



MICHIGAN REQUIREMENTS AND OBJECTIVES FOR INITIAL EDUCATION PROGRAMS

MFR/EMR, EMT, Specialist/AEMT, and Paramedic

All initial education programs must utilize this manual
along with the current National Education Standards
and Scope of Practice document.

These requirements and objectives are issued under the authority of Public Act 368 of
1978, as amended.

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I. General Provisions

Each initial education program will:

- A. Ensure that the course is approved through the [MDHHS-Initial Program Sponsor Application](#) process as outlined by MDHHS-Division of EMS and Systems of Care. All program documents must be submitted with the application for review.

EMS Initial Education Programs: Application Process

- 1. Students who complete a course that has not been approved by the department will not be eligible for the NREMT certification exam, State of Michigan Paramedic exam, or Michigan EMS licensure.

EMS Initial Education Program Compliance

- 2. Initial education programs approved only by the Department for paramedic-level education must clearly state in all advertising materials, syllabi, and student handbooks that students enrolled in the program are eligible only for the Michigan Paramedic exam and not eligible for the National Registry of Emergency Medical Technicians (NREMT) certification exam.
- B. Utilize clearly stated behavioral objectives and performance criteria for the didactic, psychomotor, affective, and clinical requirements for each level of education. Students are required to successfully complete all required performance criteria listed above to be eligible for course completion.
 - 1. Medical First Responder/EMR courses do not require clinical activities. However, if an MFR/EMR student does attend any clinical rotations the student and program are required to follow all clinical requirements listed for the EMT course. A physician director is also required for all programs that require completion of clinical hours.
 - 2. Paramedic Courses require a field internship after all coursework and clinical rotations are completed.
 - 3. EMT and higher-level programs must provide ambulance clinical training with a currently Michigan-licensed Basic Life Support (BLS), Limited Advanced Life Support (LALS), or Advanced Life Support (ALS) transporting Life Support Agency (LSA). Specialist/AEMT programs must conduct ambulance clinical experiences, at a minimum, with an LALS transporting agency. Paramedic programs must use ALS transporting agencies for all ambulance clinical and internship experiences and must establish written agreements with hospital and alternative clinical sites.

4. Lower-level programs may include hospital and alternative clinical experiences but are not required to do so. All ambulance clinical and internship experiences shall occur with a transporting agency. Each clinical site must be capable of supporting and meeting the program's established clinical education objectives in accordance with the Department's regulatory requirements.
- C. Paramedic programs must be approved by the Department and must also obtain either a Letter of Review from CoAEMSP or hold full accreditation through the Commission on Accreditation of Allied Health Education Programs (CAAHEP). Paramedic programs that hold only State of Michigan approval are not eligible to have their students participate in the NREMT paramedic certification examination. Paramedic education programs may not begin or conduct any paramedic courses until all required state approval and if applicable, CoAEMSP Letter of Review or CAAHEP accreditation has been obtained.
 - D. The program may utilize a subject matter expert in a class, following the [MDHHS Subject Matter Expert/Qualified Instructor Policy](#).

II. Program Admission Prerequisites

- A. There are no prerequisites for the MFR/EMR or EMT students. However, the program is required to provide or require a BLS for Healthcare Provider course. Students must have a valid BLS card prior to clinical rotations and for Michigan EMS licensure.
- B. Specialist/AEMT students must have successfully completed an EMT course and have passed the NREMT certification exam and have a valid Michigan EMT license prior to completing the course.
- C. Paramedic students must have successfully completed an EMT course and have passed the NREMT certification exam and have a valid Michigan EMT or Specialist/AEMT license prior to completing the Paramedic course.
- D. MFR/EMR students taking an EMT matriculation course must have a valid state of Michigan MFR license.
- E. Students taking an RN to EMT matriculation course must have current and valid credential(s)/license(s) as per the eligibility requirements on the course audit sheet.
- F. Students taking an RN to Paramedic matriculation course must have current and valid credential(s)/license(s) as per the eligibility requirements listed on the course audit sheet and they must have a valid Michigan EMT license.

G. Additional recommendations for the Paramedic course include:

1. Human anatomy and physiology as a prerequisite or corequisite for the course.
2. Reading and math assessments prior to the course.

III. Course Requirements

Once a course has been approved by MDHHS-DESoC, the program director is responsible for providing each student with the following information:

- A. Course syllabus. (Refer to the Program Director Manual for example.)
- B. A copy of the MDHHS-DESoC education certificate of approval, which must be displayed in a prominent area or the classroom.
- C. Published textbook meeting the MDHHS-DESoC policy.
- D. Michigan Requirements and Objectives for Initial Education Programs.
- E. [National EMS Education Standards](#)
- F. [National EMS Scope of Practice Model-Current](#)
- G. [Michigan EMS Scope of Practice](#)
- H. [Michigan Public Health Code and Administrative Rules](#)
- I. [Michigan EMS Code of Ethics](#)
- J. [BLS Competency Portfolio and Psychomotor Handbook](#) and the [BLS Student Portfolio](#) (MFR/EMR, EMT level, and AEMT)
- K. [AEMT Portfolio and SME Psychomotor Handbook](#) and the [AEMT Portfolio](#) (Specialist/AEMT level only)
- L. Paramedic students must complete their Student Minimum Competency requirements as approved by the physician director and supported by the program advisory committee. A copy of the approved SMC's must be provided to the students.

The education program sponsor and program director is responsible for notifying MDHHS-DESoC of any modifications to their program as soon as possible with the [MDHHS-DESoC Notification of Change to Program Form](#).

Michigan Medical Legal and the Michigan EMS Code of Ethics document are required to be taught as part of the initial education curriculum for each level of licensure. These two specific topics must be included in the course schedule upon application for the course. There is a Michigan Medical Legal webinar in MI-Train that can be assigned to the student or utilized during class time.

IV. Textbook

The textbook utilized in EMS initial education courses must be a published textbook that meets the most recent National Education Standards and National EMS Scope of Practice for the level of the course being taught.

[Textbook Policy](#)

V. Course Length and Organization

The chart below shows the minimum number of hours per level of course that includes didactic, presentations, psychomotor demonstrations, skills practice, affective evaluations, examination time, clinical experience (EMT, Specialist/AEMT, and Paramedic), and field internship (Paramedic only). It is expected that the preparatory topics will be presented first. Course audit sheets are available for programs to utilize. Each program is required to teach both the National Education topics and the State of Michigan topics in each initial education course.

MFR/EMR	EMT	Specialist/AEMT	Paramedic
60	194	134	1024

- A. It is expected that Specialist/AEMT and Paramedic students will be up to date with current EMT curriculum. Students enrolled in these courses must have a BLS competency portfolio completed during the first few weeks of the course.
- B. The program director must ensure that all curricula are taught during the initial education course and student competency is documented utilizing the task analysis sheets located in the BLS Portfolio along with the skill sheets published in the student textbook.
- C. The program director is responsible for uploading the current course completion roster into the eLicensing system and marking the students that successfully completed a “pass” and enter the course completion date within 30 days of the course end date, following the course schedule submitted to the Department.
- D. Matriculation courses are recognized by the Department. Instructors must use the course audit sheets to review specific hours, eligibility requirements, and topics for these courses.

VI. Clinical Objectives

The program director, program sponsor, instructors, and physician director must develop objectives for the EMT, Specialist/AEMT, and Paramedic student. The objectives must be specific to the clinical area and records must be maintained by the program sponsor. The minimum number of clinical hours (not including paramedic internship) and locations are listed below.

MFR/EMR	EMT	Specialist/AEMT	Paramedic
0	32	50	250
N/A	BLS, LALS, or ALS transporting agency. Alternate clinical sites may also be utilized.	LALS, or ALS transporting agency. Alternate clinical sites may also be utilized.	ALS transporting agency and hospital. Alternate clinical sites may also be utilized.

- A. The Specialist/AEMT curriculum requires demonstration of competency at both the Basic Life Support (BLS) and Specialist/AEMT levels within the program's clinical requirements. Each student must maintain a skills portfolio documenting BLS and Specialist/AEMT Competencies.

This program emphasizes intravenous and intraosseous access and therapy, as well as pharmacology. In addition to completing both the BLS and Specialist/AEMT skills portfolios, students must also meet the Student Minimum Competencies (SMCs) for the Specialist/AEMT level. These competencies may be achieved through patient care with live patients during scheduled clinicals or through approved simulation laboratory experiences.

