

PNEUMATIC ANTI-SHOCK GARMENT (P.A.S.G.)

CANDIDATE'S NAME:		DATE:
___ EMT	___ EMTI	___ EMTP
SCHOOL #:		
___ INITIAL	___ RENEWAL	___ EQUIVALENCY
STATION TIME 5 MINUTES		START TIME:
		END TIME:

- | | | | |
|--------------------------------------|---|-----|---|
| 0 | 2 | 1. | Prepares patient for application of the P.A.S.G. (Removes clothing or states "Clothing has been removed," as appropriate) |
| 0 | 1 | 2 | *2. Positions and aligns garment |
| 0 | 1 | 2 | *3. Secures leg sections |
| 0 | 1 | 2 | *4. Secures abdominal section |
| 0 | 2 | *5. | Inflates garment (Three (3) compartments all at one time or leg sections then abdominal section) |
| NOTE: DO NOT ALLOW INFLATION. | | | |
| 0 | 2 | *6. | Sets valves to prevent loss of air from garment |

_____ Candidate's Total Points (Minimum passing total: 8 points)	
Absolutes satisfied: _____ Yes _____ No <small>(Must have at least one point for each step marked with an *)</small>	_____ Pass _____ Fail
Examiner:	Cert. No. (if assigned):

Documenting Comments: