

NOCP Documentation Guidelines: P & C Competencies (Field)		
<p>Text Color Legend: Competencies Ranges Sub Competency Documentation Examples Potential findings to support competency</p>	<p>Good Rule of thumb: Minimum of Six History/Physical findings and/or Pertinent Positives & Negatives that support each Competency claimed. The A-PCR documentation MUST support the Specific Competency Claimed.</p>	
<p>Completed through PARA-1290A Ambulance Skills Checklist Only</p>		
<p>Attach to Ambulance Job Dimension forms (Areas 1 & 2) These comps are key to functioning as a professional paramedic and are integrated in every patient contact.</p>		
<p>May be attained in the Clinical (Hospital) environment</p>		
<p>Area 1: Professional Responsibilities</p> <p style="text-align: center;">Claiming Specific Competency for Area 1.1.a to 2.4.f (excluding 2.1b & 2.1c which require selection on A-PCR): Competencies will be added to each (per shift) Job Dimension</p> <p>To successfully attain these competencies students must have submitted A-PCR records and functioned as a Professional PCP Paramedic Student during the shift which competences are claimed for.</p>		
Specific Competency	Sub-competency	A-PCR must include:
1.1.a	Maintain patient dignity	Competency is integrated during each patient contact on every ambulance shift - Add Competency to each daily Job Dimension form
1.1.b	Reflect professionalism through use of appropriate language.	Competency is integrated during each patient contact on every ambulance shift - Add Competency to each daily Job Dimension form
1.1.c	Dress appropriately and maintain personal hygiene.	Competency is integrated during each patient contact on every ambulance shift - Add Competency to each daily Job Dimension form
1.1.d	Maintain appropriate personal interaction with patients.	Competency is integrated during each patient contact on every ambulance shift - Add Competency to each daily Job Dimension form
1.1.e	Maintain patient confidentiality.	Competency is integrated during each patient contact on every ambulance shift - Add Competency to each daily Job Dimension form
1.1.i	Behave ethically.	Competency is integrated during each patient contact on every ambulance shift - Add Competency to each daily Job Dimension form
1.1.j	Function as patient advocate.	Competency is integrated during each patient contact on every ambulance shift - Add Competency to each daily Job Dimension form
1.3.a	Comply with scope of practice.	Competency is integrated during each patient contact on every ambulance shift - Add Competency to each daily Job Dimension form
1.3.c	Include all pertinent and required information on reports and medical records.	Competency is integrated during each patient contact on every ambulance shift - Add Competency to each daily Job Dimension form
1.4.a	Function within relevant legislation, policies and procedures.	Competency is integrated during each patient contact on every ambulance shift - Add Competency to each daily Job Dimension form
1.5.a	Work collaboratively with a partner.	Competency is integrated during each patient contact on every ambulance shift - Add Competency to each daily Job Dimension form
1.5.b	Accept and deliver constructive feedback.	Competency is integrated during each patient contact on every ambulance shift - Add Competency to each daily Job Dimension form
1.6.a	Employ reasonable and prudent judgment.	Competency is integrated during each patient contact on every ambulance shift - Add Competency to each daily Job Dimension form
1.6.b	Practice effective problem-solving.	Competency is integrated during each patient contact on every ambulance shift - Add Competency to each daily Job Dimension form
1.6.c	Delegate tasks appropriately.	Competency is integrated during each patient contact on every ambulance shift - Add Competency to each daily Job Dimension form
Area 2: Communication		
2.1.b	Deliver an organized, accurate and relevant verbal report.	Check Box on A-PCR if Notification or Handoff Report given
2.1.c	Deliver an organized, accurate and relevant patient history.	Check Box on A-PCR if Notification or Handoff Report given
2.1.d	Provide information to patient about their situation and how they will be cared for.	Competency is integrated during each patient contact on every ambulance shift - Add Competency to each daily Job Dimension form
2.1.e	Interact effectively with the patient, relatives and bystanders who are in stressful situations.	Competency is integrated during each patient contact on every ambulance shift - Add Competency to each daily Job Dimension form
2.1.f	Speak in language appropriate to the listener.	Competency is integrated during each patient contact on every ambulance shift - Add Competency to each daily Job Dimension form
2.1.g	Use appropriate terminology.	Competency is integrated during each patient contact on every ambulance shift - Add Competency to each daily Job Dimension form
2.2.a	Record organized, accurate and relevant patient information.	Competency is integrated during each patient contact on every ambulance shift - Add Competency to each daily Job Dimension form
2.3.b	Practice active listening techniques.	Competency is integrated during each patient contact on every ambulance shift - Add Competency to each daily Job Dimension form
2.3.c	Establish trust and rapport with patients and colleagues.	Competency is integrated during each patient contact on every ambulance shift - Add Competency to each daily Job Dimension form
2.3.d	Recognize and react appropriately to non-verbal behaviours.	Competency is integrated during each patient contact on every ambulance shift - Add Competency to each daily Job Dimension form
2.4.a	Treat others with respect.	Competency is integrated during each patient contact on every ambulance shift - Add Competency to each daily Job Dimension form
2.4.b	Employ empathy and compassion while providing care.	Competency is integrated during each patient contact on every ambulance shift - Add Competency to each daily Job Dimension form

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<p>Completed through PARA-1290A Ambulance Skills Checklist Only</p>		
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<p>2.4.c</p>	<p>Recognize and react appropriately to persons exhibiting emotional reactions.</p>	<p>Competency is integrated during each patient contact on every ambulance shift - Add Competency to each daily Job Dimension form</p>
<p>2.4.d</p>	<p>Act in a confident manner.</p>	<p>Competency is integrated during each patient contact on every ambulance shift - Add Competency to each daily Job Dimension form</p>
<p>2.4.e</p>	<p>Act assertively as required.</p>	<p>Competency is integrated during each patient contact on every ambulance shift - Add Competency to each daily Job Dimension form</p>
<p>2.4.f</p>	<p>Employ diplomacy, tact and discretion.</p>	<p>Competency is integrated during each patient contact on every ambulance shift - Add Competency to each daily Job Dimension form</p>
<p>Area 3: Health & Safety</p> <p style="text-align: center;">Claiming Specific Competencies for Area 3.2.c to 4.5.n: The A-PCR documentation MUST support the Specific Competency Claimed in Area 4.3. Support may be documented as history, chief complaint, physical findings and/or pertinent negative. You MUST also document any specific requirements outlined below with in each Specific Competency. The following outlines an example of documentation which would support the need for a 4.3.g - Gastrointestinal system assessment and interpretation of findings: e.g. Chief Complaint = Decreased appetite for 3 days Pertinent negatives: No Abdominal distention, No Nausea/Vomiting, No BM for 5 days, decreased energy for 5 days.</p> <p style="text-align: center;">All Area 4 Comps Must be claimed in 2 different patients with differing Issue. Meaning: 4.3.i - Integumentary may be claimed in 1x Anaphylaxis S+S Patient and 1x Traumatic Hemorrhage but not in 2x Anaphylaxis.</p>		
Specific Competency	Sub-competency	A-PCR must include:
3.1.e	Exhibit physical strength and fitness consistent with the requirements of professional practice.	Call must have included a transfer or lift of a patient
3.2.a	Practice safe biomechanics.	Call must have included a transfer or lift of a patient
3.2.b	Transfer patient from various positions using applicable equipment and / or techniques.	Describe lift or transfer technique
3.2.d	Secure patient to applicable equipment.	Call must include a device used and transport / transfer of the patient
3.3.a	Assess scene for safety.	No specific documentation required
3.3.b	Address potential occupational hazards.	Call must have included a hazard that was mitigated
3.3.f	Practice infection control techniques.	PARA-1290A Ambulance Skills Checklist
3.3.g	Clean and disinfect equipment.	PARA-1290A Ambulance Skills Checklist
3.3.h	Clean and disinfect work environment.	PARA-1290A Ambulance Skills Checklist
<p>Area 4: Assessments & Diagnostics</p>		
<p>History</p>		
4.2.a	Obtain list of patient's allergies.	Must have a documented Allergen and the reaction when exposed e.g. Bees - Anaphylaxis
4.2.b	Obtain patient's medication profile.	Must include an Medications - even better if includes doses and if compliant e.g. Ventolin MDI PRN, Nitro 0.4mg Spray PRN
4.2.c	Obtain chief complaint and / or incident history from patient, family members and / or bystanders.	Must have documented Chief Complaint
4.2.d	Obtain information regarding patient's past medical history.	Must have documented patient past medical history
4.2.e	Obtain information about patient's last oral intake.	Time, what taken (example Full meal, snack, just drink) - even better to have specific food/drink taken e.g. Breakfast, oatmeal, 0600hrs.
4.2.f	Obtain information regarding incident through accurate and complete scene assessment.	Competency can only be claimed on a call in which assessment was completed and patient - including an pertinent findings. Examples of History, Physical Findings and/or Pertinent negatives which many support competency: 2 car MVI, spider cracked windshield, bent steering wheel, etc.
<p>Physical Assessments</p>		
4.3.a	Conduct primary patient assessment and interpret findings.	Competency met by completing required areas on A-PCR
4.3.b	Conduct secondary patient assessment and interpret findings.	Competency met by completing required areas on form / Can only be claimed on a call that included a full patient assessment.
4.3.c	Conduct cardiovascular system assessment and interpret findings.	Patient history and/or physical findings must reflect a condition from PAC NOCP Appendix 4B - Pathophysiology (PCP). Aneurysm, arteriosclerosis, deep vein thrombosis, hypertension, peripheral vascular disease, endocarditis, myocarditis, pericarditis, valve disease, infarction(ST-elevation vs non-ST elevation), ischemia/angina, cardiomyopathies, left sided/right sided heart failure, pericardial tamponade, Arrhythmias, Myocardial contusion HOWEVER it does not need to be the chief complaint. Does not apply to cardiac arrest - unless it is explicitly clear that the Arrest was caused exclusively by a cardiac condition.

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4.3.d	Conduct neurological system assessment and interpret findings.	Patient history and/or physical findings must reflect a condition from PAC NOCP Appendix 4B - Pathophysiology (PCP). Febrile seizure, generalized seizures, partial seizures, infection, intracranial hemorrhage, migraine, tension headache, stroke (ischemic/ embolic), hemorrhagic stroke, transient attack, altered mental status (metabolic structural), ALS, cerebral palsy, multiple sclerosis, muscular dystrophy, Parkinson's disease, poliomyelitis, encephalitis, Guillain-Barré syndrome, meningitis, tumors (structural/vascular), head injury, diffuse axonal injury, spinal cord injury HOWEVER it does not need to be the chief complaint.
4.3.e	Conduct respiratory system assessment and interpret findings.	Patient history and/or physical findings must reflect a condition from PAC NOCP Appendix 4B - Pathophysiology (PCP). Acute respiratory failure, adult respiratory disease syndrome, aspiration, COPD, pleural effusion, pneumonia/bronchitis, pulmonary edema, pulmonary embolism, reactive airway disease/asthma, Severe acute respiratory syndrome, antibiotic resistant strains, aspirated foreign body, diaphragmatic injury, flail chest, hemothorax, penetrating injury, pneumothorax, pulmonary contusion, acute respiratory failure, bronchiolitis, group, cystic fibrosis, epiglottitis, sudden infant death syndrome HOWEVER it does not need to be the chief complaint. Conduct Respiratory Assessment using Auscultations e.g. A/E Clear Apices to Bases Bilat Does not apply to Narcotic Overdose.
4.3.j	Conduct musculoskeletal assessment and interpret findings.	Patient history and/or physical findings must reflect a condition from PAC NOCP Appendix 4B - Pathophysiology (PCP). Amputations, compartment syndrome, contusions, dislocations, necrotizing fasciitis, sprains, strains, fractures (appendicular/axial/open/closed), arthritis, osteomyelitis, osteoporosis HOWEVER it does not need to be the chief complaint.
4.3.n	Conduct pediatric assessment and interpret findings.	Conduct Pediatric assessment and interpret findings. Must be between the age of 29 days to 18 years of age.
4.3.o	Conduct geriatric assessment and interpret findings.	Conduct Geriatric assessment and interpret findings. Must be 65 and older!
Vital Signs		
4.4.a	Assess pulse.	Document Rate, Quality and character e.g. 85 Bounding, Regular
4.4.b	Assess respiration.	Document Rate, Depth and Quality e.g. 20 Deep, unlaboured
4.4.c	Conduct non-invasive temperature monitoring.	Temp, Units, Route of attainment. e.g. 39.0 Celsius Oral
4.4.d	Measure blood pressure by auscultation.	Document BP and route e.g. 125/75 Aus
4.4.f	Measure blood pressure with non-invasive blood pressure monitor.	Document BP and route e.g. 125/75 NIBP
4.4.g	Assess skin condition.	Document Color, temp, texture e.g. Pale, cool, moist
4.4.h	Assess pupils.	Document size (mm) and if equal and reactive e.g. 4mm PERL
4.4.i	Assess level of consciousness.	Document full GCS e.g. 4,5,6
4.5.a	Conduct oximetry testing and interpret findings.	Document SpO2 and if on O2 e.g. 98% RA OR 94% NRB 15 LPM
4.5.c	Conduct glucometric testing and interpret findings.	Document BGL and form must show if treated for Hypo/Hyperglycemia or not.
4.5.m**	Conduct 3-lead electrocardiogram (ECG) and interpret findings.	Moved to Simulation setting
Area 5: Therapeutics		
<p>Claiming Specific Competencies for Area 5: The A-PCR documentation MUST support the Specific Competency Claimed Area 5. Support may be documented as history, chief complaint, physical findings and/or pertinent negatives. You MUST also document any specific requirements outlined below with in each Specific Competency. Document in medications/treatment section of A-PCR. The following outlines an example of documentation which would support the need for a 5.1.d - Utilize oropharyngeal airway. e.g. Treatment = 1200Hrs, Red OPA , cross finger technique, snoring ceased. History = Patient was found unresponsive after falling out of a tree.</p>		
Specific Competency	Sub-competency	A-PCR must include:
5.1.a	Use manual maneuvers and positioning to maintain airway patency.	Document under treatments: Maneuver = jaw thrust, head tilt, ¼ prone on DLOC (not an OPA/NPA) e.g. Jaw thrust/Head tilt Chin Lift, ¼ Prone, Patent

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5.2.b	Utilize portable oxygen delivery systems	Overall documentation must show that was on scene and have document time, flow rate, delivery device - have clear transport time. e.g. 1400hrs 15LPM NRB
5.3.a	Administer oxygen using nasal cannula.	Document under treatments: time, flow rate, delivery device (NC)
5.3.d	Administer oxygen using high concentration mask.	Document under treatments: time, flow rate, delivery device (NRB)
5.4.a	Provide oxygenation and ventilation using manual positive pressure devices.	Document under treatments: time, BVM, Rate, Flow rate of O2 e.g. 1200hrs BVM 1:5 @ 15LPM
5.5.c	Maintain peripheral intravenous (IV) access devices and infusions of crystalloid solutions without additives.	Document under treatments: Maintained (not an IV start), time, rate, solution Not saline lock! e.g. 0600hrs – Maintained NaCL 75ml/h
5.5.d	Conduct peripheral intravenous cannulation.	Document under treatments: Gauge, site, Saline lock OR Bolus OR Maintenance (see documentation above) e.g. 20g IV left ACF, Saline Lock
5.6.a	Treat soft tissue injuries.	MUST be open wound. Document under treatments: Time, Type of dressings / bandage used and what used to clean wound. Document under Detailed Hx: Size, location, type of wound. Treatment e.g. 1400hrs cleaned with NaCL, Telfa, sterile gauze, roller bandage.
5.7.b	Immobilize suspected fractures involving axial skeleton.	Head, neck, spine or Rib fractures. Document under treatments: time, equipment used, result e.g. Hard Collar applied and C-Spine immobilized. If rib fractures, you must chart in detail treatments performed.
5.8.b	Follow safe process for responsible medication administration.	Competency supported if Treatments are fully documented and full assessment is documented.
5.8.m	Administer medication via inhalation.	Ventolin (Nebulized or MDI) or Entonox Document under treatments: Time started and ended. Route of administration, LPM. e.g. 1800hrs neb 5ml NaCL/5ml Ventolin at 8LPM, ended 1810.

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<p style="text-align: center;">Area 6: Integration</p> <p style="text-align: center;">Claiming Specific Competencies for Area 6: The A-PCR documentation MUST support the Specific Competency Claimed Area 6 . Support may be documented as: NOI / MOI, SAMPLE History, OPQRST, Full sets of Vital signs (reason given as to why if some not taken/recorded), Detailed Physical & Detailed History findings and including all Pertinent negatives. e.g. Chief Complaint: Allergic reaction Physical findings & Pertinent negatives: angioedema, urticaria, wheezes throughout, SOB, no rash, no nausea/vomiting History: Ingested Peanuts (1 cookie), 30mins prior, similar to past reaction onset and symptoms Vitals: GCS: 4-5-6, BP: 105/68, HR: 112 Strong-Regular, RR: 24 Shallow-Laboured, Skin: Pale-Warm-Moist, SpO2: 96% on 15LPM-NRB Treatment = 1150Hrs, O2 15LPM NRB, 1200Hrs administer 0.3mg Epi, IM, Right Deltoid, no improvement. 1205Hrs, IV 22G, Right Cephalic with N.S at 75ml/hr, patient. 1207Hrs, Diphenhydramine 50mg, IV. Refer to PAC NOCP Appendix 4B - Pathophysiology (PCP) for a list of all illnesses/conditions that allow you to claim that particular Area 6 Competency.</p>		
Specific Competency	Sub-competency	A-PCR must include:
6.1.a	Provide care to patient experiencing signs and symptoms involving cardiovascular system.	Infer a differential diagnosis. Must reflect a condition from PAC NOCP Appendix 4B - Pathophysiology (PCP). Aneurysm, arteriosclerosis, deep vein thrombosis, hypertension, peripheral vascular disease, endocarditis, myocarditis, pericarditis, valve disease, infarction(ST-elevation vs non-ST elevation), ischemia/angina, cardiomyopathies, left sided/right sided heart failure, pericardial tamponade, Arrhythmias, Myocardial contusion Competency cannot be claimed on call with ALS managing treatment plan or on patient contact whom is not transported by Crew. Examples of History, Physical Findings and/or Pertinent negatives which many support assessment: Past Medical History of Cardiac Conditions or CP, Pitting Edema at peripherals, Nausea/vomiting, SOB, CP, Weakness, SOB on exertion, Medications for cardiac conditions
6.1.b	Provide care to patient experiencing signs and symptoms involving neurological system.	Infer a differential diagnosis. Must reflect a condition from PAC NOCP Appendix 4B - Pathophysiology (PCP). Febrile seizure, generalized seizures, partial seizures, infection, intracranial hemorrhage, migraine, tension headache, stroke (ischemic/ embolic), hemorrhagic stroke, transient attack, altered mental status (metabolic structural), ALS, cerebral palsy, multiple sclerosis, muscular dystrophy, Parkinson's disease, poliomyelitis, encephalitis, Guillain-Barré syndrome, meningitis, tumors (structural/vascular), head injury, diffuse axonal injury, spinal cord injury Competency cannot be claimed on call with ALS managing treatment plan or on patient contact whom is not transported by Crew. Examples of History, Physical Findings and/or Pertinent negatives which many support assessment: Numbness or tingling at peripherals, any FAST Van signs, HX of CVA or TIA, Dizziness, Seizures or Hx of seizures, Headache, Past medical Hx of Neurological condition.
6.1.c	Provide care to patient experiencing signs and symptoms involving respiratory system.	Infer a differential diagnosis. Must reflect a condition from PAC NOCP Appendix 4B - Pathophysiology (PCP). Acute respiratory failure, adult respiratory disease syndrome, aspiration, COPD, pleural effusion, pneumonia/bronchitis, pulmonary edema, pulmonary embolism, reactive airway disease/asthma, Severe acute respiratory syndrome, antibiotic resistant strains, aspirated foreign body, diaphragmatic injury, flail chest, hemothorax, penetrating injury, pneumothorax, pulmonary contusion, acute respiratory failure, bronchiolitis, group, cystic fibrosis, epiglottitis, sudden infant death syndrome Competency cannot be claimed on call with ALS managing treatment plan or on patient contact whom is not transported by Crew. Examples of History, Physical Findings and/or Pertinent negatives which many support assessment: Past medical Hx of Respiratory condition or injury, Medications for Respiratory illness, SOB, abnormal lung sounds on auscultation, low SpO2, accessory muscle use, tripod position, on home O2, etc.

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6.1.e	Provide care to patient experiencing signs and symptoms involving gastrointestinal system.	<p>Infer a differential diagnosis. Must reflect a condition from PAC NOCP Appendix 4B - Pathophysiology (PCP). Esophageal varices, esophagitis, gastritis, gastroesophageal reflux, obstruction, peptic ulcer disease, upper gastrointestinal bleed, cholecystitis/ biliary colic, cirrhosis, hepatitis, pancreatitis, appendicitis, diverticulitis, gastroenteritis, inflammatory bowel disease, lower gastrointestinal bleed, bowel obstruction, abdominal injuries (penetrating/blunt), esophageal disruption, evisceration</p> <p>Competency cannot be claimed on call with ALS managing treatment plan or on patient contact whom is not transported by Crew.</p> <p>Examples of History, Physical Findings and/or Pertinent negatives which many support assessment: LOI and what it was, decreased/increased appetite, last BM - colour & consistency, bowel sounds, tenderness on palpation, rigidity, pain, nausea or vomiting etc. Location of pain by quadrant, rebound tenderness, diffuse or sharp, emesis, dysuria, referred pain, peripheral pulses, not if repositioned patient, pulsating mass, fever, jaundice, breath odour, anorexia.</p>
6.1.f	Provide care to patient experiencing signs and symptoms involving integumentary system.	<p>Infer a differential diagnosis. Must reflect a condition from PAC NOCP Appendix 4B - Pathophysiology (PCP). Burns, lacerations avulsions, abrasions, Allergy/urticarial, infections, infestations</p> <p>Competency cannot be claimed on call with ALS managing treatment plan or on patient contact whom is not transported by Crew.</p> <p>Examples of History, Physical Findings and/or Pertinent negatives which many support assessment: Turgor, colour, rashes, lesions, swelling, itchiness, pain, changes in pigment, bruises and if it occurs more easily, blisters, trauma (laceration, abrasion etc.), fast/slow healing, any recent skin infections.</p>
6.1.g	Provide care to patient experiencing signs and symptoms involving musculoskeletal system.	<p>Infer a differential diagnosis. Must reflect a condition from PAC NOCP Appendix 4B - Pathophysiology (PCP). Amputations, compartment syndrome, contusions, dislocations, necrotizing fasciitis, sprains, strains, fractures (appendicular/axial/open/closed), arthritis, osteomyelitis, osteoporosis</p> <p>Competency cannot be claimed on call with ALS managing treatment plan or on patient contact whom is not transported by Crew.</p> <p>Examples of History, Physical Findings and/or Pertinent negatives which many support assessment: Signs and Symptoms of injury - Swelling, bruising, Decreased ROM, deformity. MOI suggests MSK injury, Medical Hx which increases risk of MSK injury (e.g. osteoporosis), etc.</p>
6.1.o	Provide care to trauma patient.	<p>Infer a differential diagnosis.</p> <p>Examples of History, Physical Findings and/or Pertinent negatives which many support assessment: <u>Unstable vs stable, MOI plus open wounds, Pain, Swelling, Bruising, DLOC, Splinting or spinal immobilization Tx's, etc.</u></p>
6.1.p	Provide care to psychiatric patient.	<p>Infer a differential diagnosis. Acute stress disorder, generalized anxiety disorder, panic disorder, post-traumatic stress disorder, situational disturbances, attention deficit disorder, autistic disorder, delirium, anorexia nervosa, bulimia nervosa, bipolar disorder, depressive disorders, suicidal ideation, delusional disorder, homicidal ideation, schizophrenia, antisocial disorder</p> <p>Patient must be experiencing some sort of psychiatric crisis at the time of call.</p> <p>Examples of History, Physical Findings and/or Pertinent negatives which many support assessment: MOI e.g. Suicidal ideation, anxiety attack, etc.. OR Patient Hx of Mental Illness, Patient Hx of previous crises, how you adapted your care, Medications for Mental illness or developmental disabilities (i.e. ADD, ADHD, Autism)</p>
6.2.b	Provide care for pediatric patient.	<p>1 yr. to onset of puberty; between ages of 29 days to 18 years of age. (2 sets of vitals) and must have provided some care. Not infant (under 12mths) Not adolescent (teen +)</p>
6.2.c	Provide care for geriatric patient.	<p>Must be 65 and older. Full assessment completed and some sort of treatment administered.</p>
Ongoing Assessments		
6.3.a	Conduct ongoing assessments based on patient presentation and interpret findings.	<p>Two full sets of vitals including documented ongoing assessments of either treatments or patient condition. Must have transported patient to higher level care.</p>
6.3.b	Re-direct priorities based on assessment findings	<p>Must include full documented assessment and treatments. Documentation must clearly show that initially a treatment plan was undertaken - but throughout call a higher priority arises and requires change in treatment plan. e.g. <u>Initial treatment and transport is for fractured ankle, post fall – then during transport patient has a seizure, requiring transport upgrade and change in management.</u></p>
Specific Competency	Sub-competency	A-PCR must include:
Area 7: Transportation		
7.1.a	Conduct vehicle maintenance and safety check.	<p>PARA-1290A Ambulance Skills Checklist</p>
Area 8: Health Promotion and Public Safety		

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8.1.c	Work collaboratively with other members of the health care community.	ALS, Nurse, Care Aid, first aid attendant, Sports team safety coach, etc.
8.2.a	Work collaboratively with other emergency response agencies.	Police, Fire, SAR, Security guards, etc..