# EMT Scenario Evaluation — Objective Score Sheet

*Schertz EMS System · Based on the 2025–2027 SMOPs (revised 5/11/26)*

| | | | |
|---|---|---|---|
| **Candidate** | | **Date** | |
| **Evaluator** | | **Scenario module** | |
| **Start time** | | **End time** | |

## How to score

- **Two parts, 100 points:** Part A Core Assessment (50 points) is scored on every scenario. Part B is ONE protocol module (50 points) chosen for the scenario.
- **Objective scoring:** award the full points for an item only if the candidate performs it correctly (or verbalizes it, where the scenario cannot show it). No partial credit, except where an item says "1 point per element."
- **Critical criteria:** any checked critical criterion (global, Part C, or the module's own list) is an automatic FAIL, whatever the point score. Write the reason in the comments.

## Score summary

| | Possible | Awarded | Passing |
|---|---|---|---|
| **Part A — Core Assessment** | 50 | | ≥ 40 |
| **Part B — Protocol Module: _____** | 50 | | ≥ 40 |
| **TOTAL (100-point scenario)** | **100** | | **≥ 80** |
| **Critical criteria checked (any = FAIL)** | — | ☐ None ☐ Yes | 0 |

**Result:** ☐ PASS ☐ FAIL

**Passing standard:** at least 80 of 100 points (or 40 of 50 for a stand-alone module), at least 40 points in each part, AND no critical criteria checked.

| | |
|---|---|
| **Evaluator signature:** | **Date:** |

## Part A — Core Assessment (all scenarios) 50 points

| # | Performance item (award full points only if done correctly) | SMOP ref. | Possible | Awarded |
|---|---|---|---|---|
| **Scene size-up** | | | **5** | |
| 1 | Takes or verbalizes PPE / body substance isolation | G-25 | 1 | |
| 2 | Determines the scene is safe before patient contact | T-1, M-22 | 1 | |
| 3 | Determines mechanism of injury or nature of illness | — | 1 | |
| 4 | Determines number of patients and requests additional resources (ALS, FRO, law enforcement) as needed | G-14 | 1 | |
| 5 | Considers spinal motion restriction when mechanism suggests it | T-13, Proc-44 | 1 | |
| **Primary assessment** | | | **12** | |
| 6 | Forms a general impression of the patient | — | 1 | |
| 7 | Determines level of consciousness (AVPU) | T-1 | 1 | |
| 8 | Identifies chief complaint and apparent life threats | — | 1 | |
| 9 | Assesses and opens/maintains the airway (positioning, OPA/NPA, suction as needed) | All | 2 | |
| 10 | Assesses breathing (rate, effort, adequacy) | All | 1 | |
| 11 | Gives oxygen by the right device to keep SpO2 >94%, or verbalizes why none is needed | All | 2 | |
| 12 | Assesses circulation: pulse, skin color/temperature/condition | G-46 | 1 | |
| 13 | Checks for and controls major bleeding | T-1, T-4 | 1 | |
| 14 | States patient priority and transport decision (Priority 1/2/3) | G-36 | 2 | |
| **History (1 point per element obtained)** | | | **8** | |
| 15 | HPI: onset | — | 1 | |
| 16 | HPI: provocation / palliation | — | 1 | |
| 17 | HPI: quality, region / radiation | — | 1 | |
| 18 | HPI: severity (pain scale) and time / duration | Proc-37 | 1 | |
| 19 | SAMPLE: allergies | — | 1 | |
| 20 | SAMPLE: medications (including blood thinners) | — | 1 | |
| 21 | SAMPLE: past medical history | — | 1 | |
| 22 | SAMPLE: last oral intake and events leading up | — | 1 | |
| **Vital signs (1 point per element unless marked)** | | | **10** | |
| 23 | First set of vital signs obtained manually | G-46 | 1 | |
| 24 | Pulse rate | G-46 | 1 | |
| 25 | Blood pressure, systolic AND diastolic | G-46 | 1 | |
| 26 | Respiratory rate | G-46 | 1 | |
| 27 | Pulse oximetry | G-46 | 1 | |
| 28 | GCS | G-46 | 1 | |
| 29 | Skin condition | G-46 | 1 | |
| 30 | Identifies any abnormal vital sign using the G-47 table and repeats it | G-47 | 1 | |
| 31 | Repeats vitals at the right interval: every 3–5 min if critical, every 10 min if stable (2 points) | G-46 | 2 | |
| **Secondary assessment** | | | **3** | |
| 32 | Performs a focused exam of the body system related to the complaint (2 points) | — | 2 | |
| 33 | Applies 4-lead for vital-sign monitoring when indicated (no rhythm interpretation) | G-47 | 1 | |

