<table>
<thead>
<tr>
<th>EMT Basic Instructional Guidelines</th>
<th>Preparatory</th>
<th>Applies fundamental knowledge of the EMS system, safety/well-being of the EMT, medical/legal and ethical issues to the provision of Emergency care.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EMR Material PLUS:</strong></td>
<td><strong>EMS Systems</strong></td>
<td><strong>EMR Material PLUS:</strong></td>
</tr>
<tr>
<td>- Simple depth, foundational breadth</td>
<td>- EMS systems</td>
<td></td>
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<tr>
<td>- History of EMS</td>
<td>- Roles/ responsibilities/ professionalism of EMS personnel</td>
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<tr>
<td>- Quality improvement</td>
<td>- Patient safety</td>
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<tr>
<td><strong>Research</strong></td>
<td><strong>EMR Material PLUS:</strong></td>
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<tr>
<td>- Simple depth, simple breadth</td>
<td>- Evidence-based decision making</td>
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<tr>
<td>- NM EMS Licensure requirements</td>
<td><strong>NM EMS Licensing, NM EMS Bureau and Regional information</strong></td>
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<tr>
<td>- National Registry Certification requirements</td>
<td>- Regions in New Mexico</td>
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<tr>
<td>- NM Radio Communications</td>
<td>- NMEMSTARS.</td>
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<tr>
<td>- Santa Fe Control</td>
<td>- Define Scope of Practice and understand the differences between NM and National scope.</td>
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<tr>
<td>- Hospital Designation-Level 1-3 Trauma Centers/Stroke Center/Burn Center</td>
<td>- Discuss and explain New Mexico state laws and regulations regarding the EMS system.</td>
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<tr>
<td>- NMEMSTARS.</td>
<td>- Discuss and explain various methods used to access the EMS system in your community.</td>
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<tr>
<td>- Have a fundamental understanding of cultural diversity in the State of NM, for example government organizations, tribal reservations, government laboratories, border regions.</td>
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</tbody>
</table>
| Workforce Safety and Wellness | EMR Material PLUS:  
Fundamental depth, foundational breadth |
|-------------------------------|------------------------------------------------|
|                               | • Standard safety precautions  
• Personal protective equipment  
• Stress management  
• Dealing with death and dying  
• Prevention of work related injuries  
• Lifting and moving patients  
• Disease transmission |
| Lab:                          | (C/P)-Displays knowledge of body mechanics, lifting and carrying techniques, principles of moving patients, and demonstrates appropriate use of equipment. (NSC Lesson 1-6) |
|                               | **Fundamental depth, foundational breadth**  
• Principles of medical documentation and report writing |
|                               | **EMR Material PLUS:**  
Simple depth, simple breadth |
|                               | • EMS communication system  
• Communication with other health care professionals  
• Team communication and dynamics |
|                               | **EMR Material PLUS:**  
Simple depth, simple breadth |
|                               | • Principles of communicating with patients in a manner that achieves a positive relationship |
C/A)-Demonstrates effective verbal communication, interpersonal communication, and therapeutic communication including patients of special population groups, culturally diverse populations and with communication impairment. (NSC Lesson 3-7)

- Adjusting communication strategies for age, stage of development, patients with special needs, and differing cultures

**Fundamental depth, foundational breadth**

Interviewing techniques
Verbal defusing strategies
Family presence issues

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<tr>
<th>Medical/Legal and Ethics</th>
<th>EMR Material PLUS: Fundamental depth, foundational breadth</th>
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<tbody>
<tr>
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<td>• Consent/refusal of care</td>
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<td>• Confidentiality</td>
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<td>• Advanced directives</td>
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<td>• Tort and criminal actions</td>
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<td>• Evidence preservation</td>
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<td>• Statutory responsibilities</td>
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<td>• Mandatory reporting</td>
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<td>• Ethical principles/moral obligations</td>
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<table>
<thead>
<tr>
<th><strong>NM Specific Medical/Legal and Ethics</strong></th>
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<tbody>
<tr>
<td>1. Identify the New Mexico agency responsible for EMS related training, quality assurance, and curriculum development of the EMT-Basic program.</td>
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<tr>
<td>2. Identify the agencies that are responsible for administering examinations and also issues the NREMT certification and New Mexico state EMT license.</td>
</tr>
<tr>
<td>3. List the training requirements and the length of the New Mexico EMT-Basic course.</td>
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<tr>
<td>4. Discuss and explain the details of initial licensing and recertification process including time frames.</td>
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<td>5. List the EMS regional offices in New Mexico and discuss their functions.</td>
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<td>6. Identify and discuss the types of consent and the methods for obtaining each.</td>
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<tr>
<td>7. Identify how to assess the competency of a patient who is refusing</td>
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</tbody>
</table>
care and the legal implications of the patient who refuses care.
8. Define standard of care and how it relates to the EMT-Basic.
9. Define abandonment and discuss the implications of abandonment.
10. Define negligence and identify the necessary components for a successful negligence lawsuit.
11. State the conditions necessary for the EMT-Basic to have a duty to act.
12. Explain the importance and legality of patient confidentiality.
13. Discuss the actions an EMT-Basic should take to preserve a crime scene.
14. Give the purpose of the Good Samaritan Statute, whom it protects, and what actions would negate protection of the Good Samaritan Statute.
15. List the incidents that an EMT-Basic is required by law to report to the authorities.
16. Explain the New Mexico Emergency Transport Act of 1993. Discuss when and how it may be utilized.
17. Describe the Tort Claims Act and what it provides to the EMT-Basic.
18. Define the terms and how they relate to the EMT-Basic
• Assault
• Battery
• False imprisonment
• Slander
• Libel
19. Define Do Not Resuscitate (DNR) orders and explain the significance to EMS.
20. Distinguish which patients a DNR is designed to address, and the resuscitative measures that may be withheld.
21. List the treatment strategies not affected by a New Mexico DNR.
22. List the settings in which a New Mexico DNR applies.
23. Indicate who may execute a New Mexico DNR. Discuss the steps necessary for execution.
24. Identify who may initiate a New Mexico DNR if the patient is unable to respond or is a minor.
25. State what would make a New Mexico DNR invalid and what can causes it to be revoked, and who may revoke it.
26. Identify the situations that would allow an EMT-Basic to terminate resuscitative efforts or withhold care.
27. Identify the benefits and usage of advanced directives.
28. Identify the roles and responsibilities of medical control and how it relates to the EMT-Basic.
29. Explain the importance of written documentation and the legal implications.
| Pharmacology: Medication Administration | EMR Material PLUS:  
Fundamental depth, foundational breadth  
Within the scope of practice of the EMT how to  
• Assist/administer medications to a patient |
|----------------------------------------|-------------------------------------------------|
| Emergency Medications                  | EMR Material PLUS:  
Fundamental depth, simple breadth  
Within the scope of practice of the EMT  
• Names  
• Actions  
• Indications  
• Contraindications  
• Complications  
• Routes of administration  
• Side effects  
• Interactions  
• Dosages for the medications administered |

(C)-Perform medication calculations. (NSC Lesson 4-1)

(P)-Administer medications through routes defined by the NM Scope of Practice for the EMT-Basic level utilizing safe administration and disposal techniques. (NSC Lesson 4-1)
| NM Pharmacology | The student will demonstrate basic knowledge of pharmacology, providing a foundation for the administration of medications given by EMT-Basic and those used to assist a patient with self-administration regarding the following medications in the NM EMS Scope of practice:

- oral glucose preparations;
- aspirin PO for adults with suspected cardiac chest pain;
- activated charcoal PO;
- acetaminophen PO in pediatric patients with fever;
- IM autoinjection of the following agents for treatment of chemical and/or nerve agent exposure: atropine, pralidoxime;
- albuterol (including isomers), via inhaled administration; 7.27.11 NMAC 4
- ipratropium, via inhaled administration, in combination with or after albuterol administration;
- epinephrine via auto-injection device;
- administration of naloxone by SQ, IM, or IN route;
- administration of epinephrine, 1:1000, no single dose greater than 0.3 ml,
- subcutaneous or intramuscular injection with a pre-measured syringe or 0.3 ml TB syringe for anaphylaxis or status asthmaticus to other treatments;
- patient’s own medication that may be administered:
- bronchodilators using pre-measured or metered dose inhalation device;
- sublingual nitroglycerin for unrelieved chest pain, with online medical control only;
- Immunizations and biologicals: Administration of immunizations, vaccines, biologicals, and
- TB skin testing is authorized under the following circumstances:
  - to the general public as part of a department of health initiative or emergency response,
  - utilizing department of health protocols; the administration of immunizations is to be under the supervision of a physician, nurse, or other authorized health provider;
    - TB skin tests may be applied and interpreted if the licensed provider has successfully completed required department of health training;
  - in the event of a disaster or emergency, the state EMS medical director or chief medical officer of the department of health may temporarily authorize the
| Airway Management, Respiration and Artificial Ventilation | Applies knowledge (fundamental depth, foundational breadth) of general anatomy and physiology to patient assessment and management in order to assure a patent airway, adequate mechanical ventilation, and respiration for patients of all ages. |

**EMR Material PLUS:**  
**Fundamental depth, foundational breadth**

C)-Identify the need to secure an airway using advanced airways as defined by NM Scope of Practice.  
Within the scope of practice of the EMT:  
- Airway anatomy  
- Airway assessment  
- Techniques of assuring a patent airway

The student will demonstrate basic knowledge of anatomy and physiology, how to maintain an open airway, pulmonary resuscitation, variations for infants and children and patients with laryngectomies. The use of airways, suction equipment, oxygen equipment and delivery systems, and resuscitation devices including:

- basic airway management;  
- use of basic adjunctive airway equipment;  
- suctioning;  
- obstructed airway management;  
- oxygen;  
- The following require service medical director approval:  
  - allowable skills:  
  - mechanical positive pressure ventilation;  
  - use of multi-lumen, supraglottic, and laryngeal airway devices (examples: PTLA, combi-tube, king airway, LMA) to include gastric suctioning; CPAP, ETCO2

**Lab:**
(P)-Demonstrate the ability to open and maintain patent airways through the use of airway adjuncts, suction equipment, oxygen equipment, delivery systems and ventilatory devices such as BVM and any other devices as defined by the NM Scope of Practice for the EMT-Basic level, and resuscitation devices including variations for infants and children and patients with laryngectomies. (NSC Lesson 2-2)

(P)-Demonstrate the ability to utilize airway monitoring devices as defined by the NM Scope of Practice for the EMT-Basic level.

<table>
<thead>
<tr>
<th>Artificial Ventilation</th>
<th>EMR Material PLUS:</th>
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<tbody>
<tr>
<td></td>
<td><strong>Fundamental depth, foundational breadth</strong></td>
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<tr>
<td></td>
<td>Assessment and management of adequate and inadequate ventilation</td>
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<tr>
<td></td>
<td>• Artificial ventilation</td>
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<td>• Minute ventilation</td>
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<td>• Alveolar ventilation</td>
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<td>• Effect of artificial ventilation on cardiac output</td>
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<tr>
<th>Respiration</th>
<th>EMR Material Plus:</th>
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<td></td>
<td><strong>Fundamental depth, foundational breadth</strong></td>
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<tr>
<td></td>
<td>• Anatomy of the respiratory system</td>
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<td>• Physiology and pathophysiology of respiration</td>
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<td>• Pulmonary ventilation</td>
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<td>• Oxygenation</td>
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<td>• Respiration</td>
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<td>• Cellular</td>
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<td>• Assessment and management of adequate and inadequate respiration</td>
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<td>• Supplemental oxygen therapy</td>
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| Patient Assessment | Applies scene information and patient assessment findings (scene size up, primary and secondary assessment, patient history, and reassessment) to guide emergency management. |

<table>
<thead>
<tr>
<th>Scene Size-Up</th>
<th>EMR Material PLUS:</th>
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<tbody>
<tr>
<td></td>
<td><strong>Fundamental depth, foundational breadth</strong></td>
</tr>
<tr>
<td></td>
<td>• Scene management</td>
</tr>
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<td></td>
<td>• Multiple patient situations</td>
</tr>
</tbody>
</table>
EMR Material PLUS:
Fundamental depth, simple breadth
- Primary assessment for all patient situations
- Initial general impression
- Level of consciousness
- ABCs
- Identifying life threats
- Assessment of vital functions
- Integration of treatment/procedures needed to preserve life

EMR Material PLUS:
Fundamental depth, foundational breadth
- Investigation of the chief complaint
- Mechanism of injury/nature of illness
- Past medical history
- Associated signs and symptoms
- Pertinent negatives

EMR Material PLUS:
Fundamental depth, foundational breadth
- Techniques of physical examination
- Respiratory system
- Presence of breath sounds
- Cardiovascular system
- Neurological system
- Musculoskeletal system
- All anatomical region

Lab:
(C/P)-Demonstrates the ability to properly perform the initial assessment. The student will form a general impression, determine responsiveness, and perform assessment of the airway, breathing and circulation to include external blood loss. Students will also discuss how to determine priorities of patient care. (NSC Lesson 3-2)
<table>
<thead>
<tr>
<th>Monitoring Devices</th>
<th>(C/P)-Demonstrate the ability to accurately obtain and record a patient's vital signs and a SAMPLE history. (NSC Lesson 1-5)</th>
</tr>
</thead>
</table>
| Simple depth, simple breadth | **Simple depth, simple breadth**  
Within the scope of practice of the EMT:  
- Obtaining and using information from patient  
- monitoring devices including (but not limited to)  
- Pulse oximetry  
- Non-invasive blood pressure  
- Glucometry and any other point of care testing as approved by the state of NM and local medical direction.  
- Capnometry placement and monitoring  
- 12 lead EKG acquisition and transmission |
| Reassessment | **EMR Material PLUS:**  
**Fundamental depth, foundational breadth**  
- how and when to perform a reassessment for all patient situations  
**Lab:**  
(C/P)-Displays knowledge and skills required to continue the assessment and treatment of a patient. (NSC Lesson 3-5) |
| Anatomy and Physiology | Applies fundamental knowledge of the anatomy and function of all human systems to the practice of EMS.  
**Lab:**  
(C/P)-Demonstrate the ability to identify major bones and organs and anatomical landmarks on a patient. (NSC Lesson 1-4) |
<p>| Medical Terminology | Uses foundational anatomical and medical terms and abbreviations in written and oral communication with colleagues and other health care professionals. |
| Pathophysiology | Applies fundamental knowledge of the pathophysiology of respiration and perfusion to patient assessment and management. |
| Life Span Development | Applies fundamental knowledge of life span development to patient assessment and management. |</p>
<table>
<thead>
<tr>
<th><strong>Public Health</strong></th>
<th>Uses simple knowledge of the principles of illness and injury prevention in emergency care.</th>
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<tbody>
<tr>
<td><strong>Medicine</strong></td>
<td>Applies fundamental knowledge to provide basic emergency care and transportation based on assessment findings for an acutely ill patient.</td>
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</tbody>
</table>
| **Medical Overview** | **EMR Material PLUS:**  
Simple depth, foundational breadth  
Pathophysiology, assessment, and management of a medical complaints to include  
• Transport mode  
• Destination decisions  

(A/C/P)-Describes and demonstrates the method of assessing patients with medical complaints or signs and symptoms. This lesson will also serve as an introduction to the care of the medical patient. (NSC Lesson 3-4)  
(C/P)-Demonstrates the ability to identify and manage individual system and multi-system related medical emergencies including respiratory, cardiovascular, endocrine, neurological, and behavioral. (NSC Lessons 4-2 through 4-5, 4-8) |
| **Neurology**     | **EMR Material PLUS:**  
**Fundamental depth, foundational breadth**  
Anatomy, physiology, pathophysiology, assessment and management of  
• Stroke/ transient ischemic attack  
• Seizure  
• Status epilepticus  
• Headache |
| **Abdominal and Gastrointestinal Disorders** | **EMR Material PLUS:**  
**Fundamental depth, foundational breadth**  
Anatomy, physiology, pathophysiology, assessment, and management of  
• Acute and chronic gastrointestinal hemorrhage  
**Simple depth, simple breadth**  
• Peritonitis  
• Ulcerative diseases |
<table>
<thead>
<tr>
<th>Immunology</th>
<th>EMR Material PLUS:</th>
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<tr>
<td></td>
<td><strong>Fundamental depth, foundational breadth</strong></td>
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<tr>
<td></td>
<td>Anatomy, physiology, pathophysiology, assessment,</td>
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<td>and management of hypersensitivity disorders and/or</td>
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<td>emergencies</td>
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<td></td>
<td>• Anaphylactic reactions</td>
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<th>Infectious Diseases</th>
<th>EMR Material PLUS:</th>
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<td><strong>Simple depth, simple breadth</strong></td>
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<tr>
<td></td>
<td>Assessment and management of</td>
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<td></td>
<td>• A patient who may have an infectious disease</td>
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<td></td>
<td>• How to decontaminate the ambulance and equipment</td>
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<td>after treating a patient</td>
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<th>Endocrine Disorders</th>
<th>EMR Material PLUS:</th>
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<tr>
<td></td>
<td><strong>Fundamental depth, foundational breadth</strong></td>
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<td></td>
<td>Anatomy, physiology, pathophysiology, assessment and</td>
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<td>management of</td>
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<td></td>
<td>• Acute diabetic emergencies</td>
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<th>Psychiatric</th>
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<td></td>
<td><strong>Simple depth, simple breadth</strong></td>
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<tr>
<td></td>
<td>• Basic principles of the mental health system</td>
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<td><strong>Fundamental depth, foundational breadth</strong></td>
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<td></td>
<td>Assessment and management of</td>
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<td>• Acute psychosis</td>
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<td>• Suicidal/risk</td>
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<td>• Agitated delirium</td>
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<th>Cardiovascular</th>
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<td>Anatomy, physiology, pathophysiology, assessment, and</td>
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<td>management of</td>
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<td></td>
<td>• Acute coronary syndrome</td>
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<td>o Angina pectoris</td>
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<td>o Myocardial infarction</td>
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<td>• Aortic aneurysm/dissection</td>
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<td>• Thromboembolism</td>
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<td><strong>Simple depth, simple breadth</strong></td>
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<td>Anatomy, physiology, pathophysiology, assessment, and</td>
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<td>management of</td>
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<td></td>
<td>• Heart failure</td>
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<td>• Hypertensive emergencies</td>
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<th>Toxicology</th>
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<td></td>
<td><strong>Fundamental depth, foundational breadth</strong></td>
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<tr>
<td>Section</td>
<td>EMR Material PLUS:</td>
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<tr>
<td><strong>Respiratory</strong></td>
<td><strong>Anatomy, physiology, pathophysiology, assessment, and management of</strong></td>
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<tr>
<td></td>
<td>• Inhaled poisons</td>
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<td>• Ingested poisons</td>
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<td>• Injected poisons</td>
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<td>• Absorbed poisons</td>
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<td>• Alcohol intoxication and withdrawal</td>
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<td><strong>Simple depth, simple breadth</strong></td>
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<td></td>
<td><strong>Anatomy, physiology, pathophysiology, assessment, and management of</strong></td>
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<td></td>
<td>• Epiglottitis</td>
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<td>• Spontaneous pneumothorax</td>
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<td>• Pulmonary edema</td>
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<td>• Asthma</td>
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<td>• Chronic obstructive pulmonary disease</td>
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<td>• Environmental/industrial exposure</td>
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<td>• Toxic gas</td>
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<td><strong>Hematology</strong></td>
<td><strong>Simple depth, simple breadth</strong></td>
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<td></td>
<td><strong>Anatomy, physiology, pathophysiology, assessment, and management of</strong></td>
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<tr>
<td></td>
<td>• Sickle cell crisis</td>
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<td><strong>Genitourinary/Renal</strong></td>
<td><strong>EMR Material PLUS:</strong></td>
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<td><strong>Simple depth, simple breadth</strong></td>
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<td></td>
<td><strong>Anatomy, physiology, pathophysiology, assessment, and management of</strong></td>
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<td>• Complications related to</td>
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<tr>
<td>Kidney stones</td>
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| Gynecology                     | **EMR Material Plus:**  
  **Fundamental depth, foundational breadth**  
  Anatomy, physiology, assessment findings, and management of  
  • Vaginal bleeding  
  • Sexual assault (to include appropriate emotional support)  
  Simple depth, simple  
  (C/P)-Demonstrates the ability to identify and manage Obstetrics/Gynecology emergencies. (NSC Lesson 4-9) |
| Non-Traumatic Musculoskeletal Disorders | **Fundamental depth, foundational breadth**  
  Anatomy, physiology, pathophysiology, assessment and management of  
  • Non-traumatic fractures                                                                                                                                       |
| Diseases of the Eyes, Ears, Nose, and Throat | **Simple depth, simple breadth**  
  Recognition and management of  
  • Nose bleed                                                                                                                                                    |
| Shock and Resuscitation        | Applies fundamental knowledge of the causes, pathophysiology, and management of shock, respiratory failure or arrest, cardiac failure or arrest, and post resuscitation management.  
  (C/P)-Recognize a patient with internal and external bleeding, signs and symptoms of shock (hypoperfusion), and provide emergency medical care of shock (hypoperfusion) and external bleeding control to include skills approved by the NM Scope of Practice for the EMT-Basic level. (NSC Lesson 5-1) |
| Trauma                         | Applies fundamental knowledge to provide basic emergency care and transportation based on assessment findings for an acutely injured patient.                                                                 |
| Trauma Overview                | **Fundamental depth, foundational breadth**  
  Pathophysiology, assessment, and management of the trauma patient                                                                                               |
| Bleeding | EMR Material Plus:  
Fundamental depth, foundational breadth  
Pathophysiology, assessment, and management of  
- Bleeding |
|---|---|
| Chest Trauma | EMR Material Plus:  
Fundamental depth, simple breadth  
Pathophysiology, assessment and management  
- Blunt versus penetrating mechanisms  
- Hemothorax  
- Pneumothorax  
  - Open  
  - Simple  
  - Tension  
- Cardiac tamponade  
- Rib fractures  
- Flail chest  
- Commotio cordis |
| Abdominal and Genitourinary Trauma | EMR Material Plus:  
Fundamental depth, simple breadth  
Pathophysiology, assessment and management of  
- Solid and hollow organ injuries  
- Blunt versus penetrating mechanisms  
- Evisceration  
- Injuries to the external genitalia  
- Vaginal bleeding due to trauma  
- Sexual assault |
| Orthopedic Trauma | EMR Material Plus:  
Fundamental depth, foundational breadth  
Pathophysiology, assessment, and management of  
- Trauma scoring  
- Rapid transport and destination issues  
- Transport mode |

(C/P)-Describes and demonstrates the method of assessing patients' traumatic injuries. A rapid approach to the trauma patient will be the focus of this lesson. (NSC Lesson 3-3)
| Soft Tissue Trauma | EMR Material Plus:  
Fundamental depth, foundational breadth  
Pathophysiology, assessment, and management  
• Wounds  
  o Avulsions  
  o Bite wounds  
  o Lacerations  
  o Puncture wounds  
  o Incisions  
• Burns  
  o Electrical  
  o Chemical  
  o Thermal  
  o Radiation  
Simple depth, simple breadth  
Pathophysiology, assessment, and management  
• Crush syndrome  

(P)-Demonstrate the ability to perform all skills associated with managing and treating soft-tissue, burns and musculoskeletal injuries. (NSC Lesson 5-2, 5-3) |
|---|---|
| Head, Facial, Neck, and Spine trauma | EMR Material Plus:  
Fundamental depth, foundational breadth  
Pathophysiology, assessment, and management of  
• Penetrating neck trauma  
• Laryngeotracheal injuries  
• Spine trauma  
Simple depth, simple breadth  
Pathophysiology, assessment, and management of  
• Facial fractures  
• Skull fractures  
• Foreign bodies in the eyes  
• Dental trauma  

(P)-Demonstrate the ability to manage and treat injuries to the spine |
and head, including identification of mechanism of injury, signs and symptoms of injury, and assessment. Provide appropriate emergency medical care, including spinal motion restriction, helmet removal and special population considerations. (NSC Lesson 5-4)

| Nervous System Trauma | **Fundamental depth, foundational breadth**  
Pathophysiology, assessment, and management of  
• Traumatic brain injury  
• Spinal cord injury |
|-----------------------|----------------------------------------------------------|
| Special Considerations in Trauma | **EMR Material Plus:**  
**Fundamental depth, foundational breadth**  
Pathophysiology, assessment, and management of trauma in the  
• Pregnant patient  
• Pediatric patient  
• Geriatric patient  
• Cognitively impaired patient |
| Environmental Emergencies | **EMR Material Plus:**  
**Fundamental depth, foundational breadth**  
Pathophysiology, assessment, and management of  
• Near drowning  
• Temperature-related illness  
• Bites and envenomations  
• Dysbarism  
  o High-altitude  
  o Diving injuries  
• Electrical injury  
• Radiation exposure  

(C/P)-Demonstrates the ability to identify and manage poisoning, overdose and environmental emergencies. (NSC Lessons 4-6, 4-7)
| Multi-System Trauma | EMR Material Plus:  
Fundamental depth, foundational breadth  
Pathophysiology, assessment, and management of  
• Multi-system trauma  
• Blast injuries |
|----------------------|---------------------------------------------------------------|
| Special Patient Populations | Applies a fundamental knowledge of growth, development, and aging and assessment findings to provide basic emergency care and transportation for a patient with special needs.  
(P)-Demonstrates the ability to provide emergency medical care for at risk populations to include neonate, infant, children, bariatric, technology dependant and geriatric patients. (NSC Lesson 6-2) |
| Obstetrics | EMR Material Plus:  
Fundamental depth, foundational breadth  
• Anatomy and physiology of normal pregnancy  
• Pathophysiology of complications of pregnancy  
• Assessment of the pregnant patient  
• Management of  
o Normal delivery  
o Abnormal delivery  
  Nuchal cord  
  Prolapsed cord  
  Breech delivery  
o Third trimester bleeding  
  Placenta previa  
  Abruptio placenta  
o Spontaneous abortion/miscarriage  
o Ectopic pregnancy  
o Preeclampsia/Eclampsia |
| Neonatal care | EMR Material Plus:  
Fundamental depth, foundational breadth  
Assessment and management  
• Newborn  
• Neonatal resuscitation |
| Pediatrics | EMR Material Plus:  
Fundamental depth, foundational breadth  
Age-related assessment findings, age-related, and developmental stage related assessment and treatment modifications for pediatric specific major diseases and/or emergencies  
• Upper airway obstruction  
• Lower airway reactive disease  
• Respiratory distress/failure/arrest  
• Shock  
• Seizures  
• Sudden Infant Death Syndrome  
• Gastrointestinal disease |
|------------|---------------------------------------------------------------|
| Geriatrics | EMR Material Plus:  
Fundamental depth, foundational breadth  
Changes associated with aging, psychosocial aspects of aging and age-related assessment and treatment modifications for the major or common geriatric diseases and/or emergencies  
• Cardiovascular diseases  
• Respiratory diseases  
• Neurological diseases  
• Endocrine diseases  
• Alzheimer’s  
• Dementia |
| Patients with Special Challenges | EMR Material Plus:  
Simple depth, simple breadth  
Healthcare implications of  
• Abuse  
• Neglect  
• Homelessness  
• Poverty  
• Bariatric patients  
• Technology dependent  
• Hospice/ terminally ill  
• Tracheostomy care/dysfunction  
• Homecare  
• Sensory deficit/loss  
• Developmental disability |
| EMS Operations | Knowledge of operational roles and responsibilities to ensure safe patient, public, and personnel safety |
| Principles of Safely Operating a Ground Ambulance | EMR Material Plus:  
Simple depth, foundational breadth  
• Risks and responsibilities of transport |
| Incident Management          | **EMR Material Plus:**  
|                             | Fundamental depth, foundational breadth  
|                             | • Establish and work within the incident management system |
| **Multiple Casualty Incidents** | **EMR Material Plus:**  
|                             | Simple depth, foundational breadth  
|                             | • Triage  
|                             | • Performing  
|                             | • Re-Triage  
|                             | • Destination Decisions  
|                             | • Post Traumatic and Cumulative Stress |
| **Air Medical**              | Simple depth, simple breadth  
|                             | • Safe air medical operations  
|                             | • Criteria for utilizing air medical response |
| **Vehicle Extrication**      | Simple depth, simple breadth  
|                             | • Safe vehicle extrication  
|                             | • Use of simple hand tools |
| **Hazardous Materials Awareness** | Simple depth, simple breadth  
|                             | • Risks and responsibilities of operating in a cold zone at a hazardous material or other special incident |
| **Mass Casualty Incidents due to Terrorism and Disaster** (this section subject to ongoing collective and cooperative review and input from all stakeholders including the Department of Transportation, Department of Homeland Security and the Department of Health and Human Services) | Simple depth, simple breadth  
|                             | • Risks and responsibilities of operating on the scene of a natural or man-made disaster  
|                             | (C/P)-Display the ability to recognize, declare, integrate and operate within hazardous material incidents, incident management systems, mass casualty situations, and perform basic triage. (NSC Lesson 7-3). |
| **Clinical Behavior and Judgement Assessment** | Communicate in a culturally sensitive manner. |
| **Psychomotor Skills**       | Safely and effectively perform all psychomotor skills within the |
National EMS Scope of Practice Model AND state Scope of Practice at this level.

**Airway and Breathing**
- Nasopharyngeal airway
- Positive pressure ventilation
- Manually-triggered ventilators
- Automatic transport ventilators
- Supplemental oxygen therapy
- Humidifiers
- Partial-rebreather mask
- Venturi mask assessment
- Pulse oximetry
- Automatic B/P

**Pharmacologic interventions**
- Assist patients in taking their own prescribed medications
- Administration of OTC medications with medical oversight
- Oral glucose for hypoglycemia
- Aspirin for chest pain

**Medical/cardiac care**
- Mechanical CPR
- Assisted complicated delivery

**Trauma care**
- Spinal immobilization
- Cervical collars
- Seated
- Longboard
- Rapid extrication
- Splinting
- Extremity
- Traction
- PASG
- Mechanical patient restraint

<table>
<thead>
<tr>
<th>Professionalism</th>
<th>Demonstrate professional behavior including: but not limited to, integrity, empathy, self-motivation, appearance/personal hygiene, self-confidence, communications, time management, teamwork/diplomacy, respect, patient advocacy, and careful delivery of service.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decision Making</td>
<td>Initiates basic interventions based on assessment findings intended to mitigate the emergency and provide limited symptom relief while providing access to definitive care</td>
</tr>
<tr>
<td>Record Keeping</td>
<td>Report and document assessment data and interventions. (C/P)-Recognize the importance of trending, recording changes in the patient's condition, and reassessment of interventions to assure</td>
</tr>
</tbody>
</table>
| **Patient Complaints** | Perform a patient assessment and provide prehospital emergency care and transportation for patient complaints: abdominal pain, abuse/neglect, altered mental status/decreased level of consciousness, anxiety, apnea, ataxia, back pain, behavioral emergency, bleeding, cardiac arrest, cardiac rhythm disturbances, chest pain, constipation, cyanosis, dehydration, diarrhea, dizziness/vertigo, dysphasia, dyspnea, edema, eye pain, fatigue, fever, GI bleeding, headache, hematuria, hemoptysis, hypertension, hypotension, joint pain/swelling, multiple trauma, nausea/vomiting, pain, paralysis, pediatric crying/fussiness, poisoning, rash, rectal pain, shock, sore throat, stridor/drooling, syncope, urinary retention, visual disturbances, weakness, and wheezing.

****The patient encounters are preferred to be live patient encounters, or standardized patients as defined the National EMS Education standards are acceptable. If the event that the above are not available, use of mannequins at a 2 to 1 rations is acceptable. For example, for every 1 live patient encounter recommended, 2 mannequin based encounters are acceptable.**** |
| **Scene Leadership** | Entry-level EMTs serve as an EMS team member on an emergency call with more experienced personnel in the lead role. EMTs may serve as a team leader following additional training and/or experience.

(P)-Demonstrate the ability to function effectively in all phases of an ambulance call. (NSC Lesson 7-2)

****The patient encounters are preferred to be live patient encounters, or standardized patients as defined the National EMS Education standards are acceptable. If the event that the above are not available, use of mannequins at a 2 to 1 rations is acceptable. For example, for every 1 live patient encounter recommended, 2 mannequin based encounters are acceptable.**** |
| **Scene Safety** | Ensure the safety of the rescuer and others during an emergency

(C)-Demonstrate the ability to evaluate a scene for potential hazards, determine by the number of patients if additional help is necessary, and evaluate mechanism of injury or nature of illness. (NSC Lesson 3-1)

Lab:
(P)-scene safety, body substance isolation (BSI), personal protection
equipment (PPE), and safety precautions that can be taken prior to performing the role of an EMT-Basic. (NSC Lesson 1-2)

C)-Recognize the importance of the dynamic nature of the scene and impact on provider safety. (NSC Lesson 3-6)

| Hospital/Clinical Experience | Students should observe emergency department operations for a period of time sufficient to gain an appreciation for the continuum of care. Students must perform ten patient assessments. These can be performed in an emergency department, ambulance, clinic, nursing home, doctor’s office, etc. or on standardized patients if clinical settings are not available.

****The patient encounters are preferred to be live patient encounters, or standardized patients as defined the National EMS Education standards are acceptable. If the event that the above are not available, use of mannequins at a 2 to 1 rations is acceptable. For example, for every 1 live patient encounter recommended, 2 mannequin based encounters are acceptable.

| Field Experience | The student must participate in and document patient contacts in a field experience approved by the medical director and program director. |