

HOPEWELL VALLEY ANNUAL SKILLS SESSION

NAME: _____

2018

SQUAD AFFILIATION : _____

	Pass Needs work	(P) (W)	<u>EVALUATOR</u>	<u>DATE EVALUATED</u>
1 . Patient Assessment Medical Trauma	<input type="checkbox"/>		_____	/ / 2018
2 . Airway Tank Masks Suction	<input type="checkbox"/>		_____	/ / 2018
3 . Rx Interventions Nitroglycerin Metered Dose Inhaler Epinephrine Aspirin	<input type="checkbox"/>		_____	/ / 2018
4 . KED	<input type="checkbox"/>		_____	/ / 2018
5 . Hare Traction	<input type="checkbox"/>		_____	/ / 2018
6 . Operations Radio Communication EMS Charts	<input type="checkbox"/>		_____	/ / 2018
7 . Other Interventions CPR/AED Vital signs Bleeding Control Direct Pressure Elevation Tourniquet	<input type="checkbox"/>		_____	/ / 2018

COMMENTS: