

1. Primary Assessment		Comments / Observations	Points	*Actual
a. Was it complete?			N/A	P - F
b. Was evaluation of ABC status correct?			N/A	P - F
c. Were interventions appropriate?			N/A	P - F
Were interventions assessed for effectiveness before moving on?			10	
2. Interview or Neurological Assessment		Comments / Observations	Points	Actual
Was it complete? (OPQRST vs GCS / "BRIM")			10	
Was the appropriate format selected?			10	
Was it accurately reported / recorded?			10	
3. Vital Signs		Comments / Observations	Points	Actual
Were VS complete / prioritized if applicable? (PRBELLS)			10	
4. Physical Exam		Comments / Observations	Points	Actual
Was physical exam complete?			20	
Was the appropriate exam selected? (Circle below) (Rapid / focused / detailed)			10	
5. Treatment Protocols		Comments / Observations	Points	Actual
Were interventions per SD protocols?			NA	P - F
6. Interpretation		Comments / Observations	Points	Actual
Was interpretation of what was causing patient's condition correct?			10	
Was interpretation based on assessment data collected? (as opposed to a blind guess or simply a history of condition)			10	
TOTAL POINTS			100 possible	

* Evaluator MAY award partial points if appropriate, note in comments rationale for score.

Critical Failure Criteria (circle) and EXPLAIN on back of sheet:

1. Completely omits any single item **1 through 5** from call
2. Fails to adequately perform steps **a, b, or c** from Item #1
3. Reports grossly inaccurate vital sign measurements
4. Performs harmful / inappropriate interventions

Evaluators: _____

Date: _____ **Program Director Review:** _____