- B. Paramedic curriculum requires that a portfolio of skills at the BLS level and student minimum competencies at the paramedic level be completed. Programs are required to have their SMC's endorsed by the advisory committee and approved by the physician director.
- C. Paramedic students are also required to complete a field internship after the didactic, psychomotor, affective, and clinical portions of the class. This field internship must meet the minimum competencies required by MDHHS-DESoC and/or CoAEMSP.
- D. It is recommended that programs utilize a clinical handbook for students to refer to during their course.

VII. Refresher Courses

Approved initial education programs may offer refresher courses up to their program approval level. These refresher courses may be used to meet licensure renewal requirements. Please note that online refresher courses not approved by the Department may not meet the renewal requirements established by the Department.

- A. Refresher courses may be used to maintain eligibility and continue the NREMT certification process at the EMT, Specialist/AEMT level, and Paramedic levels.
- B. MFR/EMR candidates are allowed up to three (3) attempts to pass the NREMT certification exam. Candidates who do not pass after three (3) attempts must complete a new approved initial education course before becoming eligible to test again. NREMT policy does not permit remedial or refresher training for additional exam attempts.

Minimum refresher course hour requirements are listed below.

MFR/EMR	EMT	Specialist/AEMT	Paramedic
15	30	36	45

- A. Students renewing their license must have a valid BLS Healthcare Provider card. Programs may offer the BLS course or require students to complete it on their own, but BLS course hours cannot count toward the required refresher hours.
- B. For individuals completing remedial training to regain their NREMT certification after it has lapsed, a final psychomotor examination must be conducted to verify psychomotor skill competency. This final practical examination must meet all NREMT requirements.
- C. All courses must be applied for at least 30 days prior to the first day of the class and must meet the minimum requirements listed in the refresher course audit sheets.

VIII. Program Staff

A. Program Director

The program director is responsible for the instructional content and materials needed for the course to be held. The program director is the liaison between the class, instructional staff, program sponsor, physician director (EMT and above), and MDHHS-DESoC. The program director is also responsible for assuring the instructors and lab instructors are utilizing current education standards.

B. Instructors

Each instructor shall possess expertise and background in the topic areas covered in the course and must be either a licensed instructor coordinator at or above the level of the course being taught or a subject matter expert. A subject matter expert is limited in teaching time and identified in the [MDHHS-DESoC Subject Matter Expert Policy](#).

C. Physician Director

The physician director must be licensed to practice medicine in Michigan as either an MD or DO. The physician director must have demonstrated clinical experience and current expertise in emergency medical care. This expertise and experience must be in the direction of an EMS system, completion of a medical director's course, or employment as an emergency medical physician or EMS provider.

D. Lab Instructors

Lab instructors are not required to be licensed instructor coordinators; however, they must be closely supervised by the lead instructor or program director to ensure educational standards are met. Lab instructors must be licensed at or above the level of the skills they are teaching, current with applicable education standards, and have relevant EMS field experience.

The current student to instructor ration for psychomotor stations is 8:1.

IX. Final Exams

- A. Each student must pass a final didactic and psychomotor examination, as well as the affective evaluation at the end of the course. The course schedule must include the hours and date(s) of the final exams.
- B. The syllabus must clearly state the minimum passing score for the final didactic exam.
- C. The syllabus must define the pass/fail criteria for the affective evaluation.
- D. The final practical examination must be conducted at or near the conclusion of the course, after all required course content has been delivered. Programs are required to administer the final practical examination in accordance with Department-approved policies, instructions, and procedures.

[Policy EMS-322](#)

[Policy EMS-323](#)

[Policy EMS-329](#)

- E. Programs are also required to complete and sign the psychomotor skills assurance statement up to the level of program approval for each initial approval and reapproval period.

X. Category Hours Per Level of Course

The minimum required hours include didactic instruction, psychomotor skills, assessments, and examinations. The hours listed below represent recommended time per category; programs may allocate hours differently as long as the total overall required hours are met. Clinical and field internship hours are not included in the below hours and are listed separately in the clinical objectives.

Category	MFR/EMR	EMT	Specialist/AEMT	Paramedic
Preparatory	8	30	42	101
Airway	3	16	4	22
Patient Assessment	4	15	8	46
Medical	20	39	16	167
Trauma	11	38	6	71
Special Considerations	6	10	6	60
Operations	8	14	2	57
Total	60	162	84	524

Note: Possession of a Healthcare Provider CPR certification card may be used as a prerequisite for the course.

Michigan Required Objectives - All Levels

The objectives contained in this document are required in addition to the current National Highway Traffic Safety Administration National EMS Education Standards and the National Highway Traffic Safety Administration National EMS Scope of Practice Model and are specific to Michigan EMS licensure.

All approved initial education programs in Michigan must incorporate and teach these state-specific objectives within every initial education course at the applicable licensure level.

Required skills sheets are published in the BLS Portfolio. Programs shall maintain documentation in each student's file demonstrating progressive skill development and verification of competency.

Michigan Medical Legal Curriculum (Preparatory Category)

Cognitive Objectives

1. Define the terms and discuss implications of:

Abandonment	Assault	Patient confidentiality
Actual Consent	Battery	Duty to Act
Informed consent	Breach of Duty	Liability
Implied Consent	Damages	Emancipated Minor
Malpractice	Standard of Care	MI POST
Negligence	Living Wills	False Imprisonment
Good Samaritan Law	Tort	Proximate Cause
Scope of Practice	DNR	

2. Define the scope of practice.
3. List the levels of EMS licensure in Michigan.
4. List the requirements for obtaining a Michigan EMS license.
5. Explain the benefits and responsibilities of continuing education.
6. Discuss the methods of obtaining consent.
7. Differentiate between expressed and implied consent.
8. Explain the role of consent of minors in providing care.
9. Discuss the issues of abandonment, negligence, and battery and the implications to the EMS provider.
10. State the conditions necessary for the EMS provider to have a duty to act.
11. Explain the importance, necessity and legality of patient confidentiality.
12. List the actions that an EMS provider should take to assist in the preservation of a crime scene.
13. State the necessary conditions that require an EMS provider to notify local law enforcement officials.
14. Discuss issues concerning the fundamental components of documentation.
15. Explain when and how to complete the DHS-3200 form.
16. Discuss the importance of Do Not Resuscitate (DNR) and advance directives.
17. Explain who has the authority for management of the scene and management of the patient according to Michigan statute.

Michigan EMS Code of Ethics (Preparatory Category)

Cognitive Objectives

1. Define ethics.
2. Define the importance of confidentiality of all patients.

Psychomotor Objectives

3. Practice professional behaviors in the classroom and on clinical rotations (for those levels of education where clinical rotations are performed.)

Affective Objectives

4. Understand and practice concepts of ethics and professional behavior.

Cognitive, Psychomotor, and Affective Objectives

5. Demonstrate thorough knowledge of the Michigan EMS Code of Ethics.

Michigan Required Objectives - Medical First Responder (MFR/EMR)

Pharmacology for the MFR/EMR (Preparatory Category)

Cognitive Objectives

1. Define these terms:

Intramuscular	Action	Precaution
Subcutaneous	Indication	Side-effect
Intranasal	Contraindication	Hypersensitivity
2. Identify the route of Epi-pen® administration.
3. Identify routes of narcotic antagonist administration.
4. Identify the methods of administration of oral glucose.
5. Describe the 6 rights of medication administration.
6. Describe the steps to assist a patient in taking their own medication.
7. State the action, indications, contraindications, precautions, dosage, and side effects of authorized medications.

Psychomotor Objectives

8. Demonstrate general steps for assisting a patient with both auto-injector medications and intranasal injections.
9. Demonstrate general steps for assisting a patient with oral glucose medications.

Patient Restraint (Preparatory Category)

Cognitive Objectives

1. List the indications and procedures for restraining a combative patient.
2. Demonstrate knowledge that EMS personnel may not use hard plastic ties, backboards for sandwiching, extremities secured behind the back or any device, manner, or position that may restrict normal breathing on any patient.

Affective Objectives

3. Explain the rationale for learning how to modify your behavior toward the patient with a behavioral emergency.

Psychomotor Objectives

4. Demonstrate the assessment and emergency medical care of a patient experiencing a behavioral emergency.
5. Demonstrate appropriate patient restraint.

Glucometer (Patient Assessment)

Psychomotor Objectives

1. Perform a proper assessment of a patient with an altered mental status.
2. Demonstrate a proper aseptic technique to check blood glucose on a patient with an altered mental status who has their own blood glucose monitor.
3. Demonstrate proper assessment of a patient after treating them with oral glucose.

Nasopharyngeal Airways and I-gel® supraglottic airway (Airway)

Cognitive Objectives

1. List the indications and contraindications for using a nasopharyngeal airway (NPA).
2. Describe how to measure and insert an NPA.
3. Identify the I-gel® supraglottic airway.
4. Identify the indications for the use of the I-gel® supraglottic airway.
5. Identify the contraindications for the use of the I-gel® supraglottic airway.
6. Describe the procedures for insertion of the I-gel® supraglottic airway.
7. Describe situations that may require removal of the I-gel® supraglottic airway.
8. Describe the process to assess oxygen saturation using a pulse oximeter and colorimetric CO₂ device and accurately interpret the findings.

Psychomotor Objectives

9. Demonstrate measurement and insertion of an NPA.
10. Demonstrate the insertion of the I-gel® supraglottic airway.
11. Demonstrate the verification of the I-gel® supraglottic airway.
12. Demonstrates effective monitoring of pulse oximetry.
13. Demonstrates effective application of a colorimetric device.
14. Able to correctly interpret the results of the colorimetric device.

Spinal Motion Restriction (Trauma)

Cognitive Objectives

1. Define these terms:

Spinal motion restriction Neutral position Paralysis

2. Review the structures and functions of the central nervous system.
3. Describe the treatment of a bleeding scalp wound in relation to a possible skull fracture.
4. Describe and recognize major signs and symptoms of a head injury.
5. Describe the treatment of a patient with a head injury.
6. Explain the rationale for monitoring the head injured, motion restricted patient for vomiting and aspiration.
7. Explain the use of the modified jaw thrust in patients with suspected head or neck trauma.
8. Explain the situations when spinal injury should be suspected.
9. Recognize and list signs and symptoms of a spinal injury.
10. Describe assessment of sensory and motor function as part of a neurological exam.
11. Describe how to stabilize the cervical spine.
12. Explain how to properly measure or choose the correct size cervical collar for a patient.
13. Describe how to utilize spinal motion restriction.
14. Identify situations when a short back board should be used.
15. Describe the indications for the use of a rapid extrication procedure.
16. List the steps in performing a rapid extrication procedure.
17. Explain the rationale for utilizing rapid extrication in life and death situations.
18. Describe the emergency medical care for a patient with suspected spinal injury.
19. Describe the complete spinal motion restriction procedure for a patient with suspected head or spinal injury, and cases where it is necessary

Psychomotor Objectives

20. Demonstrate opening the airway in a patient with suspected head or spinal injury.
21. Demonstrate stabilizations of the cervical spine.
22. Demonstrate proper application of a cervical collar.
23. Demonstrate how to log roll a patient with suspected spinal injury.
24. Demonstrate how to secure a patient to a long extrication device.
25. Demonstrate how to secure a patient to a short back board or other spinal motion restriction device.
26. Demonstrate the proper spinal motion restriction to the patient with suspected head, neck or spinal trauma.

Affective Objectives

29. Explain special considerations in caring for geriatric and pediatric trauma patients.

Traction Splints (Trauma)

Cognitive Objectives

1. Identify and/or describe the treatment for the closed fracture, dislocation, open fracture, sprain and strain.
2. Identify and/or describe various immobilization techniques used for fractures, dislocations, sprains and strains.
3. List the general rules of splinting.
4. List the complications of splinting.
5. Explain the indications of using a traction splint.
6. Explain the rationale for splinting at the scene versus splinting enroute to the hospital or not splinting at all.

Psychomotor Objectives

7. Demonstrate immobilization of a long bone sprain, strain or fracture.
8. Demonstrate immobilization of a joint bone sprain, strain or fracture.
9. Demonstrate immobilization of mid-shaft closed femur fracture.
10. Demonstrates appropriate care for the patient with a musculoskeletal injury.

Michigan Required Objectives-EMT Level

Supraglottic Airway Devices (Airway)

Cognitive Objectives

1. Identify the various types of supraglottic airways.
 - a. King Airway
 - b. I-Gel®
 - c. Air-Q-3
 - d. LMA
 - e. Combitube
2. List the indications for use of the Supraglottic airways.
3. List the contraindications for use of the Supraglottic airways.
4. Explain why the supraglottic airway is most often inserted into the esophagus.
5. Describe the procedure for insertion of the various supraglottic airways.
6. Describe the procedure for securing the devices according to manufacturer's instructions.
7. Explain the situation when a supraglottic may be removed.

Psychomotor Objectives

8. Demonstrate proper insertion and removal of the various supraglottic airway devices.

Pharmacology for the EMT Draw-up Epinephrine for Anaphylaxis and Ondansetron (Zofran) ODT (Preparatory)

Cognitive Objectives: Draw-up Epinephrine for Anaphylaxis

1. Describe the pathophysiology of anaphylaxis and its impact on airway, breathing, and circulation.
2. Identify the signs and symptoms of anaphylaxis that indicate the need for epinephrine administration.
3. State the indications, contraindications, and precautions for intramuscular epinephrine in the treatment of anaphylaxis.
4. Differentiate between epinephrine auto-injector and manual draw-up dosing, including available concentrations (1 mg/mL [1:1000]).
5. Calculate the appropriate epinephrine dose based on patient age and weight, within protocol guidelines.
6. List the steps for safely drawing up epinephrine from a vial using aseptic technique.

7. Describe appropriate injection sites and administration techniques for intramuscular epinephrine.
8. Explain the importance of reassessment and repeat dosing per protocol.
9. Identify expected therapeutic effects and potential side effects of epinephrine.
10. Discuss documentation and communication requirements following epinephrine administration.

Psychomotor Objectives: Draw-up Epinephrine for Anaphylaxis

11. Perform a primary assessment and recognize findings consistent with anaphylaxis.
12. Select the correct epinephrine medication, concentration, and equipment according to protocol.
13. Demonstrate proper medication safety practices, including the rights of medication administration.
14. Prepare the epinephrine vial and syringe using aseptic technique.
15. Accurately draw up the appropriate dose of epinephrine based on patient age and weight.
16. Expel air bubbles and verify correct dosing prior to administration.
17. Identify and prepare the appropriate intramuscular injection site.
18. Administer epinephrine via intramuscular injection using correct technique.
19. Safely dispose of sharps and equipment following administration.
20. Reassess the patient's airway, breathing, circulation, and response to treatment.
21. Demonstrate preparation for repeat dosing and ongoing management per protocol.
22. Document the indication, medication, concentration, dose, route, injection site, time of administration, patient response, and any adverse effects in the patient care report.
23. Communicate and transfer care, including medication administration details and patient response, to receiving medical personnel.

Cognitive Objectives: Ondansetron (Zofran) ODT

24. Describe the mechanism of action of ondansetron in reducing nausea and vomiting.
25. Identify the indications for ondansetron orally disintegrating tablets (ODT) in the prehospital setting.
26. State the contraindications, precautions, and potential adverse effects associated with ondansetron.
27. Determine appropriate patient selection for ODT administration, including airway protection and ability to follow commands.

28. Identify correct dosing for adult and pediatric patients within protocol guidelines.
29. Explain the steps for proper administration of ODT, including patient instructions and safety considerations.
30. Discuss reassessment of nausea and vomiting following administration.
31. Recognize potential complications, including aspiration risk and medication intolerance.
32. Explain documentation and reporting requirements for ondansetron administration.

Psychomotor Objectives: Ondansetron (Zofran) ODT

33. Perform an assessment to determine the presence and severity of nausea and vomiting.
34. Confirm the patient meets protocol criteria for ondansetron administration.
35. Select the correct medication, dose, and route according to protocol.
36. Demonstrate the rights of medication administration.
37. Position the patient appropriately to reduce aspiration risk.
38. Demonstrate proper handling of orally disintegrating tablets, maintaining medication integrity.
39. Instruct the patient on correct placement and use of the ODT without chewing or swallowing prematurely.
40. Administer the medication safely while maintaining airway awareness.
41. Monitor and reassess the patient for improvement or adverse effects.
42. Demonstrate ongoing management of nausea, vomiting, and associated complications.
43. Document the indication, medication, dose, route, time of administration, patient tolerance, effectiveness, and any adverse effects in the patient care report.
44. Communicate and transfer care, including medication administration details and patient response, to receiving medical personnel.