

EMT VERIFICATION FOR AIRWAY ENDORSEMENT

Applicant Name			
First Name	Last Name	License Number	

I certify that the above-named individual is competent in the following terminal objectives regarding the EMT Airway Endorsement. The course or education was conducted according to Board policies and procedures, but this form <u>does not authorize practice</u>.

COGNITIVE OBJECTIVES	COGNITIVE OBJECTIVES	PSYCHOMOTOR OBJECTIVES
Explain the primary objective of airway maintenance.	List the factors that affect respiratory rate and depth.	Perform body substance isolation (BSI) procedures
Identify commonly neglected prehospital skills related	Describe the voluntary and involuntary regulation of	during basic airway management, advanced airway
to airway.	respiration.	management, and ventilation.
Identify the anatomy and functions of the upper	Describe causes of upper airway obstruction.	Demonstrate ventilating a patient by the following
airway.	Define normal respiratory rates for adult, child, and	techniques:
Describe the anatomy and functions of the lower	infant.	One-person bag-valve-mask and Two-person bag-
airway.	Describe causes of respiratory distress.	valve-mask.
Explain the differences between adult and pediatric	Describe the indications, contraindications,	Ventilate a pediatric patient using the one and two-
airway anatomy.	advantages, disadvantages,	person techniques.
Define normal tidal volumes for the adult, child, and	complications, equipment, and technique for	Insert an advanced airway device.
infant.	establishing an advanced airway.	Ventilate a patient with an advanced airway.
Explain the relationship between pulmonary	Describe the special considerations in airway	Set up and assist a patient with a (CPAP) device
circulation and respiration.	management and ventilation for	(not to exceed 10cm H20).
List the factors which cause decreased oxygen	patients with facial injuries.	
concentrations in the blood.	Describe the special considerations in airway	
List the factors that increase and decrease carbon	management and ventilation for the	
dioxide production in the body.	pediatric patient.	
Describe the measurement of oxygen in the blood.	Describe how CPAP functions	
Describe the measurement of carbon dioxide in the	Describe the CPAP out of hospital indications.	
blood.	Describe CPAP absolute contraindications. Describe	
List the concentration of gases that comprise	CPAP relative contraindications.	
atmospheric air.	Describe CPAP hazards.	

Signature of Medical Director

Printed Name

Date

Montana Physician License Number

Submit your verification form to the address below.

Montana Board of Medical Examiners 301 S. Park Avenue, Fourth Floor Helena, MT 59601 or PO Box 200513 Helena, MT 59620-0513

If you need assistance with your endorsement verification, please contact Professional Licensing Customer Service at (406) 444-6880 or email us at <u>DLIBSDHELP@MT.GOV</u>.