



جامعة البلقاء التطبيقية
وحدة التقييم والامتحانات العامة
Learning Outcomes مصفوفة الكفايات والمهارات العملية لمخرجات التعلم

الورقة	الرابعة (امتحان الكفاءة العملي)
البرنامج/ المسار	المهن الطبية المساعدة
التخصص	الإسعاف الفوري (٢٠٨٠٦٤٠)

مخرجات التعلم العملية		
المهارات العملية	المجال المعرفي	الرقم
<ul style="list-style-type: none">-Takes, or verbalizes, body substance isolation precautions- Directs application of manual stabilization of the shoulder injury- Assesses motor, sensory and circulatory function in the injured extremity-Assesses motor, sensory and circulatory function in the injured extremity-Selects the proper splinting material-Immobilizes the site of the injuryImmobilizes the bone above the injured joint--Immobilizes the bone below the injured joint-Reassesses motor, sensory and circulatory function in the injured extremity	Immobilization Skills (Joint Injury)	-1
<ul style="list-style-type: none">-Takes, or verbalizes, body substance isolation precautions- Directs application of manual stabilization of the shoulder injury	Immobilization skills (Long Bone Injury)	-٢





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<ul style="list-style-type: none">- Assesses motor, sensory and circulatory function in the injured extremity-Measures the splint-Applies the splintImmobilizes the joint above the injury site-Immobilizes the joint below the injury site-Secures the entire injured extremity-Immobilizes the hand/foot in the position of function--Reassesses motor, sensory and circulatory function in the injured extremity		
<ul style="list-style-type: none">-Takes, or verbalizes, body substance isolation precautions-Directs application of manual stabilization of the injured leg-Directs the application of manual traction-Assesses motor, sensory and circulatory function in the injured extremity-Prepares/adjusts splint to the proper length-Positions the splint next to the injured leg-Applies the proximal securing device (e.g., ischial strap)-Applies the distal securing device (e.g., ankle hitch)	Immobilization skills (Traction splint)	-٣





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<p>-Applies mechanical traction</p> <p>-Positions/secures the support straps</p> <p>Re-evaluates the proximal/distal securing devices-</p> <p>-</p> <p>-Reassesses motor, sensory and circulatory function in the injured extremity</p>		
<p>-Takes, or verbalizes, body substance isolation precautions</p> <p>- Connects one-way valve to mask</p> <p>-Opens patient's airway</p> <p>Establishes and maintains a proper mask to face seal-</p> <p>Ventilates the patient at the proper volume and rate-</p> <p>-Connects the mask to high concentration of oxygen</p> <p>Adjusts flow rate to at least 15 liters per minute-</p> <p>-Continues ventilation of the patient at the proper volume and rate</p>	<p>Mouth to mask with supplemental oxygen</p>	<p>-٤</p>
<p>-Takes, or verbalizes, body substance isolation precautions</p> <p>-</p> <p>-Assembles the regulator to the tank</p> <p>-Opens the tank</p> <p>-Checks for leak</p> <p>-Checks tank pressure</p>	<p>Oxygen supplemental (non-reabreather mask)</p>	<p>-٥</p>





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<p>-Attaches non-rebreather mask to oxygen</p> <p>-Refills reservoir</p> <p>Adjusts liter flow to 12 liters per minute or greater-</p> <p>Applies and adjusts the mask to the patient's face-</p>		
<p>Takes, or verbalizes, body substance isolation precautions-</p> <p>-</p> <p>-Assembles the regulator to the tank</p> <p>-Opens the tank</p> <p>-Checks for leak</p> <p>-Checks tank pressure</p> <p>- Attaches nasal cannula to oxygen</p> <p>- Adjusts liter flow to six (6) liters per minute or less</p> <p>Applies nasal cannula to the patient-</p>	<p>Oxygen supplemental (Nasal cannula)</p>	<p>-٦</p>
<p>-Takes, or verbalizes, body substance isolation precautions</p> <p>SCENE SIZE-UP</p> <p>-Determines the scene is safe</p> <p>Determines the mechanism of injury/nature of illness-</p> <p>Determines the number of patients-</p> <p>Requests additional help if necessary-</p> <p>-Considers stabilization of spine</p>	<p>Patient assessment medical</p>	<p>-٧</p>






