

SPINAL IMMOBILIZATION OF SEATED PATIENT

CANDIDATE'S NAME:		DATE:	
__ ECA __ EMT __ EMTI __ EMTP		SCHOOL #:	
__ INITIAL		__ RENEWAL	__ EQUIVALENCY
		__ RETEST	
STATION TIME 10 MINUTES	START TIME:	END TIME	

- | | | | |
|---|-----|---|--|
| 0 | 2 | * | 1. Directs partner to establish and maintain neutral spinal alignment |
| 0 | 2 | * | 2. Checks circulation, motor function, and sensation in all four extremities |
| 0 | 1 2 | * | 3. Applies extrication collar |
| 0 | 1 2 | * | 4. Positions short device |
| 0 | 2 | * | 5. Secures short device to patient's torso |
| 0 | 2 | * | 6. Secures short device to patient's head to assure neutral cervical spine alignment |
| 0 | 2 | * | 7. Checks circulation, motor function, and sensation in all four extremities |
| 0 | 2 | | 8. Performs steps 1-7 in sequence |
| 0 | 2 | * | 9. Does not compromise airway or impede respirations |
| 0 | 1 2 | | 10. Communicates |

_____ Candidate's Total Points (minimum passing total: 14 points)	
Absolutes satisfied: _____ Yes _____ No (Must have at least one point for each step marked with an *)	_____ Pass _____ Fail
Examiner:	Cert. No. (if assigned):

Documenting Comments:

SPINAL IMMOBILIZATION OF SUPINE PATIENT

CANDIDATE'S NAME:		DATE:
__ ECA __ EMT __ EMTI __ EMTP		SCHOOL #:
__ INITIAL		__ RENEWAL __ EQUIVALENCY __ RETEST
STATION TIME 10 MINUTES	START TIME:	END TIME

- | | | |
|---|-----|---|
| 0 | 2 | *1. Directs partner to establish and maintain neutral spinal alignment. |
| 0 | 2 | *2. Checks circulation, motor function, and sensation in all four extremities |
| 0 | 1 2 | *3. Applies extrication collar |
| 0 | 1 2 | *4. Moves patient onto device without compromising integrity of spine |
| 0 | 2 | *5. Secures patient to long device |
| 0 | 2 | *6. Checks circulation, motor function, and sensation in all four extremities |
| 0 | 2 | 7. Performs steps 1-7 in sequence |
| 0 | 2 | *8. Does not compromise airway or impede respirations |
| 0 | 1 2 | 9. Communicates |

_____ Candidate's Total Points (minimum passing total: 13 points)	
Absolutes satisfied: _____ Yes _____ No (Must have at least one point for each step marked with an *)	_____ Pass _____ Fail
Examiner:	Cert. No. (if assigned):

Documenting Comments: