting them to the hospital.

a. Evaluate characteristics of the patient and scene to select a proper means of transporting the patient to the ambulance.

b. Explain what it means to package the patient for transport.

c. Describe the EMT's actions while preparing the patient for transport.

d. Describe the EMT's actions during transportation of the patient.

38.6 Summarize the EMT team's responsibilities in terminating the call and preparing for the next call.

a. Outline the steps to be taken at the hospital, including transfer of the patient to hospital staff.
b. Describe steps needed to prepare the ambulance for another call.
c. Outline the steps to be taken en route back to quarters to ensure your ambulance is available for another call.
d. Outline the steps to be taken once you arrive back in quarters to ensure that all aspects of your ambulance are fully prepared for another response.

38.7 Summarize considerations in requesting and interacting with air rescue units.

a. Outline reasons for considering a call for an air rescue unit.
b. State the information required to initiate an air medical response.
c. Differentiate between landing zones that are correctly prepared and those that are not.
d. State procedures for approaching a helicopter in the landing zone.

Chapter 39

39.1 Summarize concepts related to hazardous materials.

g. Describe the features of a hazardous material.
h. Compare the federal legislation guiding the regulation of hazardous materials and the response to hazardous materials incidents.
i. Explain the potential for hazardous materials incidents.
j. Compare levels of hazardous materials training with the responsibilities for response at the scene of a hazardous materials incident.

39.2 Summarize the EMT's responsibilities with respect to hazardous materials incident scene management.

a. Recognize indications of a potential hazardous materials incident.
b. Explain the process of controlling the scene.
c. Identify ways an EMT can identify the substance involved in a hazardous materials incident.
d. Explain the information a first-arriving EMT team at a hazardous materials incident will need to provide to a resource agency to get advice.

39.3 Summarize the EMT's roles in the treatment of others at the scene of a hazardous materials incidents.

a. Describe the process of rehabilitation operations.
b. Describe the process of caring for injured and contaminated patients.
c. Describe the processes for decontamination.

39.4 Summarize concepts related to multiple-casualty incidents.

a. Identify the primary feature that makes an event a multiple-casualty incident.
b. Recognize the desirable characteristics of a disaster plan.
c. Explain situations that have an increased likelihood of creating a mass-casualty incident.
d. Identify ways for increasing the effectiveness of response to mass-casualty incidents.
e. Outline the Incident Command System (ICS) structure and functions.
f. Describe how to set up Incident Command if your ambulance is first on the scene at a multiple-casualty incident.
g. Explain the potential psychological impacts on multiple-casualty incident (MCI) survivors and responders.

39.5 Summarize the EMS branch functions within the ICS structure.

a. Apply triage criteria to a variety of MCI patient portrayals.
b. Outline the selection of triaged patients for secondary triage and treatment.
c. Identify the relationship between the staging area and transport area at an MCI.
d. Recognize the role of the staging and transportation supervisors in maintaining an organized approach to the MCI.
e. Compare communication with hospitals in an MCI with routine EMS communication with hospitals.

Chapter 40

40.1 Summarize concepts of highway emergency operations.

a. Identify the hazards associated with highway emergency operations.
b. Relate response to highway scenes to the incidence of line-of-duty deaths (LODD).
c. Describe the actions an EMT should take at a highway scene if that EMT's ambulance is the first-arriving vehicle.
d. Explain the reason for establishing Incident Command as the first-arriving unit on

the scene of a highway emergency.

e. Recognize the guidelines for effective placement of traffic control cones or flares.

f. Outline the safety actions all EMTs should take at the scene of highway operations.

40.2 Summarize the concepts of vehicle extrication operations.

a. Compare the EMT's role as a team member in an extrication with that of trained rescue personnel performing the extrication procedures.

b. Recognize the general steps rescuers will take in performing extrication procedures.

c. Describe steps to avoid injury from damaged vehicles and structures at the scene of highway emergency operations.

d. Identify safety precautions for occupants who will be inside the car during extrication procedures.

e. Identify equipment that can help EMTs access a damaged vehicle while awaiting response of an extrication team.

f. Describe the features of commonly used approaches to extrication.

Chapter 41

41.1 Summarize concepts of terrorism.

a. Compare the features of domestic and international terrorism.

b. Describe the agents often used to create terrorism incidents.

c. Relate EMT's actions in responses to incidents of terrorism to the terrorist's frequent goal of including arriving public safety personnel as targets.

d. Describe EMT actions that anticipate the presence of multiple devices or terrorists.

e. Identify events and structures that are at higher risk for terrorist attacks.

f. Recognize the importance of specific dates in the risk for terrorist attacks.

g. Give examples of on-scene indications of a potential terrorist attack.

h. Describe the potential harms posed when certain agents are weaponized and disseminated.

i. Name basic principles to apply during terrorism incidents.

41.2 Explain the general considerations associated with specific types of weapons

used in terrorist events.

a. Identify the harms associated with chemical agents.

b. Describe self-protection against chemical agent exposure.

c. Identify the harms associated with biologic agents.

d. Describe self-protection against biologic agent exposure.

e. Identify the harms associated with radiologic/nuclear incidents.

f. Describe self-protection measures associated with radiologic/nuclear incidents.

g. Identify harms associated with explosives.

h. Describe self-protective measures associated with explosives.

41.3 Explain the specific considerations associated with chemical agents of terrorism.

a. Give examples of the impact of each of the characteristics of a chemical agent—physical, volatility, chemical, and toxicologic—that can impact the severity and spread of exposure.

b. Describe actions of each of the classifications of chemical agents: choking, vesicating, cyanides, nerve agents, and riot-control agents.

c. Relate signs and symptoms to the possibility of nerve agent exposure.

d. Relate the availability of nerve agent antidotes to the limitations in their use.

e. Given a variety of hazardous material scenarios, utilize the DOT emergency guidebook to make initial decisions about establishing evacuation and work zones.

41.4 Explain the specific considerations associated with biologic agents of terrorism.

a. Discern between the use of living organisms and the use of toxins produced by the organisms in terms of harms caused.

b. Identify the features of biologic weapons that influence their potential for use in terrorism attacks.

c. Recognize specific biologic agents of concern for high potential for mass harm in terrorism attacks.

d. Identify sources of information for guidance on the correct response to specific exposures.

41.5 Explain the specific considerations associated with radiologic/nuclear agents of

terrorism.

a. Compare sources of radiation that may be used in terrorism attacks.

b. Outline the progressive nature of the impact of radiation on the tissues as the dose of radiation increases.

41.6 Explain specific considerations associated with terrorism events using incendiary and explosive devices.

a. Identify additional risks beyond heat that may be associated with the use of incendiary devices.

b. Describe the impact of blast injuries on various regions of the body.

41.7 Explain the roles of strategies and tactics in guiding the response to terrorism events.

a. Prioritize the outcomes desired by the use of an Incident Command System at a hazardous materials incident.

b. Defend the priority of EMT protection first—before other actions.

c. Size up the scene to determine the presence of clues to a possible terrorist event.

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Student Name

By signing this statement, I agree that I have been provided the Initial EMT Course Syllabus and I agree to abide by the rules set forth therein. If I do not follow the rules or meet the standards, I may be terminated from the program without a monetary refund. I understand that receiving this syllabus does not guarantee that I will pass the course.

Student Signature

Date