TRI-RIVERS PUBLIC SAFETY SERVICES TRAINING PROGRAM

EMT-Basic Clinical Handbook

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TRI-RIVERS PUBLIC SAFETY SERVICES TRAINING PROGRAM

GUIDELINES FOR HOSPITAL CLINICAL PRECEPTORS

1. Review the objectives with the clinical coordinator and discuss which objectives are to be included in the unit activities.

2. The student should report to the nurse or other person designated for that area and shift.

3. Determine appropriate attire of dark pants (navy blue or black), program shirt and dark appropriate height shoes; all clean, pressed and neat in appearance. Wearing a name badge stating that they are an EMT-Basic student from Tri-Rivers Public Safety Services Training program.

4. Review the rules and operating procedures, making certain to define the student's role. Any special regulations concerning the student's activities should be defined.

5. Define those skills that will and will not be included in this instructional unit, but were discussed during the classroom activities.

6. Review the history, diagnosis, complications, and treatment of your patients with the student.

7. For each activity, demonstrate the skill initially, and then coach the student through the skill at least one time. Finally, observe the student as they perform the skill.

8. Observe the student while they are performing activities. The preceptor should critically review the student's technique and suggest corrections when appropriate.

9. Assist and evaluate the student until they are competent in the skills.

10. Answer any of the student's questions concerning activities with the team or specific patients and their conditions.

11. The preceptor should make comments on the students clinical log sheet in the areas designated for comments as necessary.

12. There may be more than one preceptor that has observed a student in various skills during the day. Please sign off and evaluate only those objectives that you observed.

13. Please sign and date the clinical log for the appropriate time of the clinical session and the student’s patient assessment forms. Also, please make comments, as appropriate, on the student's performance or lack thereof. Please make all entries in ink.

14. The preceptor should review and sign the student’s patient assessments for completeness and accuracy.

Your help and comments are a valued part of the education process of these students. Thank you for your help.

TRI-RIVERS PUBLIC SAFETY SERVICES TRAINING PROGRAM

GUIDELINES FOR FIELD CLINICAL PRECEPTORS

1. Preceptor should be a State of Ohio Certified or National Registry EMT Basic, Intermediate or Paramedic.

2 Preceptor and/or supervisor (as appropriate) should determine if student is in proper attire and have student sign in (if sign in form is utilized).

3. Review rules and operating procedures, making certain to define student's role. All special regulations specific to the department or shift, etc. should be defined.

4. When possible, have student observe and assist with pre-operational checks and related duties. Familiarize the student with the unit to which they will be assigned with a preceptor.

5. Allow the student to observe patient care initially. You should answer questions and offer directions and explain your actions as needed and then have the student perform those skills that you determine are within the level of training and the student's competence. Performance should be closely supervised. Critique the student's performance as soon as possible after the call is concluded.

6. Please sign and date the clinical log for the appropriate time of the clinical session. Also, please comment on overall performance and any other comments you feel would be appropriate on the student's performance or lack thereof. Please make all entries in ink.

7. The preceptor should review and sign the student’s prehospital care report for completeness and accuracy.

Your help and comments are a valued part of the education process of these students. Thank you for your help.

GUIDELINES FOR THE STUDENT'S CLINICAL ACTIVITIES

1. Patients are the focal point of this educational experience and deserve the highest quality care. The EMT-Basic student will not attempt to do anything that may constitute harm to the patient, either physically or mentally.

2. Ethical aspects of care are a high priority and no EMT-Basic student will observe, assist, or attempt procedures without the patient's awareness, if conscious. All information regarding a patient's care and condition is confidential outside of the clinical setting.

3. The EMT - Basic student will maintain standards of behavior required for all Emergency Medical Services personnel; and may be counseled, put on probation, or dismissed from the program for any of the following:

   a. Odor of alcohol, intoxication, and/or illegal use of drugs on hospital premises or its clinical affiliates.
   b. Participating in gambling or sleeping on duty.
   c. Dishonesty, theft, or destruction of hospital, employee, or patient property.
   d. Inconsiderate conduct toward patients, employees, fellow students, physicians, and the public.
   e. Fighting with or striking a patient, employee, fellow student, physician, or any other person.
   f. Any action detrimental to the hospital or its affiliates, where it would be in the best interest of the hospital and the education program for the EMT-Basic student to be dismissed. (See Student Handbook, Counseling Policy)
   g. Any breach of confidentiality of medical information concerning a patient.
   h. Attendance problems of a repeated nature. One unexcused absence from the clinical will be an automatic probation. Two unexcused absences or non-correction of the probation may mean dismissal

4. The EMT-Basic student will be responsible for getting verification of his/her having met clinical requirements from the preceptor including all appropriate signatures.

