



# U.S. ARMY



## PHTLS

### Pre-Hospital Trauma Life Support

## POLICY & PROCEDURE MANUAL

EFFECTIVE 1 JANUARY 2003



## ***Preface***

The purpose of this policy and procedure manual is to familiarize you with the responsibilities and duties of the US Army Pre-Hospital Trauma Life Support (PHTLS) training team and the US Army PHTLS program.

This manual shall be used in conjunction with the Basic and Advanced Pre-Hospital Trauma Life Support Manual and Instructor's Manual (5th Edition). These documents were designed in such a manner that could create a reference tool for US Army PHTLS faculty.

Periodic review of these policy and procedures will ensure the quality of your program. Your input on changes are welcome and will be received and considered by the US Army PHTLS Branch Medical Director and Coordinator.



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Medical Director  
US Army PHTLS Branch



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## **US ARMY PHTLS Branch**

### *Course Description*

PHTLS has always been a scenario-based program.

The PHTLS Provider course is designed to be an intensive 16-hour experience. It is available to all levels of prehospital care providers.

The PHTLS course is designed to provide the practicing pre-hospital providers with a specific body of knowledge related to the pre-hospital assessment and care of the trauma patient. It is stressed that this is a continuing education program and contains information that may be a review for some or all participants. The uniqueness of this program rests not with an entirely new body of knowledge, but with advances in pre-hospital trauma intervention techniques, along with new combinations and applications of existing skills and knowledge.

Upon completion of PHTLS Course, the participant will be able to:

- Provide a description of the physiology, pathophysiology, and kinematics of injury.
- Provide an understanding of the need for a rapid assessment of the trauma patient
- Define and discuss procedures associated with examination and diagnostic skills.
- Define and discuss procedures associated with specific pre-hospital trauma intervention skills
- Provide an overview and establish a management method for the prehospital care of the multisystem trauma patient.

### **Certification**

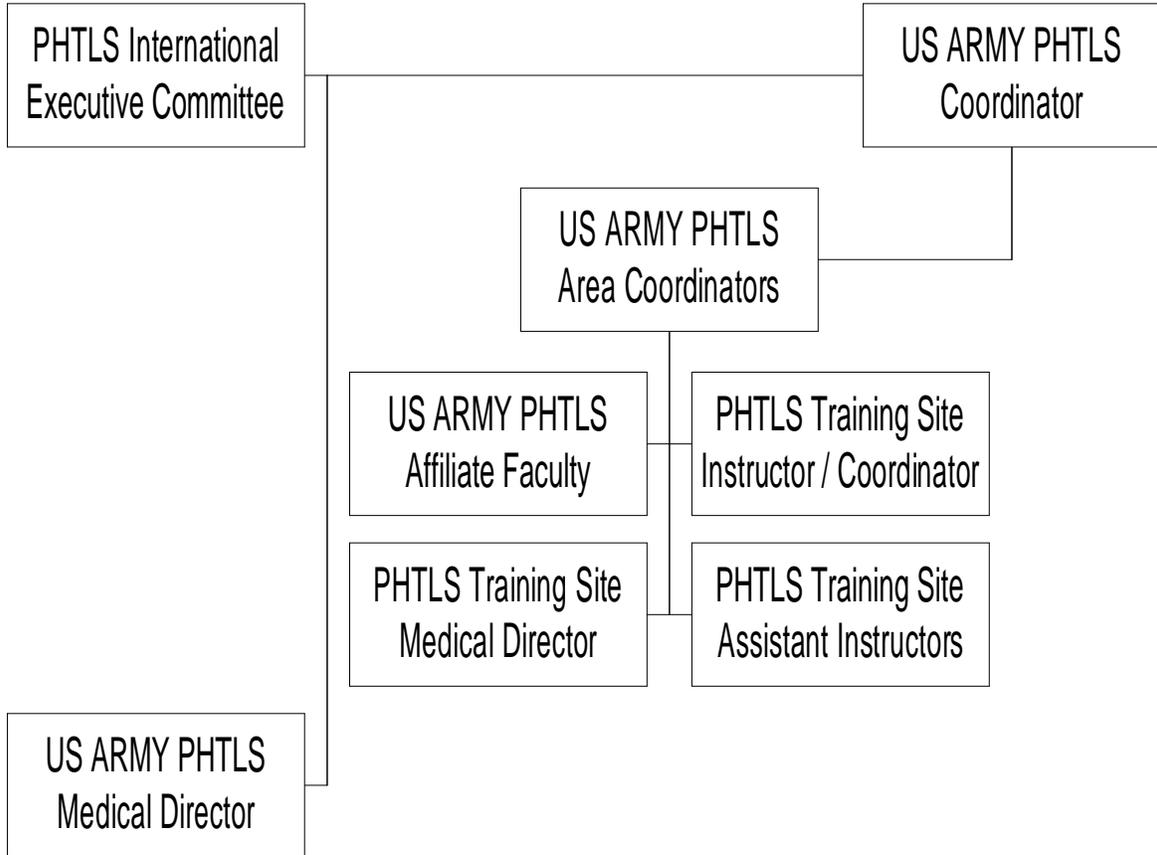
The National Association of Emergency Medical Technicians (NAEMT) is, among other things, an educational rather than a certifying organization. It is not the policy of the PHTLS Committee to "certify" students through this educational program. Documents attesting to the committee's recognition of satisfactory course completion will be issued to those who successfully complete the course and meet the Committee's criteria.

Written acknowledgment of successful completion is provided in the form of certificates, issued by the National Association of Emergency Medical Technicians, which carries a three-year expiration date. However, no formal "Certification" or Licensure in Pre-Hospital Trauma Life Support is provided, implied or intended.

**US ARMY PHTLS Branch**  
*Scope of Policy and Procedure Manual*

The scope of this Policy and Procedure Manual is to define the duties and responsibilities of each assigned team member of the US Army Pre-Hospital Trauma Life Support Program. This Policy and Procedure Manual is comprehensive in scope, but primarily supports the administrative proceedings of the program. In addition to this Manual, the Basic and Advanced Pre-Hospital Trauma Life Support Course Manual, 5th Edition (2002) and the Basic and Advanced Pre-Hospital Trauma Life Support Instructor's Manual (2002) shall be used as reference guides in order to meet all the requirements of the National Association of Emergency Medical Technicians (NAEMT) and the Committee on Trauma, American College of Surgeons (COT-ACS).

**US ARMY PHTLS Branch**  
*US Army PHTLS Branch Structure*



## **US ARMY PHTLS Branch**

### *US Army PHTLS Branch Coordinator*

The PHTLS Chairperson appoints the US Army PHTLS Branch Coordinator. Recommendations are made from the Department of Combat Medic Training and the Army Medical Department Center and School. The US Army PHTLS Branch Coordinator will report directly to the PHTLS Chairperson and the Executive Council and is responsible for all PHTLS activities that occur with the US Army.

#### **Responsibilities:**

- Serve as the administrative focus of the PHTLS program within the US Army.
- Oversee all PHTLS activities within the US Army.
- Serve as a resource for current and potential US Army PHTLS training sites.
- Recommend qualified individuals to the PHTLS Executive Council for appointment as PHTLS Affiliate Faculty and Area Coordinators.
- Serve as a National Faculty member for Instructor/Coordinator Workshops.
- Monitor US Army Area PHTLS programs for adherence to standards
- Establishes US Army Area sites to meet both PHTLS and US Army needs.
- Performs routine site visits when needed.

## **US ARMY PHTLS Branch**

*US Army PHTLS Area Coordinators*

The PHTLS Chairperson upon the recommendation of the US Army PHTLS Branch Coordinator and Medical Director appoints Area Coordinators. The key responsibility of the Area Coordinators is to insure that each PHTLS course follows the accepted national, clinical, and administrative standards established by the US Army and the PHTLS Committee.

### **Qualifications:**

- Maintain current membership in NAEMT.
- Demonstrate a verifiable history of support for the PHTLS program at a minimum level of Instructor/Coordinator.
- Have a sincere interest and the administrative/clerical support to function as an Area Coordinator.
- Have working experience with and knowledge of US Army EMS/Trauma Systems
- Prove the PHTLS Executive Council and the US Army PHTLS Branch Coordinator documentation of experience

### **Responsibilities:**

- Promote the dissemination of PHTLS in the assigned area.
- Identify potential PHTLS Affiliate Faculty, Course Coordinators, Instructors, and Training Sites.
- Assist potential Course Coordinators with obtaining course information, answering questions, and planning a course.
- Review proposed course paperwork (Course Planning and Approval Form and Faculty Assignment Sheet) for completeness and accuracy.
- Submit the course proposal the US Army PHTLS Branch Coordinator and Medical Director for approval.
- Assign an Affiliate Faculty when necessary. Copy all the course paperwork and pertinent correspondence, and send it to the Affiliate Faculty.
- Send approval letter to Course Coordinator with a copy to Affiliate Faculty (if applicable), US Army PHTLS Branch Coordinator, and Medical Director. Remains available to assist the Affiliate Faculty and Course Coordinator if questions or problems arise.
- Receive at the conclusion of the course, the Course Summary Report, Course Roster, Student Registration forms and Evaluations from the Affiliate Faculty or Course Coordinator if no Affiliate is required.

- Notify the US Army PHTLS Branch Coordinator of any problems with the course, problems with instructors, etc.
- Serve as a National Faculty for Instructor/Coordinator Workshops at the discretion of the US Army PHTLS Branch Coordinator and/or Executive Council

## **US ARMY PHTLS Branch**

*US Army PHTLS Branch Affiliate Faculty*

US Army PHTLS Branch Affiliate Faculty are appointed by the US Army PHTLS Branch Coordinator or US Army PHTLS Branch Area Coordinators and serve as the personal representative of the NAEMT/PHTLS program at some courses to ensure the quality and consistency of the program.

### **Qualifications:**

- Maintain current membership in NAEMT.
- Maintain current status as a PHTLS Instructor/Coordinator.
- Participate in the coordination of successful PHTLS courses.

### **Responsibilities:**

- Receives copies of all relevant course paperwork from the US Army PHTLS Branch Coordinator or Area Coordinator.
- Contact the Course Coordinator and explain how to be reached to assist in the continued planning of the course.
- Notify the US Army PHTLS Branch Coordinator or Area Coordinator (as applicable) that the contact has been made with the Course Coordinator.
- Assist Course Coordinator with the pre-course faculty meeting.
- Monitors lectures and skill stations for adherence to PHTLS standards
- Submit written report to the US Army PHTLS Branch Coordinator and Area Coordinator following completion of the course.

## **US ARMY PHTLS Branch**

*US Army PHTLS Branch*

*Course Medical Director*

The PHTLS Course Medical Director must be a physician who is an ATLS Provider (and preferably an ATLS Instructor). The Course Medical Director must be approved by the US Army PHTLS Branch Medical Director and must be present during the course.

### **Qualifications:**

- Must be a physician who is an ATLS Provider  
*(and preferably an ATLS Instructor).*
- Maintain current status as an ATLS Provider or Instructor.

### **Responsibilities:**

- Be accountable to the US Army PHTLS Branch Medical Director for adherence to the content and principles of care in the PHTLS course.
- Serve as a medical resource before, during, and after the PHTLS course.

## **US ARMY PHTLS Branch**

*US Army PHTLS Branch  
Course Coordinator*

The PHTLS Course Coordinator is appointed by the US Army PHTLS Branch Coordinator and is the primary local administrative authority for each course conducted.

### **Qualifications:**

- Maintain status as a PHTLS Instructor/Coordinator.
- Possess experience in the coordination of EMS educational programs.
- Possess and maintain the necessary administrative skills and support to assemble and meet the logistic requirements of the course.

### **Responsibilities:**

- Complete and submit all pre-course and post-course reports.
- Provide documentation of course evaluation to the US Army PHTLS Branch Coordinator/Area Coordinator and Affiliate Faculty when present.
- Attend the US Army PHTLS Instructor/Coordinator Workshop,
- Adhere to the NAEMT/PHTLS pre-course and post-course standards.

**US ARMY PHTLS Branch**  
*US Army PHTLS Branch*  
*PHTLS Instructor/Coordinator*

The valid recognition period for a PHTLS Instructor/Coordinator is 4 years. During that period, the PHTLS Instructor/Coordinator must complete the teaching requirements identified below, attend another US Army PHTLS Branch Instructor Course, or successfully complete a PHTLS Instructor Update.

**Qualifications:**

- Successfully complete a PHTLS or BTLS (Advanced Provider) course within the past 4 years, or be a licensed Health Care Provider (i.e. Physician, or Physician Assistant); **and**
- Successfully complete the US Army Officer Basic Course or Basic Non Commissioned Officer Course; **and**
- Successfully complete the US Army PHTLS Branch Instructor Course

**Responsibilities:**

- Adhere to the US Army and NAEMT/PHTLS guidelines and standards for each course.
- Communicate with the Course Coordinator and the US Army PHTLS Branch Affiliate Faculty when applicable.
- Teach in at least one Advanced PHTLS Provider course every 12 months during the 4-year period of recognition. One of these courses must be observed and critiqued by a US Army PHTLS Affiliate Faculty or Area Coordinator.

## **US ARMY PHTLS Branch**

*US Army PHTLS Branch  
Student Criteria*

The US Army Pre-Hospital Trauma Life Support course is designed to provide specific knowledge and skills in pre-hospital trauma care. The primary target population is individuals who have been previously trained as Health Care Specialists and hold the Military Occupational Specialty. Due to the unique requirements among military medical units, individuals that may have been cross-trained from other fields or be expected to perform medical tasks in combat situations should be allowed to attend the course.

Because the content of PHTLS builds upon a core of knowledge and skills that the candidate should possess, the following list of **prerequisite requirements** must be met before entry into a US Army PHTLS Course.

- Current Health Care Provider or Equivalent CPR
- Current National Registry of Emergency Medical Technicians - Basic or higher registration.
- For soldiers holding the MOS 91W, current NREMT-B registration is not a course prerequisite but is strongly recommended.

The following list of requirements must be met for successful completion of the PHTLS course:

- Attend the entire course
- Adhere to the course content and demonstrate practical skills competency as outlined in the referenced text.
- Achieve a minimum score of at least 74% on the final written examination.
- Successfully complete the final assessment skills testing station as a team member/leader based on objectives and criteria outlined in the referenced text.
- Students will be afforded a single retest if they fail the written exam or the skill stations.

**US ARMY PHTLS Branch**  
*US Army PHTLS Branch*  
*Continuing Education Contact Hours*

Each student who successfully completes the Pre-Hospital Trauma Life Support course will receive a letter of completion. Continuing Education contact hours are provided by the Continuing Education Coordinating Board for Emergency Medical Services (CECBEMS). The Continuing Education Hours approved are:

Provider Course	16 hours
Instructor Course	6 hours
Refresher Course	7 hours

**US ARMY PHTLS Branch**  
*US Army PHTLS Branch*  
Advanced Provider Program

The advanced provider course must be at least 16 hours in length. The optimum experience is the 2-day, 8 hours per day method. The course can also be splint up over 3 or 4 days however, course quality suffers when it is extended much beyond these parameters.

No change is course content, scope, or sequence is allowed.

**Day One**

0730	Registration
0800	Introductions
0810	Written pre-course Evaluation and Baselines
0940	Course Purpose
1000	Kinematics
1050	Break
1105	Assessment and Management
1155	Airway Management
1225	Lunch
1305	Shock and Fluid Replacement
1350	Spinal Trauma
1425	Skill Stations <b>Assessment, Airway, Spinal, Rapid</b> 4 @ 45 minutes each
1725	Reassemble/Recess

**Day Two**

0800	Considerations in the Pediatric and Elderly Patient
0830	Thoracic Trauma
0900	Abdominal Trauma
0920	Break
0935	Head Trauma
1010	Practical Skills Teaching Stations II <b>Peadiatric Assessment / Immobilization</b> 2 @ 30 minutes each
1110	Musculoskeletal Trauma
1125	Thermal Trauma
1155	Lunch
1240	Golden Principles of Pre-hospital Trauma Care
1255	Final Assessment
1555	Course Completion

## **US ARMY PHTLS Branch**

*US Army PHTLS Branch*

Refresher Program

The PHTLS refresher course is designed to be a high-intensity learning and affirmation experience. The best dynamics for this are achieved in a single day focused on trauma. The continuous and uninterrupted developmental interaction between faculty and participants greatly enhances the group dynamics, learning, and impact of the course on the participant's performance. The 1-day format is the preferred and recommended choice.

No change in course content, scope, or sequence is allowed.

0800	Introduction and Welcome
0815	Refresher Course Purpose
0830	Managing the Multisystem Trauma Patient I
0930	Break
0945	Managing the Multisystem Trauma Patient II
1045	Break
1100	Managing the Multisystem Trauma Patient III
1130	Lunch
1230	Summation and skill station instructions
1245	New Skills
1300	Skill Stations and Written Examination
	Skill/Scenario Station #1
	Skill/Scenario Station #2
	Station #3 Airway Skills/2-Person Rapid Extrication
	Skill/Scenario Station #4
	Written Examination
1600	Course Completion

## **US ARMY PHTLS Branch**

### *US Army PHTLS Branch* Instructor Program

The US Army PHTLS Branch Coordinator, Area Coordinators, and Affiliate Faculty conduct the US Army PHTLS Instructor Course. This can be accomplished in conjunction with a PHTLS provider course or as a stand-alone instructor course. Due to the unique missions and locations of the US Army, the PHTLS Instructor course, with approval from the US Army PHTLS Branch Coordinator, may be presented through the use of Video Teleconference.

Each US Army PHTLS Instructor course shall be conducted with at least one US Army PHTLS Area Coordinator or Affiliate Faculty member present. The total number of faculty will be determined by the number of participating instructor candidates and at the discretion of the US Army PHTLS Branch Coordinator.

Each instructor candidate will meet the requirements as outlined in this US Army PHTLS Branch Policy and Procedure Manual.

No change is course content, scope, or sequence is allowed.

15 min	Welcome, Registration, and Introductions
90 min	Administrative Overview
150 min	Teaching Station Overviews
60 min	Final Assessment Stations Overview
30 min	Written Evaluation Overview
15 min	Summary

## US ARMY PHTLS Branch

Course #: \_\_\_\_\_ Dates: \_\_\_\_\_

Course Location: \_\_\_\_\_

- **Course Planning/Approval Checklist**

- Forward Course Approval Request to the US Army PHTLS Branch Coordinator with the following supporting documentation.
  - Proposed Course Schedule
  - Proposed Faculty Roster
  - Copies of credentials for Course Coordinator (PHTS-Instructor) and Course Medical Director (ATLS Provider or Instructor)
- Validate course facilities and required equipment availability. (*See Basic and Advanced PHTLS 5<sup>th</sup> Edition Instructor's Manual for a detailed listing of requirements*)
- Receive verification of course approval from the US Army PHTLS Program
- Receive written verification, national course number, and course materials (certificates, wallet cards, and invoice from PHTLS International Office.

- **End of Course Reporting/Recording Keeping**

**TO PHTLS INTERNATIONAL**

- Course Roster (pg. 32/33)
- Instructor Roster (pg. 34)
- Course Fee Funding Request (pg. 35)  
List all students completing the course
- Payment for students ineligible for Centralized Fee Payment
- Invoice

**TO US ARMY PHTLS BRANCH COORDINATOR**

- Course Summary Evaluation (pg. 27)

**INSTRUCTOR/COORDINATOR RECORDS**

- Student Final Exam Answer Sheet (pg 21)
- Student Registration Form (pg 22)
- Lecture Evaluations (pg 28)
- Student Final Evaluation Flow Sheet (Pgs. 30/31)

**COURSE APPROVAL REQUEST**

**SPONSORING ORGANIZATION:**

Active Army    Army National Guard    Army Reserve

**UIC:**

<b>COURSE TYPE:</b>	<input type="checkbox"/> EMT-Basic	<input type="checkbox"/> EMT-B Bridge	<input type="checkbox"/> EMT-B Refresher	<input type="checkbox"/> EMT-Intermediate	EMT-I Refresher
<input type="checkbox"/> BTLS Adv Provider	<input type="checkbox"/> Trauma AIMS	<input type="checkbox"/> PHTLS Provider 4th	<input type="checkbox"/> PHTLS Provider 5th	<input type="checkbox"/> Other _____	

<b>COURSE DATES:</b>	Start Date:	End Date:
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<b>COURSE LOCATION:</b>	
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<b>EXPECTED NUMBER OF STUDENTS:</b>	
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<b>COURSE COORDINATOR:</b>	
Name/Rank	
Telephone/E Mail	

<b>PRIMARY INSTRUCTOR:</b>	
Name/Rank	
Telephone/E Mail	

<b>COURSE MEDICAL DIRECTOR:</b>	
Name/Rank	
Telephone/E Mail	

**TEXT BOOKS NEEDED**

QUANTITY	COURSE	STUDNET/INSTRUCTOR TEXT/WORKBOOK/POWER POINT SLIDES
	<b>EMT-B</b>	Emergency Care, 9th Military Edition
	<b>EMT-B</b>	Workbook for Emergency Care, 9th Military Edition
	<b>EMT-B</b>	Instructor Resource Manual, Emergency Care, 9th Military Edition
	<b>EMT-B</b>	Emergency Care, 9th Edition Power Point Slides
	<b>EMT-B BRIDGE</b>	Essentials of Emergency Care, 3rd Edition
	<b>EMT-B BRIDGE</b>	Instructor Resource Manual, Essentials of Emergency Care, 3rd Edition
	<b>EMT-B BRIDGE</b>	Essentials of Emergency Care, 3rd Edition, Power Point Slides
	<b>TRAUMA AIMS</b>	Intermediate Emergency Care, 2nd Edition
	<b>TRAUMA AIMS</b>	Workbook for Intermediate Emergency Care, 2nd Edition
	<b>TRAUMA AIMS</b>	Instructor Resource Manual, Intermediate Emergency Care, 2nd Edition
	<b>TRAUMA AIMS</b>	Intermediate Emergency Care, 2nd Edition, Power Point Slides
	<b>BTLS</b>	Basic Trauma Life Support for Paramedics and other Advanced Providers, 4th Edition
	<b>BTLS</b>	Coordinator & Instructor Guide to Basic Trauma Life Support, 4th Edition
	<b>BTLS</b>	Basic Trauma Life Support, Power Point Slides
	<b>PHTLS</b>	Pre Hospital Trauma Life Support, 5th Edition
	<b>PHTLS</b>	Pre Hospital Trauma Life Support Instructors Guide, 5th Edition
	<b>PHTLS</b>	Pre Hospital Trauma Life Support, 5th Edition, Slide Set on CD ROM
		OTHER:

**SHIPPING ADDRESS FOR COURSE MATERIALS AND TEXTBOOKS**

<b>ORGANIZATION:</b>	
<b>ATTN:</b>	
<b>STREET ADDRESS:</b>	
<b>CITY/STATE/ZIP</b>	

**FOR NREMT-B Examinations ONLY**

DANTES TCO

Name/Phone:

NREMT Written Exam Date

NREMT Practical Exam Date

**REMARKS:**

WE AGREE THAT THE US ARMY EMS PROGRAMS MANAGER IS THE FINAL AUTHORITY ON THE CONDUCT OF THE COURSE REQUESTED AND MUST BE CONSULTED IN WRITING FOR APPROVAL BEFORE ANY ALTERATIONS IN SCHEDULE, CURRICULUM, ETC MAY BE MADE.

DATE

COURSE COORDINATOR

DATE

COURSE MEDICAL DIRECTOR

**SEND TO:**

US ARMY EMS PROGRAMS MANAGER  
DEPARTMENT OF COMBAT MEDIC TRAINING  
3151 W.W. WHITE ROAD, BUILDING 1374, RM. 134  
FORT SAM HOUSTON, TX 78234  
210-221-5214 OR DSN 471-5214  
FAX 210-221-3142 OR DSN 471-3142

**DO NOT WRITE BELOW THIS LINE**

Received: \_\_\_\_\_

Approved: \_\_\_\_\_ Approved Conditionally (*specify*): \_\_\_\_\_

Denied: \_\_\_\_\_ REASON: \_\_\_\_\_

US Army Course Number: \_\_\_\_\_ National Course Number: \_\_\_\_\_

Course Posted: \_\_\_\_\_

Contacted: \_\_\_\_\_

## PREHOSPITAL TRAUMA LIFE SUPPORT ANSWER SHEET

Pre \_\_\_\_\_ Post \_\_\_\_\_ Name: \_\_\_\_\_

Rank: \_\_\_\_\_ MOS: \_\_\_\_\_ Component:      USA              USAR              USANG

National Course # \_\_\_\_\_ US Army Course # \_\_\_\_\_

Course Location: \_\_\_\_\_

Dates of Course: \_\_\_\_\_

SSAN: \_\_\_\_\_ Test #: \_\_\_\_\_

### ANSWER SHEET

- |     |   |   |   |   |     |   |   |   |   |
|-----|---|---|---|---|-----|---|---|---|---|
| 1.  | A | B | C | D | 26. | A | B | C | D |
| 2.  | A | B | C | D | 27. | A | B | C | D |
| 3.  | A | B | C | D | 28. | A | B | C | D |
| 4.  | A | B | C | D | 29. | A | B | C | D |
| 5.  | A | B | C | D | 30. | A | B | C | D |
| 6.  | A | B | C | D | 31. | A | B | C | D |
| 7.  | A | B | C | D | 32. | A | B | C | D |
| 8.  | A | B | C | D | 33. | A | B | C | D |
| 9.  | A | B | C | D | 34. | A | B | C | D |
| 10. | A | B | C | D | 35. | A | B | C | D |
| 11. | A | B | C | D | 36. | A | B | C | D |
| 12. | A | B | C | D | 37. | A | B | C | D |
| 13. | A | B | C | D | 38. | A | B | C | D |
| 14. | A | B | C | D | 39. | A | B | C | D |
| 15. | A | B | C | D | 40. | A | B | C | D |
| 16. | A | B | C | D | 41. | A | B | C | D |
| 17. | A | B | C | D | 42. | A | B | C | D |
| 18. | A | B | C | D | 43. | A | B | C | D |
| 19. | A | B | C | D | 44. | A | B | C | D |
| 20. | A | B | C | D | 45. | A | B | C | D |
| 21. | A | B | C | D | 46. | A | B | C | D |
| 22. | A | B | C | D | 47. | A | B | C | D |
| 23. | A | B | C | D | 48. | A | B | C | D |
| 24. | A | B | C | D | 49. | A | B | C | D |
| 25. | A | B | C | D | 50. | A | B | C | D |

**PREHOSPITAL TRAUMA LIFE SUPPORT  
STUDENT REGISTRATION FORM**

**Please Print**

National Course # \_\_\_\_\_ US Army Course # \_\_\_\_\_

Course Dates: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Rank: \_\_\_\_\_ MOS: \_\_\_\_\_ Component:      USA      USAR      USANG

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_      Duty Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_

EMT-B \_\_\_\_\_ EMT-I \_\_\_\_\_ EMT-P \_\_\_\_\_ LVN \_\_\_\_\_ RN \_\_\_\_\_ MD \_\_\_\_\_ Other \_\_\_\_\_

Expiration Date of Certificate or License: \_\_\_\_\_ State Issued: \_\_\_\_\_

NREMT-B \_\_\_\_\_ NREMT-I \_\_\_\_\_ NREMT-P \_\_\_\_\_

Previous Courses Successfully Completed:

PHTLS Basic \_\_\_\_\_ PHTLS Instructor/Coordinator \_\_\_\_\_ PHTLS Refresher \_\_\_\_\_

BTLS \_\_\_\_\_ BTLS Instructor/Coordinator \_\_\_\_\_

Location of Last Course Taken: \_\_\_\_\_

Date of Last Course: \_\_\_\_\_ NAEMT Member: \_\_\_\_\_ Yes \_\_\_\_\_ No

Signature of Student: \_\_\_\_\_

**Faculty/Staff Only:**

Current State Certificate, Documented \_\_\_\_\_ (Staff Initials)

Previous Provider/Refresher Course Documented \_\_\_\_\_ (Staff Initials)

Pretest Score \_\_\_\_\_ Post-test Score \_\_\_\_\_ Final Assessment \_\_\_\_\_

**PREHOSPITAL TRAUMA LIFE SUPPORT  
REFRESHER COURSE SKILL STATION SUMMARY SHEET**

Student Name: \_\_\_\_\_

**Course Faculty Only to Write Below This Line**

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**Skill Stations:** (Faculty to initial appropriate spaces)

	<b>If Assessment Leader</b>	<b>Passed</b>	<b>Needs Retest</b>	<b>Passed Retest</b>	<b>Failed Retest</b>
#1 Scenario #1 & Management "A"					
#2 Scenario #2 & Management "B"					
#3 Airway/Ventilation/Rapid Extrication					
#4 Multiple Patients/Limited Resources					

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**Course coordinator to fill in items below:**

Needs Remediation/Retest of Stations: \_\_\_\_\_

Written Test Score: \_\_\_\_\_ Needs Retest of Written: \_\_\_\_\_

Passed All Stations (Initially or Retest): \_\_\_\_\_

Passed Written Test (Initially or Retest): \_\_\_\_\_

Passed Refresher: \_\_\_\_\_ New Certificate Issued, Expiration Date: \_\_\_\_\_

Failed to Meet Requirements: \_\_\_\_\_ Letter Sent: \_\_\_\_\_

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Refresher Course Instructor/Coordinator Signature

**PREHOSPITAL TRAUMA LIFE SUPPORT  
BASELINE EVALUATION SHEET**

Date: \_\_\_\_\_ Group: \_\_\_\_\_

Evaluator and Patient: \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

**Elapsed Time**

Y	N	Late	____:____	Scene Safety
Y	N	Late	____:____	LOC
Y	N	Late	____:____	Manual C-Spine
Y	N	Late	____:____	Airway
Y	N	Late	____:____	Breathing
Y	N	Late	____:____	Pulse
Y	N	Late	____:____	Bleeding
Y	N	Late	____:____	Exposure
Y	N	Late	____:____	Breath Sounds
Y	N	Late	____:____	Skin Quality
Y	N	Late	____:____	Capillary Refill
Y	N	Late	____:____	Rapid Extrication
Y	N	Late	____:____	Secure to Board
Y	N	Late	____:____	High-Concent Oxygen
Y	N	Late	____:____	Vital Signs
Y	N	Late	____:____	Transportation
Y	N	Late	____:____	Tier with ALS Air
Y	N	Late	____:____	PASG
Y	N	Late	____:____	C-collar Application
Y	N	Late	____:____	Focused Exam
Y	N	Late	____:____	Detailed Exam
Y	N	Late	____:____	Noncritical Tx
Y	N	Patient Survives		

**First Vital Signs**

Pule: \_\_\_\_\_  
 B/P: \_\_\_\_\_  
 Resp: \_\_\_\_\_  
 Skin: \_\_\_\_\_  
 Time: \_\_\_\_\_

**Second Vital Signs**

Pule: \_\_\_\_\_  
 B/P: \_\_\_\_\_  
 Resp: \_\_\_\_\_  
 Skin: \_\_\_\_\_  
 Time: \_\_\_\_\_

**Third Vital Signs**

Pule: \_\_\_\_\_  
 B/P: \_\_\_\_\_  
 Resp: \_\_\_\_\_  
 Skin: \_\_\_\_\_  
 Time: \_\_\_\_\_

**NOTES:**

**PREHOSPITAL TRAUMA LIFE SUPPORT  
BASELINE EVALUATION FLOW SHEET**

Group: \_\_\_\_\_ Total time at scene: \_\_\_\_\_

1 to 3  
minutes

3 to 6  
minutes:

6 to 10  
minutes:

Evaluator(s): \_\_\_\_\_

\_\_\_\_\_

**NOTE: This form is to document the student's general activity during the scenario.**

**PREHOSPITAL TRAUMA LIFE SUPPORT**  
**SHEET TO BE USED FOR ALL FINAL ASSESSMENT STATIONS**

Final Assessment Station #: \_\_\_\_\_

**EVALUATION FLOW SHEET**

Group: \_\_\_\_\_ Total time at scene: \_\_\_\_\_

1 to 3  
minutes

---

3 to 6  
minutes:

---

6 to 10  
minutes:

---

Evaluator(s): \_\_\_\_\_  
\_\_\_\_\_

**NOTE: This form is to document the student's general activity during the scenario.**

**PREHOSPITAL TRAUMA LIFE SUPPORT**

**COURSE SUMMARY EVALUATION**

National Course #: \_\_\_\_\_ Course Location: \_\_\_\_\_

**Course Summary Evaluation\***

- |   |   |   |   |
|---|---|---|---|
| 1. How well organized was the entire program?   | 1 | 2 | 3 |
| 2. To what extent did the program meet your needs?  | 1 | 2 | 3 |
| 3. Did the program meet the course objectives?  | 1 | 2 | 3 |
| 4. What is your overall evaluation of the program   | 1 | 2 | 3 |
| 5. In general, how appropriate were the program handouts?   | 1 | 2 | 3 |
| 6. In general, how appropriate were the audiovisuals?   | 1 | 2 | 3 |
| 7. In general, was the level of material presented appropriate to your level of care?             | 1 | 2 | 3 |
| 8. To what extent will the information present be of value to you?                                | 1 | 2 | 3 |
| 9. Do you feel that your application of practical skills has improved as a result of this course? | 1 | 2 | 3 |
| 10. If present, how well did the affiliate faculty represent PHTLS and the NAEMT?                 | 1 | 2 | 3 |
| 11. How well were informed about NAEMT and the benefits of membership?                            | 1 | 2 | 3 |
| 12. What was the best or most helpful part of the program for you?                                |   |   |   |
- 
- 

13. What was the worst or least helpful part of the program for you?

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14. How beneficial were the skill stations?
- |   |   |   |   |                      |   |   |   |
|---|---|---|---|----------------------|---|---|---|
| Baselines                               | 1 | 2 | 3 | Rapid Extrication    | 1 | 2 | 3 |
| Airway                                  | 1 | 2 | 3 | Spinal Stabilization | 1 | 2 | 3 |
| Pediatric Assessment and Immobilization | 1 | 2 | 3 | Assessment           | 1 | 2 | 3 |
| Final Assessment                        | 1 | 2 | 3 |                      |   |   |   |

15. Would you recommend this course to others? \_\_\_\_\_ Yes \_\_\_\_\_ No

16. General comments:

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- 1 – Above Average**
- 2 – Average**
- 3 – Below Average**

\* Must be submitted to the US Army PHTLS Branch Coordinator

**PREHOSPITAL TRAUMA LIFE SUPPORT  
LECTURER EVALUATION FORM\***

Name (Optional): \_\_\_\_\_

Topic: \_\_\_\_\_

Presenter: \_\_\_\_\_

How Would You Rate This Presentation?

- |   |   |   |   |
|---|---|---|---|
| 1. Organization of presentation   | 1 | 2 | 3 |
| 2. Knowledge of content   | 1 | 2 | 3 |
| 3. Outline handout  | 1 | 2 | 3 |
| 4. Audiovisual materials  | 1 | 2 | 3 |
| 5. Material presented   | 1 | 2 | 3 |
| 6. Blend of theory and practice   | 1 | 2 | 3 |
| 7. Presentation length  | 1 | 2 | 3 |
| 8. My knowledge increased.  | 1 | 2 | 3 |
| 9. What part of the presentation was <b>most</b> helpful or informative to you? |   |   |   |

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10. What part of the presentation was **least** helpful or informative to you?

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11. General comments:

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**1 – ABOVE AVERAGE  
2 – AVERAGE  
3 – BELOW AVERAGE**

\* This form is option and can be give to lecture faculty

**PREHOSPITAL TRAUMA LIFE SUPPORT  
REFRESHER COURSE EVALUATION FORM**

Course Location: \_\_\_\_\_ Date: \_\_\_\_\_

Certification: \_\_\_\_\_ Course #: \_\_\_\_\_

1 – ABOVE AVERAGE                      2 – AVERAGE                      3 – BELOW AVERAGE

- |  |   |   |   |
|--|---|---|---|
| 1. What is your overall evaluation of the course?  | 1 | 2 | 3 |
| 2. How well did "Managing the Multisystem Trauma Patient" review the material?           | 1 | 2 | 3 |
| 3. How valuable was "Pediatric Trauma"?  | 1 | 2 | 3 |
| 4. How valuable was "Trauma of the Elderly"?   | 1 | 2 | 3 |
| 5. How well did "Megatrends" present "What's New, What's Changed, What's Controversial"? | 1 | 2 | 3 |
| 6. Overall, how would you rate the lecture faculty?                                      | 1 | 2 | 3 |
| 7. How well did each station review and measure your ability in the required skills?     |   |   |   |
| Skill Station #1 – Assessment "A"  | 1 | 2 | 3 |
| Skill Station #2 – Assessment "B"  | 1 | 2 | 3 |
| Skill Station #3 – Airway and Ventilation  | 1 | 2 | 3 |
| Skill Station #4 – Advanced Airway   | 1 | 2 | 3 |
| Skill Station #5 – Spine Skills  | 1 | 2 | 3 |
| Skill Station #6 – Rapid Extrication   | 1 | 2 | 3 |
| 8. Overall, how would you rate skill station instructors?                                | 1 | 2 | 3 |
| 9. How would you rate the PHTLS refresher course design, sequence, and content?          | 1 | 2 | 3 |
| 10. How would you rate the organization of the course you just finished?                 | 1 | 2 | 3 |
| 11. How would you rate the facilities?   | 1 | 2 | 3 |
| 12. What was the <b>BEST PART</b> of the Course? _____                                   |   |   |   |

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13. What was the **WORST PART** of the Course? \_\_\_\_\_

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14. Other comments: \_\_\_\_\_

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## PREHOSPITAL TRAUMA LIFE SUPPORT

### FINAL EVALUATION STATION SCENARIO FLOW SHEET

Group Number: _____	Group Leader: _____
Evaluator: _____	Scenario Number: _____
Beginning Time: _____	Ending Time: _____

Completed		
Yes	No	Assessment and Treatment
		Identify safe scene
		Proper body substance protection
		Perform complete initial (primary) assessment
		Level of consciousness/response
		Airway
		Breathing
		Ventilation/air exchange
		Circulation/perfusion
		Pulse
		External hemorrhage control
		Skin conditions
		Exposure of all critical body areas for assessment
		Properly identify critical or non-critical trauma patient
		Use of appropriate spinal immobilization technique(s)
		Proper use of padding/buttress material
		Identification of all life-threatening injuries
		Proper treatment of life-threatening injuries
		Performed only lifesaving treatment(s) while on scene
		Timely transport when indicated
		Appropriate level trauma facility when indicated
		Identification of all non-critical injuries
		Proper treatment performed en route
		Complete detailed (secondary) assessment when indicated
		Completed scenario within 10 minutes on-scene time
		Reassessment of patient's condition
		Safety observed throughout scenario
		Worked together as a team

Successful Station Completion: Yes \_\_\_\_\_ No \_\_\_\_\_

Any mark(s) within the critical criteria area would indicate the need for the group to repeat the station. Only mark those comments that apply to the scenario. Please document rationale for any checked critical criteria in the notation area.

**Critical Criteria**

- \_\_\_\_\_ Failure to utilize proper body substance isolation techniques
- \_\_\_\_\_ Failure to identify safe scene
- \_\_\_\_\_ Failure to perform adequate/complete initial (primary) assessment
- \_\_\_\_\_ Failure to identify all life-threatening injuries/conditions
- \_\_\_\_\_ Failure to immediately treat life-threatening injuries/conditions
- \_\_\_\_\_ Failure to identify critical patient based on assessment
- \_\_\_\_\_ Performed unnecessary treatment on-scene
- \_\_\_\_\_ Performed detailed (secondary) assessment before initial assessment
- \_\_\_\_\_ Failure to complete a detailed (secondary) assessment
- \_\_\_\_\_ Failure to assess and treat non-critical injuries
- \_\_\_\_\_ Failure to provide timely transport to an appropriate level trauma facility
- \_\_\_\_\_ Failure to reassess the patient's condition
- \_\_\_\_\_ Failure to perform scenario in a safe manner
- \_\_\_\_\_ Failure to perform scenario in a safe manner
- \_\_\_\_\_ Failure to perform scenario in a team fashion
- \_\_\_\_\_ Failure to complete scenario within 10 minutes of on-scene time

**Notations:**

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#	RANK	NAME	ADDRESS	MOS	COMP	SSAN	PHONE	NAEMT Member Y or N	Course Level	Pass or Fail
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										
26										
27										
28										
29										
30										
31										
32										
33										
34										
35										

This PHTLS course was conducted as prescribed by the NAEMT/PHTLS/US Army Program.

\_\_\_\_\_

Course Coordinator

Course Medical Director

Affiliate Faculty (if present)

**PREHOSPITAL TRAUMA LIFE SUPPORT  
INSTRUCTOR ROSTER**

Course Date: \_\_\_\_\_ National Course Number: \_\_\_\_\_ Army Course Number: \_\_\_\_\_

Course Sponsor/Location: \_\_\_\_\_ Address: \_\_\_\_\_

Course Coordinator: \_\_\_\_\_ Course Medical Director: \_\_\_\_\_

Check if Being Monitored	Rank	MOS	COMP	NAME	ADDRESS	PHONE	SSAN	PHTLS Certified Instructor
								Y or N
								Y or N
								Y or N
								Y or N
								Y or N
								Y or N
								Y or N
								Y or N
								Y or N
								Y or N



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