AZ-1 DMAT Team
Proficiency Profile

Name ________________________________ Date ______________________

Certification/Licensure EMT-B EMT-I EMT-P RT RN RNNP PA
Other: ___________________________________

Using the following scale please mark your level of experience.	
1. No Experience	3. Moderate Experience: needs resource for back-up
2. Limited Experience: needs review before attempting	4. Experienced: can perform independently

Mark One

I. Airway/Breathing	**1**	**2**	**3**	**4**
Assessment of lung sounds				
Performs various suctioning				
Oxygen administration				
Nasal Cannula				
Simple Mask				
Non-rebreather Mask				
Venturi Mask				
Bag-Valve-Mask				
Ventilator				
Emergency intubation				
II. Pulmonary	**1**	**2**	**3**	**4**
Incentive Spirometry				
Pulse oximetry				
Nebulizer set-up				
Draw blood gases				
Interpret ABGs				
Needle decompression				
III. Circulation	**1**	**2**	**3**	**4**
Basic CPR				
Can assist with:				
Thoracentesis				
Chest tube insertion/maint.				
Arterial line insertion/maint.				
IV. Medical Conditions	**1**	**2**	**3**	**4**
Epiglotitis				
Croup				
Asthma				
COPD				
Pulmonary emboli				

Mark One