EMS 241

# Skills Sheet

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ W#:**

**Date of Externship: Location: Department:**

1. The observed column is for the student to note the date when the topic has been covered/observed in lecture, demonstration, or clinical.
2. The lab column is for demonstration in the skills laboratory (Anything you did in the skills lab). Your faculty member will date and initial the skill when he/she has seen you perform the skill.
3. The clinical laboratory is for demonstration of skills in the various healthcare agencies/settings. Please place the date in the appropriate space. Your faculty/staff member will initial the skill when he/she has seen you perform the skill.
4. On the last page, the faculty/staff will indicate their full name which corresponds to their coded initials.

| **SKILL** | **OBSERVED** | **LAB** | **CLINICAL** | **INITIALS** |
| --- | --- | --- | --- | --- |
| **EKG MONITORING** | | | | |
| 1. Identify waveforms (P, Q, R, S, and T) 2. Measure client’s heart rate, rhythm, P-wave, P-R interval & QRS Complex from tracing 3. Identify rhythm 4. Identify major variances to waveforms related to ischemia, injury, or infarction | | | | |
| 1. 3-lead |  |  |  |  |
| 1. 5-lead |  |  |  |  |
| 1. 12-lead |  |  |  |  |
| **EKG RECOGNITION** | | | | |
| Inspects waveforms for symmetry, direction & amplitude |  |  |  |  |
| Identifies major classifications of arrhythmias (sinus, atrial, ventricular, junctional) |  |  |  |  |
| Responds to potentially life threatening arrhythmias |  |  |  |  |
| Verifies EKG machine paper speed |  |  |  |  |
| Verifies EKG machine sensitivity |  |  |  |  |
| Recognizes normal and abnormal ST segments |  |  |  |  |
| Identify artifacts from the tracing |  |  |  |  |
| **EKG INTERPRETATION** | | | | |
| Acute Myocardial Infarction Pattern |  |  |  |  |
| Asystole |  |  |  |  |
| Atrial Fibrillation |  |  |  |  |
| Atrial Flutter |  |  |  |  |
| Atrial Tachycardia |  |  |  |  |
| Cardiac Pacemaker |  |  |  |  |
| First Degree Heart Block |  |  |  |  |
| **EKG INTERPRETATION (Continued)** | | | | |
| Junctional Escape Rhythm |  |  |  |  |
| PEA (Pulseless Electrical Activity) |  |  |  |  |
| Second Degree Heart Block Type I |  |  |  |  |
| Second Degree Heart Block Type II |  |  |  |  |
| Sinus Bradycardia |  |  |  |  |
| Sinus Rhythm |  |  |  |  |
| Sinus Tachycardia |  |  |  |  |
| Third Degree Heart Block |  |  |  |  |
| Ventricular Fibrillation |  |  |  |  |
| Ventricular Tachycardia |  |  |  |  |
| Wolf-Parkinson-White |  |  |  |  |
| **PATIENT CARE** | | | | |
| Prepare client for:   1. EKG (history, medications, client positioning) 2. Holter monitoring 3. Stress Testing 4. Telemetry monitoring |  |  |  |  |
| Apply electrodes appropriately:   1. EKG 2. Holter monitoring 3. Stress Testing 4. Telemetry 5. Pediatric client 6. Client with special considerations (right sided heart, posterior chest, amputations) |  |  |  |  |
| Responds to signs and symptoms of cardiopulmonary compromise. |  |  |  |  |
| Adheres to HIPAA regulations regarding Protected Health Information (PHI). |  |  |  |  |
| Monitor patient condition during stress testing. |  |  |  |  |
| Responds to complications during stress testing. |  |  |  |  |
| Resolve artifacts from the EKG tracing. |  |  |  |  |

| **Name** | **Initials** | **Date** |
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| **AGE SPECIFIC CLIENT**  *Pediatric (Newborn – 17 years old) Adult (18 – 64 years old) Geriatric (65+ years old)* | | | | |
| **Client #1** | **Client #2** | **Client #3** | **Client #4** | **Client #5** |
| Age of client:  Rate (Lead II):  Interpretation:  Verified by:  Comments: | Age of client:  Rate (Lead II):  Interpretation:  Verified by:  Comments: | Age of client:  Rate (Lead II):  Interpretation:  Verified by:  Comments: | Age of client:  Rate (Lead II):  Interpretation:  Verified by:  Comments: | Age of client:  Rate (Lead II):  Interpretation:  Verified by:  Comments: |
| **Client #6** | **Client #7** | **Client #8** | **Client #9** | **Client #10** |
| Age of client:  Rate (Lead II):  Interpretation:  Verified by:  Comments: | Age of client:  Rate (Lead II):  Interpretation:  Verified by:  Comments: | Age of client:  Rate (Lead II):  Interpretation:  Verified by:  Comments: | Age of client:  Rate (Lead II):  Interpretation:  Verified by:  Comments: | Age of client:  Rate (Lead II):  Interpretation:  Verified by:  Comments: |

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| **Name** | **Initials** | **Date** |
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