

AIRWAY MANAGEMENT

TIME:  
 Started: \_\_\_\_\_  
 Completed: \_\_\_\_\_

APPLICANT'S NAME \_\_\_\_\_  
 (Please Print) (Last) (First) (MI)

1. Demonstrate the correct procedure for opening an airway of:
  - 1.a Non-trauma patient Yes: \_\_\_ No: \_\_\_
  - 1.b Trauma patient (Jaw-Thrust maneuver) Yes: \_\_\_ No: \_\_\_
  - Comment: \_\_\_\_\_
  
2. Identify and demonstrate the correct procedure for suctioning using:
  - 2.a Tonsil tip suction Yes: \_\_\_ No: \_\_\_
  - 2.b French catheter suction Yes: \_\_\_ No: \_\_\_
  - Comment: \_\_\_\_\_
  
3. Identify and demonstrate the correct use of an Oropharyngeal Airway:
  - 3.a Selects appropriate size Yes: \_\_\_ No: \_\_\_
  - 3.b Inserts correctly Yes: \_\_\_ No: \_\_\_
  - Comment: \_\_\_\_\_
  
4. Identify and demonstrates the correct use of a Nasopharyngeal Airway:
  - 4.a Selects appropriate size Yes: \_\_\_ No: \_\_\_
  - 4.b Inserts correctly Yes: \_\_\_ No: \_\_\_
  - Comment: \_\_\_\_\_
  
5. Identify and demonstrate the correct use of:
  - 5.a Nasal cannula Yes: \_\_\_ No: \_\_\_
  - 5.b Simple Face Mask Yes: \_\_\_ No: \_\_\_
  - 5.c Pocket mask (Simulated ventilations only) Yes: \_\_\_ No: \_\_\_
  - 5.d Partial rebreathing mask Yes: \_\_\_ No: \_\_\_
  - 5.e Nonrebreathing mask Yes: \_\_\_ No: \_\_\_
  - 5.f Bag valve mask (must achieve chest rise) Yes: \_\_\_ No: \_\_\_
  - 5.g Manually triggered oxygen powered breathing device Yes: \_\_\_ No: \_\_\_
  - Comment: \_\_\_\_\_
  
6. Verbalize and demonstrate the correct sequence of maneuvers for an obstructed airway for an adult patient:
 

**Scenario:** Conscious adult victim with an obstructed airway who, after candidate demonstrates correct sequence, becomes unconscious with an obstructed airway.

  - 6.a Correct sequence Yes: \_\_\_ No: \_\_\_
  - 6.b Correct performance of manual thrust Yes: \_\_\_ No: \_\_\_
  - Comment: \_\_\_\_\_

7. Identify and demonstrate the correct use of the Esophageal Obturator Airway:

- 7.1 Assembly of E.O.A.: Yes: \_\_\_ No: \_\_\_  
Comment: \_\_\_\_\_
- 7.2 Balloon Testing: Yes: \_\_\_ No: \_\_\_  
Comment: \_\_\_\_\_
- 7.3 Positions Head Properly: (non-Trauma) Yes: \_\_\_ No: \_\_\_  
Comment: \_\_\_\_\_
- 7.4 Grasp Jaw: Yes: \_\_\_ No: \_\_\_  
Comment: \_\_\_\_\_
- 7.5 Inserts E.O.A.: Yes: \_\_\_ No: \_\_\_  
Comment: \_\_\_\_\_
- 7.6 Advances E.O.A. into the esophagus and seals mask firmly over nose and mouth: Yes: \_\_\_ No: \_\_\_  
Comment: \_\_\_\_\_
- 7.7 Ventilates the chest and assesses for chest rise: Yes: \_\_\_ No: \_\_\_  
Comment: \_\_\_\_\_
- 7.8 Inflate Cuff (30 - 35cc) Yes: \_\_\_ No: \_\_\_  
Comment: \_\_\_\_\_
- 7.9 Reassess the patient to assure  
7.9.1 Breath sounds: Yes: \_\_\_ No: \_\_\_  
7.9.2 Epigastric sounds: Yes: \_\_\_ No: \_\_\_  
Comment: \_\_\_\_\_

8. Removal of tube:

- 8.1 Identifies conditions for removal: Yes: \_\_\_ No: \_\_\_
- 8.2 Turns patient on side: Yes: \_\_\_ No: \_\_\_
- 8.3 Indicates suction ready: Yes: \_\_\_ No: \_\_\_
- 8.4 Deflates tube cuff before removal: Yes: \_\_\_ No: \_\_\_
- 8.5 Removes tube: Yes: \_\_\_ No: \_\_\_
- 8.6 Indicates oxygen/suction as needed: Yes: \_\_\_ No: \_\_\_  
Comment: \_\_\_\_\_

9. Candidate completed this examination within the 15 minute time limit: Yes: \_\_\_ No: \_\_\_

Comments and/or reasons for failure: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Examiner's Signature in Full: \_\_\_\_\_

Date of Exam: \_\_\_\_\_ Location: \_\_\_\_\_

OVERALL SCORE

PASS: \_\_\_\_\_ FAIL: \_\_\_\_\_

I concur that the reasons for pass/failure as described above are consistent with the standards required per the Department approved EMT-B Psychomotor Skills objective sheets.

\_\_\_\_\_  
R.I. EMS Training Coordinator/Designee

R.I. Department of Health, Division of Emergency Medical Services

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