

## PNEUMATIC ANTI-SHOCK GARMENT (P.A.S.G.)

CANDIDATE'S NAME:		DATE:
___ EMT	___ EMTI	___ EMTP
SCHOOL #:		
___ INITIAL	___ RENEWAL	___ EQUIVALENCY
STATION TIME 5 MINUTES		END TIME:
START TIME:		

- |                                      |   |     |   |
|--------------------------------------|---|-----|---|
| 0                                    | 2 | 1.  | Prepares patient for application of the P.A.S.G. (Removes clothing or states "Clothing has been removed," as appropriate) |
| 0                                    | 1 | 2   | *2. Positions and aligns garment  |
| 0                                    | 1 | 2   | *3. Secures leg sections  |
| 0                                    | 1 | 2   | *4. Secures abdominal section   |
| 0                                    | 2 | *5. | Inflates garment (Three (3) compartments all at one time or leg sections then abdominal section)                          |
| <b>NOTE: DO NOT ALLOW INFLATION.</b> |   |     |   |
| 0                                    | 2 | *6. | Sets valves to prevent loss of air from garment   |

_____ Candidate's Total Points (Minimum passing total: 8 points)	
Absolutes satisfied: _____ Yes _____ No <small>(Must have at least one point for each step marked with an *)</small>	_____ Pass _____ Fail
Examiner:	Cert. No. (if assigned):

**Documenting Comments:**