

Community College of Aurora
Practical Exam Skill Sheet
Spinal Immobilization (Supine Patient)

Modeled after the National Registry of Emergency Medical Technicians Advanced Level Practical Examination

Student name: _____ Date: _____

Examiner: _____

Signature: _____

Time start: _____	Possible Points	Points Awarded
Takes or verbalizes body substance isolation precautions	1	
Directs assistant to place/maintain head in the neutral, in-line position	1	
Directs assistant to maintain manual immobilization of the head	1	
Reassesses motor, sensory, and circulation function in each extremity	1	
Applies appropriately sized extrication collar	1	
Positions the immobilization device appropriately	1	
Directs movement of the patient onto the device without compromising the integrity of the spine	1	
Applies padding to the voids between the torso and the device as necessary	1	
Immobilizes the patient's torso to the device	1	
Evaluates and pads behind the patient's head as necessary	1	
Secures the patient's head to the device	1	
Secures the patient's legs to the device	1	
Secures the patient's arms to the device	1	
Reassesses motor, sensory, and circulation function in each extremity	1	
Time end: _____ Total	14	
CRITICAL CRITERIA		
<input type="checkbox"/>	Did not immediately direct or take manual immobilization of the head	
<input type="checkbox"/>	Did not properly apply appropriately sized cervical collar before ordering release of manual immobilization	
<input type="checkbox"/>	Released or ordered release of manual immobilization before it was maintained mechanically	
<input type="checkbox"/>	Manipulated or moved patient excessively causing potential spinal compromise	
<input type="checkbox"/>	Head immobilized to the device before device sufficiently secured to torso	
<input type="checkbox"/>	Device moves excessively up, down, left, or right on the patient's torso	
<input type="checkbox"/>	Head immobilization allows for excessive movement	
<input type="checkbox"/>	Upon completion of immobilization, head is not in a neutral, in-line position	
<input type="checkbox"/>	Did not reassess motor, sensory, and circulation functions in each extremity after voicing immobilization to the device	

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.