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<p>INITIAL ASSESSMENT Verbalizes general impression of the patient- -Determines responsiveness/level of consciousness Determines chief complaint/apparent life threats- Assesses airway and breathing- Assesses circulation- Identifies priority patients/makes transport decisions- -</p> <p>FOCUSED HISTORY AND PHYSICAL EXAMINATION/RAPID ASSESSMENT -Signs and symptoms (Assess history of present illness) -Allergies Medications- -Past pertinent history Last oral intake- Event leading to present (rule out trauma)- Vitals (obtains baseline vital signs)- -Interventions (obtains medical direction or verbalizes standing order -for medication interventions and verbalizes proper additional intervention/treatment) -Transport (re-evaluates the transport decision) -Verbalizes the consideration for completing a detailed physical examination</p> <p>ONGOING ASSESSMENT Repeats initial assessment- Repeats vital signs-</p>		
<p>-Takes, or verbalizes, body substance isolation precautions</p> <p>SCENE SIZE-UP -Determines the scene is safe Determines the mechanism of injury/nature of illness- Determines the number of patients-</p>	<p>Patient assessment Trauma</p> 	<p>-٨</p>



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<p>Requests additional help if necessary-</p> <p>-Considers stabilization of spine</p> <p>INITIAL ASSESSMENT</p> <p>Verbalizes general impression of the patient-</p> <p>-Determines responsiveness/level of consciousness</p> <p>Determines chief complaint/apparent life threats-</p> <p>Assesses airway and breathing-</p> <p>Assesses circulation-</p> <p>Identifies priority patients/makes transport decisions-</p> <p>FOCUSED HISTORY AND PHYSICAL EXAMINATION/RAPID ASSESSMENT</p> <p>Selects appropriate assessment (focused or rapid assessment)</p> <p>-Obtains, or directs assistance to obtain, baseline vital signs</p> <p>-Obtains S.A.M.P.L.E. history</p> <p>Assesses the head-</p> <p>Assesses the neck-</p> <p>-Assesses the chest</p> <p>Assesses the abdomen/pelvis-</p> <p>Assesses the extremities-</p> <p>-Assesses the posterior</p> <p>Manages secondary injuries and wounds appropriately</p> <p>Verbalizes re-assessment of the vital signs-</p>		
<p>Takes, or verbalizes, body substance isolation precautions-</p> <p>-Directs assistant to place/maintain head in the neutral in-line position</p> <p>-Directs assistant to maintain manual immobilization of the head</p>	<p>Spinal immobilization (seated patient)</p>	<p>-٩</p>





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<p>-Reassesses motor, sensory and circulatory function in each extremity</p> <p>-Applies appropriately sized extrication collar</p> <p>Positions the immobilization device behind the patient-</p> <p>Secures the device to the patient's torso-</p> <p>-Evaluates torso fixation and adjusts as necessary</p> <p>-Evaluates and pads behind the patient's head as necessary</p> <p>Secures the patient's head to the device-</p> <p>Verbalizes moving the patient to a long board-</p> <p>-Reassesses motor, sensory and circulatory function in each extremity</p>		
<p>Takes, or verbalizes, body substance isolation precautions-</p> <p>Directs assistant to place/maintain head in the neutral in-line position-</p> <p>-Directs assistant to maintain manual immobilization of the head</p> <p>Reassesses motor, sensory and circulatory function in each extremity-</p> <p>Applies appropriately sized extrication collar-</p> <p>-Positions the immobilization device appropriately</p>	<p>Spinal immobilization (supine patient)</p>	<p>- ١٠</p>





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<p>-Directs movement of the patient onto the device without compromising the integrity of the spine</p> <p>-Applies padding to voids between the torso and the board as necessary</p> <p>Immobilizes the patient's torso to the device-</p> <p>Evaluates and pads behind the patient's head as necessary-</p> <p>Immobilizes the patient's head to the device-</p> <p>Secures the patient's legs to the device-</p> <p>-Secures the patient's arms to the device</p> <p>-Reassesses motor, sensory and circulatory function in each extremity</p>		
<p>Takes or verbalizes body substance isolation precautions-</p> <p>Opens the airway manually</p> <p>-Elevates the patient's tongue and inserts a simple airway adjunct (oropharyngeal/nasopharyngeal airway)</p> <p>Ventilates the patient immediately using a BVM device-</p> <p>-Attaches the oxygen reservoir to the BVM</p> <p>Ventilates the patient at the proper volume and rate-</p> <p>-Identifies/selects the proper equipment for endotracheal intubation</p> <p>Checks equipment-</p> <p>Checks for cuff leaks</p>	<p>Ventilatory management indotracheal intubation</p>	<p>- ١١</p>





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<p>Checks laryngoscope operation and bulb tightness</p> <ul style="list-style-type: none">-Positions the patient's head properly-Inserts the laryngoscope blade into the patient's mouth while displacing the patient's tongue laterally-Elevates the patient's mandible with the laryngoscope-Introduces the endotracheal tube and advances the tube to the proper depth <p>Inflates the cuff to the proper pressure-</p> <ul style="list-style-type: none">-Disconnects the syringe from the cuff inlet port <p>Directs assistant to ventilate the patient-</p> <ul style="list-style-type: none">-Confirms proper placement of the endotracheal tube by auscultation bilaterally and over the epigastrium-Secures the endotracheal tube		
<p>OROPHARYNGEAL AIRWAY</p> <ul style="list-style-type: none">-Takes, or verbalizes, body substance isolation precaution-Selects appropriately sized airway <p>Measures airway-</p> <ul style="list-style-type: none">-Inserts airway without pushing the tongue posteriorly <p>NASOPHARYNGEAL AIRWAY</p> <ul style="list-style-type: none">-Takes, or verbalizes, body substance isolation precaution	<p>Upper airway adjuncts and suction</p>	<p>-١٢</p>





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<p>-Selects appropriately sized airway</p> <p>Measures airway-</p> <p>Verbalizes lubrication of the nasal airway-</p> <p>-Fully inserts the airway with the bevel facing toward the septum</p> <p>SUCTION</p> <p>-Takes, or verbalizes, body substance isolation precaution</p> <p>Turns on/prepares suction device-</p> <p>-Assures presence of mechanical suction</p> <p>-Inserts the suction tip without suction</p> <p>-applied suction to oro/nasopharynx, applied intermittently by closing the side opening as the catheter is withdrawn in rotating motion.</p>		
<p>-Takes, or verbalizes, body substance isolation precautions</p> <p>-opening the airway</p> <p>inserting an airway adjunct-</p> <p>Selects appropriately sized mask-</p> <p>-Creates a proper mask-to-face seal</p> <p>-Ventilates patient</p> <p>-Connects reservoir and oxygen</p> <p>-Adjusts liter flow to 15 liters/minute or greater</p>	Bag-valve-device	- ١٣





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<p>-Takes, or verbalizes, body substance isolation precautions</p> <p>Applies direct pressure to the wound-</p> <p>Elevates the extremity-</p> <p>-Applies an additional dressing to the wound</p> <p>-Applies tourniquet Verbalizes how to know when tourniquet has been adequately tightened. (until bleeding has stopped)</p> <p>-Properly positions the patient initiates steps to prevent heat loss from the patient-</p> <p>Indicates the need for immediate transportation-</p>	<p>Bleeding control</p>	<p>-١٤</p>
<p>-Takes, or verbalizes, body substance isolation precautions</p> <p>-ask the victim if he is choking /if the patient nods *yes* and cannot talk</p> <p>- give abdominal thrust/Heimlich maneuver</p> <p>- Stand behind the victim and wrap your arms around the victim waist</p> <p>Make a fist with one hand -</p> <p>-Place the thumb side of your fist against the victim abdomen, in the midline, slightly above the navel and well below the breastbone .</p> <p>-Grasp your fist your other hand and press your fist into the victim abdomen with a quick, forceful upward thrust .</p> <p>-Repeat thrusts until the object is expelled from the</p>	<p>Foreign body airway obstruction</p>	<p>-١٥</p>





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airway or the victim becomes unresponsive. -Give each new thrust with a separate , distinct movement to relieve the obstruction -if the victim is becomes unresponsive begin CBR		
-check selected IV fluid for proper fluid and clarity -selected appropriate catheter -selected proper administration set -connects IV tubing to the IV bag -prepares administration set -Cuts tape - Takes, or verbalizes, body substance isolation precautions - -applies tourniquet - -palpates suitable vein -cleanses site appropriately Performs vein puncture- -Insert stylette Notes or verbalize flashback- Occludes vein proximal to catheter- -release tourniquet -runs IV for a brief period to assure patent line -secure catheter	Intravenous therapy	-١٦





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<p>-adjusts flow rate as appropriate</p> <p>Disposes disposal of needle in proper container-</p>		
<p>-check selected IV fluid for proper fluid and clarity</p> <p>- selects appropriate equipment : IO needle – syringe-saline-extension set</p> <p>-selected proper administration set</p> <p>Connect administration set to bag</p> <p>-</p> <p>-prepares administration set</p> <p>-Prepares syringe and extension tubing</p> <p>-Cuts tape</p> <p>- Takes, or verbalizes, body substance isolation precautions</p> <p>Identifies proper anatomical site for IO puncture- cleanse site appropriately</p> <p>performs IO puncture</p> <p>disposes of needle in proper container-</p> <p>-attaches syringe and extension set to IO needle and aspirates</p> <p>-slowly injects saline to assure proper placement of needle</p> <p>-connects administration set and adjusts flow rate as appropriate</p> <p>-secures needle with tape and supports with bulky dressing</p>	<p>Itraosseous infusion</p>	<p>- ١٧</p>





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<p>- Blood Pressure - Auscultation -Takes standard precautions when indicate</p> <p>Explains the procedure to the patient.-</p> <p>-Places a correctly sized BP cuff around the patient's upper arm</p> <p>Locates the brachial artery by palpation. -</p> <p>-Places the diaphragm of the stethoscope over the brachial artery.</p> <p>-Inflates the cuff to approximately 30 mmHg above last pulse heard.</p> <p>-Deflates the cuff slowly.</p> <p>Reports the obtained measurement -</p> <p>-Pulse Rate -Takes standard precautions when indicated.</p> <p>-Locates peripheral pulse with at least two fingers.</p> <p>-Counts pulse for at least 30 seconds.</p> <p>-Calculates and reports rate per minute</p> <p>-Reports quality (strength) and rhythm (regular, irregular) of pulse.</p> <p>-Respiratory Rate -Takes standard precautions when indicated.</p> <p>-Places hand lightly over patient's diaphragm, observes chest rise</p> <p>-Counts respirations for at least 30 seconds.</p> <p>-Reports quality (normal, shallow, labored, noisy) and rhythm (regular, irregular).</p>	<p>Vital sign Pulse/respirations/blood pressure/temperature</p>	<p>- ١٨</p>
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<p>- Oral Temperature -Takes standard precautions when indicated.</p> <p>Shake down thermometer so mercury is below lowest - reading on the thermometer-</p> <p>Place thermometer under the patient tongue for 3 minutes</p> <p>-Remove the thermometer and record temperature</p>		
<p>-Takes, or verbalizes, body substance isolation precautions -close the chest wound by applying occlusive dressing -secure with tape only three side (one way valve) -close monitor for the development of a tension Pneumothorax -provide ventilator support with high concentration oxygen -rapidly transport the patient</p>	<p>Open chest wound (occlusive dressing)</p>	<p>- ١٩</p>
<p>-Takes, or verbalizes, body substance isolation precautions</p> <p>-insert the Needle interiorly in second intercostals space in midclavicular line</p> <p>- Needle should be inserted just above the third rib to avoid the nerve, artery, vein</p> <p>- After insertion of needle, audible rush of air should be noted</p> <p>- Needle should be withdrawn and catheter secured</p>	<p>Needle decompression</p>	<p>- ٢٠</p>





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in place with tape -monitored the patient respiratory status carefully		
-Takes, or verbalizes, body substance isolation precautions -no attempt should be made to replace eviscerated organs into the peritoneal cavity -Reduction of hemorrhage by application of pressure around the wound -covering the eviscerated contents with moist sterile gauze or a dressing -rapidly transport the patient	abdominal Evisceration	- ٢١
-Takes, or verbalizes, body substance isolation precautions -check responsiveness / if the victim is unresponsive - activate the emergency response system - look for no breathing or only gasping and check the carotid pulse for 5 to 10 second - if there's a pulse, without normal breathing .start rescue breathing at 1 breath every 5 to 6 second (10-12 breath/min) . check pulse every 2 minute -if no pulse , start CBR begin cycles of 30 chest compressions and 2 breaths and use AED as soon as it is available Compress the center of the chest (lower half of the sternum) at depth 5 to 6 cm allow complete chest recoil after each compression- -minimize interruption in compression (less than	Basic life support (BLS) and CBR with AED	- ٢٢





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<p>10 second) -switch provider about every 2 minute to avoid fatigue - avoid excessive ventilation</p> <p>AED arrives Second rescuer places AED besides victim and the first rescuer continues chest compression</p> <p>Power ON the AED-</p> <p>-Second rescuer attaches the electrodes to the AED</p> <p>- Attach AED pads to the victim bare chest</p> <p>-Clear the victim and analyze the rhythm</p> <p>-Clear the patient and Press the shock button if shock needed</p> <p>-If no shock is needed , and after any shock delivery , immediately resume CBR, starting with chest compressions</p>		
<p>Adult cardiac arrest (shockable rhythm) Activate emergency response- Start CBR - -Attach monitor -If the rhythm is shockable (VF/VT) Direct deliver 1 shock - -Immediately after the shock , resume CBR beginning with chest compressions -Give 2 minutes (about 5 cycles) of CBR followed by 2 ventilation Establish IV/IO access- -Conduct a rhythm check after 2 minute, be careful to minimize interruptions in chest compressions -For persistent VF/pulseless VT , give one shock and resume CBR immediately -When IV access is available give epinephrine 1 mg IV/IO repeat every 3 to 5 minute</p>	<p>Advance cardiac life support (ACLS)</p>	<p>- ٢٣</p>





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- Conduct a rhythm check after 2 minute, be careful to minimize interruptions in chest compressions
- For persistent VF/pulseless VT , give one shock and resume CBR immediately
- give 300mg amiodarone IV/IO then consider an additional 150 mg IV/IO
- OR lidocaine 1 to 1.5 mg/kg first dose , then 0.5 to 0.75 mg/kg IV/IO
- Search for and treat any treatable underlying cause of cardiac arrest

Adult cardiac arrest (nonshockable rhythm)

Activate emergency response-

Start CBR -

- Attach monitor
- If the rhythm is nonshockable
- Immediately , resume CBR beginning with chest compressions
- Give 2 minutes (about 5 cycles) of CBR followed by 2 ventilation
- Establish IV/IO access-
- When IV access is available give epinephrine 1 mg IV/IO repeat every 3 to 5 minute
- Conduct a rhythm check after 2 minute ,be careful to minimize interruptions in chest compressions
- If the rhythm is nonshockable
- Immediately , resume CBR beginning with chest compressions
- Give 2 minutes (about 5 cycles) of CBR followed by 2 ventilation
- Search for and treat any treatable underlying cause of cardiac arrest

Adult Bradycardia (with pulse)

- maintain patent airway, assist breathing as necessary
- oxygen (if hypoxemic)
- cardiac monitor to identify rhythm , monitor blood pressure and oximetry





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<p>-IV access -if the bradyarrhythmia causing . hypotension .acutely altered mental statues . signs of shock .ischemic chest discomfort .acute heart failure - give atropine IV dose ,first dose 0.5 mg bolus repeat every 3-5 minute ,maximum dose 3 mg If atropine ineffective apply Transcutanrous pacing- -if TCP ineffective give Dopamine IV infusion 2- 20 mcg/kg per minute OR epinephrine IV infusion 2-10 mcg per minute -consider traet the contributing causes of the Bradycardia -consider expert consultation</p> <p>Adult tachycardia (with pulse)</p> <p>- maintain patent airway, assist breathing as necessary -oxygen (if hypoxemic -cardiac monitor to identify rhythm , monitor blood pressure and oximetry -IV access -if the tachyarrhythmia causing . hypotension .acutely altered mental statues . signs of shock .ischemic chest discomfort .acute heart failure</p> <p>If the answer is yes (unstable tachycardia) -synchronized cardioversion (consider sedation)</p> <p>If the answer is no (stable tachycardia) 1- Wide QRS: consider antiarrhythmic infusion e.g.. Procainamide 20-50 mg/min IV dose OR amiodarone IV dose 150 mg over 10 minute</p>		
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<p>Consider expert consultation</p> <p>-</p> <p>2- Narrow QRS :</p> <p>-Vagal maneuver</p> <p>- Adenosine : first dose 6 mg rapid IV push , follow with NS flush , second dose 12 mg if require</p> <p>-Beta blocker or calcium channel blocker</p> <p>-Consider expert consultation</p> <p>NOTE-</p> <p>Synchronized cardioversion</p> <p>-narrow regular 50-100 j</p> <p>-narrow irregular 120-200</p> <p>-wide regular 100 j</p> <p>-wide irregular defibrillation dose (not synchronized)</p>		
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