



# Emergency Medical Technician Psychomotor Examination

Attempt:

#1 \_\_\_\_\_

#2 \_\_\_\_\_

#3 \_\_\_\_\_

## CARDIAC ARREST MANAGEMENT with AED

Candidate: \_\_\_\_\_

Examiner: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

	PASS / FAIL
Checks patient responsiveness	
Checks breathing and pulse simultaneously, no greater than 10 seconds	
Direct assistant to retrieve AED	
Requests additional EMS assistance	
Immediately begins chest compressions [adequate depth and rate; allows the chest to recoil completely]	
Performs 2 minutes of high-quality, 1-rescuer adult CPR <ul style="list-style-type: none"><li>-At least 2" (5cm) compression depth and 100-120 compressions per minute</li><li>-30:2 compression-to-ventilation ratio with BVM</li><li>-Allows the chest to recoil completely</li><li>-Adequate volumes for each breath</li><li>-Minimal interruptions of no more than 10 seconds throughout</li></ul>	
Candidate receives AED from assistant	
Candidate directs second rescuer to immediately resume CPR	
Turns on power to AED	
Follows prompts and correctly attaches AED to patient	
Stops CPR and ensures all individuals are clear of the patient during rhythm analysis	
Restarts CPR compressions while AED is charging	
Ensures that all individuals are clear of the patient and delivers shock from AED	
Immediately directs rescuer to resume chest compressions	

**You must factually document your rationale for checking any of the above critical items on this form.**


**CANDIDATE MUST BE SUCCESSFUL IN ALL STEPS IN ORDER TO PASS SKILL STATION**

## Performance Objectives

Demonstrate competency in performing cardiopulmonary resuscitation and managing a full arrest.

Demonstrate competency in assessing signs of cardiopulmonary arrest and performing defibrillation using a semi-automated external defibrillator in compliance with the 2025 Emergency Cardiac Care (ECC) standards.

## Equipment

- PPE (eye protection, masks, gown, gloves, etc.) Can use an image of PPE in place of actual items.
- Adult or pediatric manikin; full-sized
- AED trainer with pads for the size of the manikin
- BVM with mask sized for manikin
- Oxygen source
- Suction
- NPA/OPA

## Key Concepts

### • *Personal protective equipment*

- Gloves and goggles

### • *Cardiac Arrest Management*

- Indications: Unresponsive, pulseless, apneic patient
- Contraindications: Patients with a pulse; Unresponsive patients with a DNR or POLST
- Complications: Gastric distention, Rib fractures, Separation of ribs from sternum, Pneumothorax, Hemothorax, Lung and heart contusion
- Minimally interrupted high-quality chest compression before defibrillation results in improved survival rates.
- Chest compressions must be performed on a hard surface. If on a soft surface, place a board under the patient or move the patient to the floor.
- Immediately resume compression post shock.
- DO NOT hyperventilate the patient; this increases intrathoracic pressure, decreases venous return to the heart, and diminishes cardiac output and survival.
- Refer to Airway Management – Bag Valve Mask Ventilation.

### • *AED*

- **Indications:** Unresponsive, pulseless, apneic patient
- **Contraindications:** Patients with a pulse; Unresponsive patients with a DNR or POLST (No CPR)
- **Complications:** Burns to the chest, inappropriate shocks, or failure to shock
- The initial priority in cardiac arrest is to use the AED as soon as it is available because the “pump” is still primed.
- The AED should be placed near the operator to prevent reaching across the patient to press the “analyze” and “shock” buttons.
- The time it takes to analyze the cardiac rhythm results in a delay of CPR resulting in ineffective circulation. Therefore, chest compressions should be initiated and resumed within 10 seconds after a shock has been delivered.
- The AED operator is responsible for ensuring that no one touches the patient when the AED is analyzing or when shocks are given.
- Careful consideration should be made when determining the appropriate time to transport. Chest compressions in the back of a moving ambulance are generally ineffective and unsafe for the provider.
- Some manufacturers recommend that pads be placed in specific locations on the patient. Follow the manufacturer’s guidelines.
- Avoid placing pads over existing medical devices.
- Remove medication patches and clean the area before applying the pads.