| # | Performance item (award full points only if done correctly) | SMOP ref. | Possible | Awarded |
|---|---|---|---|---|
| **Reassessment** | | | **4** | |
| 34 | Repeats the primary assessment | — | 1 | |
| 35 | Reassesses the patient after EVERY intervention or medication (2 points) | Proc-17 | 2 | |
| 36 | Changes treatment based on the reassessment findings | — | 1 | |
| **Communication and disposition** | | | **8** | |
| 37 | Explains care to the patient and obtains consent | G-37 | 1 | |
| 38 | Notifies the receiving facility early (2 points) | Proc-17, M-31 | 2 | |
| 39 | Chooses the appropriate destination | G-22, G-44 | 1 | |
| 40 | Gives a complete verbal handoff: age/sex, complaint, findings, vitals, treatments with times, response (2 points) | — | 2 | |
| 41 | Verbalizes documentation of key times (contact, meds, procedures) for the PCR (2 points) | G-46 | 2 | |
| | | **PART A TOTAL** | **50** | |

## Part C — Global Critical Criteria (all scenarios)

Check any that occurred. Any checked item is an automatic FAIL.

| | Critical criterion |
|---|---|
| | Did not assess or manage a problem with airway, breathing, major bleeding or shock during the primary assessment |
| | Performed a skill or gave a medication outside EMT scope of practice (G-4 to G-7) or not in the SMOPs |
| | Medication error: wrong drug, dose, concentration, route or patient, or gave a drug with a listed contraindication |
| | Did any harmful or dangerous action, or failed to stop one |
| | Did not find or act on a life-threatening finding before the scenario ended |

### Evaluator comments (required for any FAIL or critical criterion)

## Part B — Module M1: Chest Pain / ACS · 50 points

**Protocols:** C-16, C-17, C-18, D-6, D-25

**Scenario setup for the evaluator:** Adult, chest pressure. Give the 12-lead result ("***ST ELEVATION CRITERIA MET***" or not) and vitals when obtained. Set SBP to test the NTG decision.

| # | Performance item (award full points only if done correctly) | SMOP ref. | Possible | Awarded |
|---|---|---|---|---|
| **Treatment** | | | **50** | |
| 1 | Places patient in a position of comfort (unless BP requires otherwise) | C-16 | 2 | |
| 2 | Oxygen only as needed to keep SpO2 >94% | C-16 | 2 | |
| 3 | Acquires 12-lead within 5 minutes of patient contact | C-16 | 6 | |
| 4 | Recognizes "ST elevation criteria met" and notifies paramedic partner | C-16 | 5 | |
| 5 | Asks about aspirin contraindications: allergy/hypersensitivity, bleeding disorder, NSAID sensitivity | D-6 | 4 | |
| 6 | Gives aspirin 324 mg (four 81 mg tablets), chewed | C-16, D-6 | 6 | |
| 7 | Confirms SBP >100 mmHg before nitroglycerin | C-16, D-25 | 4 | |
| 8 | Asks about sildenafil-type (erectile dysfunction) medication before nitroglycerin | D-25 | 3 | |
| 9 | Nitroglycerin 0.4 mg SL, or assists with the patient's own NTG (one dose) | C-16 | 5 | |
| 10 | Rechecks pain and BP within 5 minutes after nitroglycerin | C-16, D-25 | 4 | |
| 11 | Checks blood glucose | C-16 | 3 | |
| 12 | Places leads for monitoring | C-16 | 2 | |
| 13 | Verbalizes time of symptom onset, 12-lead and medication times | C-18 | 4 | |
| | | **MODULE M1 TOTAL** | **50** | |

| | Module M1 critical criteria (any = FAIL) |
|---|---|
| | Gave nitroglycerin with SBP ≤100 mmHg or after recent sildenafil-type medication |
| | Gave aspirin to a patient with a stated aspirin allergy |
| | Did not acquire a 12-lead when one was available |

## Part B — Module M2: Allergic Reaction / Anaphylaxis · 50 points

**Protocols:** M-2, Proc-17, P-1

**Scenario setup for the evaluator:** Adult or child with exposure (sting, food). Give wheezing/stridor and BP findings when assessed. State patient weight if pediatric.

| # | Performance item (award full points only if done correctly) | SMOP ref. | Possible | Awarded |
|---|---|---|---|---|
| **Treatment** | | | **50** | |
| 1 | Identifies the allergen/exposure and removes it if possible | M-2 | 3 | |
| 2 | Recognizes severe reaction: respiratory distress, wheezing, stridor or hypotension | M-2, Proc-17 | 5 | |
| 3 | Oxygen 15 L/min NRB, or BVM with O2 if breathing is inadequate | Proc-17 | 4 | |
| 4 | Checks the medication: epinephrine 1:1000, expiration, clarity (or patient's own auto-injector) | Proc-17 | 5 | |
| 5 | Correct dose by weight: 0.3 mg (>65 lb), 0.2 mg (30–65 lb), 0.1 mg (<30 lb) | M-2, Proc-17 | 6 | |
| 6 | Correct route and site: IM, deltoid or mid-lateral thigh (child: lateral thigh) | Proc-17 | 5 | |
| 7 | Disposes of the sharp in a sharps container immediately | Proc-17 | 2 | |
| 8 | Records the time of administration | Proc-17 | 3 | |
| 9 | Has the AED/monitor at the patient's side | Proc-17 | 2 | |
| 10 | Albuterol 2.5 mg by nebulizer for minor dyspnea or wheezing | M-2 | 4 | |
| 11 | Position of comfort; supine/legs raised if hypotensive | M-2 | 3 | |
| 12 | Notifies paramedic partner that epinephrine was given | Proc-17 | 3 | |
| 13 | Reassesses every 5 minutes for return or worsening of symptoms | Proc-17 | 5 | |
| | | **MODULE M2 TOTAL** | **50** | |

| | Module M2 critical criteria (any = FAIL) |
|---|---|
| | Gave epinephrine 1:10,000 or gave epinephrine IV |
| | Gave the wrong epinephrine dose for the patient's weight |
| | Gave epinephrine for a mild reaction with no airway or respiratory compromise |
| | Did not give epinephrine to a patient with anaphylaxis |

## Part B — Module M3: Diabetic Emergency / Hypoglycemia · 50 points

**Protocols:** M-8, M-9, Proc-21, D-11

**Scenario setup for the evaluator:** Adult with altered mental status. Give a BGL below 70 mg/dL. Decide in advance whether the patient can swallow and protect the airway.

| # | Performance item (award full points only if done correctly) | SMOP ref. | Possible | Awarded |
|---|---|---|---|---|
| **Treatment** | | | **50** | |
| 1 | Considers a glucose problem as the cause of altered mental status | M-8 | 3 | |
| 2 | Obtains blood glucose with the glucometer, per manufacturer instructions | Proc-21 | 6 | |
| 3 | States the BGL value for the PCR | Proc-21 | 3 | |
| 4 | Identifies hypoglycemia: BGL <70 mg/dL with altered mentation | M-8 | 5 | |
| 5 | Confirms the patient can maintain the airway and swallow BEFORE oral glucose | M-8, D-11 | 8 | |
| 6 | Gives oral glucose 15–30 g | D-11 | 6 | |
| 7 | Rechecks blood glucose after treatment | M-8 | 6 | |
| 8 | Reassesses level of consciousness | M-8 | 4 | |
| 9 | Considers other causes: alcohol/drugs, head injury, stroke, seizure | M-8 | 4 | |
| 10 | Positions the patient to protect the airway; suction ready | — | 3 | |
| 11 | Requests IV dextrose if the patient cannot take oral glucose | M-8 | 2 | |
| | | **MODULE M3 TOTAL** | **50** | |

| | Module M3 critical criteria (any = FAIL) |
|---|---|
| | Gave oral glucose to a patient who could not protect the airway |
| | Did not check blood glucose in a patient with altered mental status |

## Part B — Module M4: Opioid Overdose · 50 points

**Protocols:** M-22, M-23, Proc-22

**Scenario setup for the evaluator:** Adult found unresponsive with slow breathing. Give RR <10, SpO2 <92% and, if available, EtCO2 >45. Improve ventilation only after naloxone is given correctly.

| # | Performance item (award full points only if done correctly) | SMOP ref. | Possible | Awarded |
|---|---|---|---|---|
| **Treatment** | | | **50** | |
| 1 | Scene safety and PPE for drugs/sharps; identifies hazards | M-22 | 4 | |
| 2 | Identifies the substance, route, amount and time; looks for pill bottles | M-22 | 3 | |
| 3 | Assesses ventilation adequacy: RR <10, SpO2 <92%, EtCO2 >45 | M-23 | 5 | |
| 4 | Opens the airway, inserts OPA/NPA, suctions as needed | M-22 | 4 | |
| 5 | BVM ventilation with oxygen at the correct rate and volume (chest rise) | M-22 | 8 | |
| 6 | Ventilates with BVM for about 2 minutes before giving naloxone | M-22, M-23 | 5 | |
| 7 | Naloxone 0.5 mg IN with correct technique (no more than 1 mL per nostril) | M-22, Proc-22 | 6 | |
| 8 | Repeats naloxone only if ventilation does not improve; total no more than 2 mg | M-22 | 4 | |
| 9 | Reassesses breathing after each dose | M-22 | 4 | |
| 10 | Checks blood glucose | M-22 | 3 | |
| 11 | Verbalizes Poison Control (1-800-222-1222) for mixed or unknown ingestion | M-22 | 2 | |
| 12 | Prepares for vomiting or agitation on waking; recovery position | — | 2 | |
| | | **MODULE M4 TOTAL** | **50** | |

| | Module M4 critical criteria (any = FAIL) |
|---|---|
| | Did not ventilate a patient with inadequate breathing |
| | Gave naloxone before assisting ventilation |
| | Gave more than 2 mg naloxone, or gave naloxone to a patient with adequate ventilation |

## Part B — Module M5: Reactive Airway Disease (Asthma / COPD) · 50 points

**Protocols:** M-24, M-25

**Scenario setup for the evaluator:** Adult short of breath with wheezing. Give HR and monitor findings when asked. Set HR above or below 140 to test the albuterol decision.

| # | Performance item (award full points only if done correctly) | SMOP ref. | Possible | Awarded |
|---|---|---|---|---|
| **Treatment** | | | **50** | |
| 1 | Position of comfort (usually upright) | M-24 | 3 | |
| 2 | Oxygen to keep SpO2 >94% | M-24 | 4 | |
| 3 | Listens to breath sounds in all fields | M-24 | 5 | |
| 4 | Assesses work of breathing and ability to speak | M-24 | 3 | |
| 5 | Assists with the patient's own metered-dose inhaler (confirms it is theirs; asks last dose) | M-24 | 5 | |
| 6 | Checks HR ≤140 and fewer than 6 PVCs/min before albuterol | M-24 | 7 | |
| 7 | Albuterol 2.5 mg by nebulizer (or Xopenex 1.25 mg) | M-24 | 7 | |
| 8 | Repeats albuterol in 5 minutes if needed | M-24 | 3 | |
| 9 | Places leads for monitoring | M-24 | 2 | |
| 10 | Rechecks breath sounds, SpO2 and RR after each treatment | M-24 | 6 | |
| 11 | Recognizes impending failure (silent chest, fatigue, altered mental status); assists with BVM | M-24 | 5 | |
| | | **MODULE M5 TOTAL** | **50** | |

| | Module M5 critical criteria (any = FAIL) |
|---|---|
| | Gave albuterol with HR >140 or more than 6 PVCs/min |
| | Did not assist ventilation for a patient in respiratory failure |

## Part B — Module M6: Stroke / CVA · 50 points

**Protocols:** M-30, M-31

**Scenario setup for the evaluator:** Adult with sudden weakness. Give the last-known-well time when asked. Decide whether arm weakness is present (triggers VAN) and set BGL between 60 and 600.

| # | Performance item (award full points only if done correctly) | SMOP ref. | Possible | Awarded |
|---|---|---|---|---|
| **Treatment** | | | **50** | |
| 1 | Establishes the last-known-well time | M-31 | 6 | |
| 2 | Checks blood glucose (must be 60–600 mg/dL for an alert) | M-30, M-31 | 6 | |
| 3 | Cincinnati Stroke Exam: facial droop, arm drift, speech (2 points each) | M-31 | 6 | |
| 4 | VAN assessment when arm weakness is present: vision, aphasia, neglect | M-30, M-31 | 6 | |
| 5 | Applies Stroke Alert criteria correctly (CSE + LKW <6 hrs, or VAN + LKW <24 hrs; BGL 60–600) | M-31 | 6 | |
| 6 | Activates Stroke Alert and tells the facility the type (CSE or VAN) | M-30 | 5 | |
| 7 | Chooses the right destination (CSE → primary stroke center list; VAN → comprehensive/advanced list) | M-31 | 5 | |
| 8 | Verbalizes that scene time will be under 15 minutes | M-30 | 4 | |
| 9 | Spinal motion restriction if indicated; positions to protect the airway | M-30 | 2 | |
| 10 | Explains everything to the patient even if aphasic | M-31 | 2 | |
| 11 | Notes whether symptoms improved or worsened | M-31 | 2 | |
| | | **MODULE M6 TOTAL** | **50** | |

| | Module M6 critical criteria (any = FAIL) |
|---|---|
| | Did not check blood glucose |
| | Did not establish last-known-well time |
| | Took a VAN-positive Stroke Alert patient to a primary-only stroke center |

## Part B — Module M7: Trauma with Major Hemorrhage · 50 points

**Protocols:** T-1, T-4, G-44, G-45

**Scenario setup for the evaluator:** Adult with an extremity wound bleeding heavily. Bleeding continues after direct pressure and pressure bandage until a tourniquet is applied correctly.

| # | Performance item (award full points only if done correctly) | SMOP ref. | Possible | Awarded |
|---|---|---|---|---|
| **Treatment** | | | **50** | |
| 1 | Identifies life-threatening bleeding during the primary assessment | T-1 | 5 | |
| 2 | Exposes the wound and applies direct pressure immediately | T-4 | 5 | |
| 3 | Applies a pressure bandage (Israeli bandage) | T-4 | 4 | |
| 4 | Applies a tourniquet high and tight when bleeding is not controlled | T-4 | 7 | |
| 5 | Tightens until bleeding stops; notes the time of application | T-4 | 4 | |
| 6 | Uses a hemostatic agent with pressure if the tourniquet fails or the wound is not on an extremity | T-4 | 4 | |
| 7 | Manual cervical-spine stabilization when indicated | T-1 | 3 | |
| 8 | Brief neuro exam: AVPU, pupils, gross motor | T-1 | 3 | |
| 9 | Exposes for a secondary survey and prevents heat loss | T-1, T-4 | 4 | |
| 10 | Splints obvious extremity injuries | T-1 | 2 | |
| 11 | Checks pulse, motor and sensation distal to injuries | T-4 | 2 | |
| 12 | Identifies Red/Blue Trauma Alert criteria and the right destination | G-44, G-45 | 4 | |
| 13 | Verbalizes scene time will be 10 minutes or less for a Trauma Alert | T-1 | 3 | |
| | | **MODULE M7 TOTAL** | **50** | |

| | Module M7 critical criteria (any = FAIL) |
|---|---|
| | Did not control life-threatening bleeding promptly |
| | Delayed bleeding control to take vitals or history |
| | Loosened or removed a tourniquet |

## Part B — Module M8: Adult Cardiac Arrest (AED / HP-CPR) · 50 points

**Protocols:** C-1, C-2, C-3, C-4, Proc-2

**Scenario setup for the evaluator:** Adult found unresponsive. State whether the arrest was witnessed. Use a CPR feedback manikin if available; the AED advises a shock on the first analysis.

| # | Performance item (award full points only if done correctly) | SMOP ref. | Possible | Awarded |
|---|---|---|---|---|
| **Treatment** | | | **50** | |
| 1 | Checks responsiveness, breathing and pulse in no more than 10 seconds | C-2, C-3 | 5 | |
| 2 | Starts chest compressions immediately | C-3 | 5 | |
| 3 | Compression rate 100–120 per minute | C-2 | 5 | |
| 4 | Compression depth at least 2 inches with full chest recoil | C-2 | 5 | |
| 5 | Witnessed: attaches AED immediately. Unwitnessed: 220 compressions, then AED | C-3 | 5 | |
| 6 | Applies AED pads correctly while compressions continue | C-2 | 3 | |
| 7 | Clears everyone for analysis; shocks when advised with everyone clear | Proc-2 | 5 | |
| 8 | Resumes compressions immediately after the shock or no-shock advice | Proc-2 | 4 | |
| 9 | OPA/NPA and BVM: 1 breath every 6–8 seconds, 350–500 mL, no PEEP | C-2, C-3 | 5 | |
| 10 | Rotates compressors every 2 minutes; pulse checks no longer than 10 seconds | C-1, C-2 | 3 | |
| 12 | Assigns pit-crew roles and communicates clearly | C-2 | 2 | |
| 13 | Checks for OOH-DNR / obvious death; notifies responding units of CPR in progress | Proc-2, Proc-3 | 3 | |
| | | **MODULE M8 TOTAL** | **50** | |

| | Module M8 critical criteria (any = FAIL) |
|---|---|
| | Paused compressions more than 10 seconds (other than for analysis/shock) |
| | Did not shock when the AED advised |
| | Delivered a shock without clearing the patient |
| | Did not ventilate, or hyperventilated throughout |