 PRACTICAL SKILLS EVALUATION

EMT-MINING

IMMOBILIZATION – Traction Splint

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Print)

Points Points

Possible Awarded

SKILL

|  |  |  |  |
| --- | --- | --- | --- |
| Traction Splint | Takes or verbalizes body substance isolation precautions | 1 |  |
| Directs application of manual stabilization of the injured leg | 1 |  |
| Directs the application of manual traction | 1 |  |
| Assesses motor, sensory, and distal circulation | 1 |  |
| Prepares/adjusts splint to the proper length | 1 |  |
| Positions the splint at the injured leg | 1 |  |
| Applies the proximal securing device (e.g. ischial strap) | 1 |  |
| Applies the distal securing device (e.g. ankle hitch) | 1 |  |
| Applies mechanical traction | 1 |  |
| Positions/secures the support straps | 1 |  |
| Re-evaluates the proximal/distal securing devices | 1 |  |
| Reassesses motor, sensory, and distal circulation | 1 |  |
| Evaluator asks students how to prepare patient for transportation |  |  |
| Verbalizes securing the patient to the long board to immobilize the hip | 1 |  |
| TOTAL POINTS | 13 |  |

Critical Criteria: Failure to complete the following will result in failing this skill station

\_\_\_\_\_\_\_Did not take, or verbalize body substance isolation precautions when necessary

\_\_\_\_\_\_\_Loss of traction at any point after it is assumed

\_\_\_\_\_\_\_Did not reassess the motor, sensory and distal circulation after splinting

\_\_\_\_\_\_\_The foot is excessively rotated or extended after splinting

\_\_\_\_\_\_\_Did not secure the ischial strap before taking traction

\_\_\_\_\_\_\_Final immobilization failed to support the femur or prevent rotation of the injured leg

\_\_\_\_\_\_\_Secures leg to splint before applying mechanical traction

Instructor Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_