



Sacramento County EMS Agency (SCEMSA)

EMT Optional Scope Competency Documentation Form

Original Date: June 2019

Revision Date:

EMT Optional Scope Service Provider Agency: _____

Initial Testing: _____ Annual Recurrent: _____ Date: _____

Employee Name: _____

Instructors Name: _____

Skill(s) Competency Verification:

Supraglottic Airway: Adult

| Supraglottic Airway Device (SAD) | PASS/FAIL |
|---|-----------|
| States indication(s), contraindication(s), and complication(s) for SAD placement | |
| Places patient on monitor (if available), pre-oxygenates and suctions as needed prior to insertion | |
| Identifies the correct SAD size, based on device specifications | |
| Applies water-based lubricant to the back, sides and front of the SAD | |
| Places the patient in a sniffing position unless suspected spinal injury | |
| With non-dominant hand, opens the mouth applying a chin lift | |
| Introduces the leading soft tip into the mouth in the direction of the hard palate | |
| Glides the SAD down the back along the hard palate with continuous but gentle pressure until definitive resistance is felt | |
| Explains the a feel of "give-way" may be felt before end point resistance is met as the SAD moves through the bowl of the faucial pillars | |
| Places so that the SAD tip sits at the upper esophageal opening, the cuff is against the laryngeal framework, and incisors rest on the bite block | |
| Does not repeatedly push down or apply excessive force during insertion | |
| Secures SAD using commercial device | |
| Attaches ventilation with continuous wave form capnography | |
| Confirms absence of abdominal sounds and presence of bilateral breath sounds | |
| Discusses C collar placement to minimize head/neck movement | |
| Evaluator/Instructor(s) Initials | |

Evaluator/Instructor(s) Comments:

| | |
|--------------------------------|---------------------------------------|
| Overall Evaluation (Pass/Fail) | Requires Additional Training (Yes/No) |
| | |

Instructors Signature: _____