5. Take advantage of your time in clinical; find things to do and observe. Keep busy. If there is little activity in the clinical area you are in during a particular period, check with the preceptor about possibly using the library to look up answers to questions you may have. Do not hesitate to establish open communication with preceptors so you can receive optimal benefit from your clinical experience.

6. The EMT-Basic student will be responsible for scheduling his/her clinical time with the clinical coordinator and is also responsible to report in at the appropriate time. The student must call the clinical site for which they are scheduled and the clinical coordinator (740) 389-4681 ext. 352 should they not be able to keep their time (i.e., illness, etc.).

STUDENT EXPECTATIONS

1. Review the student handbook for dress code in the clinical area.

2. Review the student handbook for other items that pertain to clinical activities.

3. Report to the clinical site on his/her scheduled date and shift and "sign in" with the charge nurse, or designated person, and wait for assignment to a preceptor.

4. Review the rules and operating procedures within the unit with the preceptor, making certain that your role in the unit is defined.

5. Review the history, diagnosis, complications, and treatment of each patient.

6. Observe and participate in unit activities as directed by the preceptor. (If the student observes a technique or procedure performed differently from its presentation during the classroom activities, the student may question the preceptor about differences observed, but remember that the techniques presented during the lecture may not be the only correct method.) NEVER question staff, physicians, or EMS providers or discuss differences in front of the patients! Wait until you can address them in private.

7. Perform each skill under the direct supervision of the preceptor. (If the student is unsure of the activity, the preceptor will demonstrate the skill.)

8. Review each activity performed with the preceptor, and be sure the preceptor critiques your performance. Then complete all appropriate spaces and have preceptor comment and sign your clinical logs.

EXPOSURE POLICY

In the event that the student receives an exposure, injury or illness during the Hospital or Field clinical rotation the Clinical Coordinator or Public Safety Services Coordinator must be contacted immediately. If during daytime business hours the student or preceptor is to call (740) 389-4681 ext. 352. If unable to reach either coordinator during business hours, or if the exposure occurs after business hours the student is to call the Clinical Coordinator at (740) 272-0247. The student is to receive all appropriate medical care related to his/her injury or illness.

CLINICAL ASSIGNMENT

1. There are 10 clinical hours, minimum in this course of study. These hours will be completed on a timely basis through scheduling with the Clinical Coordinator.

2. One unexcused absences from the clinical will be an automatic probation. Two unexcused absences or non-correction of the probation may mean dismissal.

3. In this book are the assignments to be completed in the clinical area. Successful completion of the clinical experience is a required element of the course. The student will not complete the course if they do not provide accurate documentation of having meet the clinical experience requirements.

   A. HOSPITAL CLINICAL TIME - (5.50 Hours and completion of 5 Patient Assessments)

   *Complete 5.50 hours of experience in a hospital emergency department and complete 5 patient assessments.
   *The hospital clinical preceptor must sign the patient assessment forms and the clinical log sheet in the designated area.

   B. FIELD CLINICAL TIME - (5 patient contact hours, 1 run=1 patient contact hour)

   *The student must obtain 5 patient contact hours in the field clinical portion. The student will be awarded 1 patient contact hour for each prehospital care report they complete.
   *Document all relevant information and have clinical preceptor sign the prehospital care report and the clinical log sheet in the designated area. Cancelled enroute and non-transport runs will not be accepted.

   C. PATIENT ASSESSMENT ASSIGNMENT

   *5 patient assessments from the hospital
   *5 prehospital care reports from the field

<u>All</u> assignments are due by ________________.

CLINICAL SCHEDULING GUIDELINES

1. Students will not be eligible to begin the clinical experience until the following requirements are met.

   A. Copy of current Healthcare Provider CPR card on file.
   B. Documentation of required immunizations and titers on file. (TB, Varicella and Rubella titers, Seasonal influenza and H1N1)
   C. Completion of the patient assessment portion of the curriculum.

2. The EMT-Basic student will be responsible for scheduling his/her clinical time with the clinical coordinator. The clinical coordinator may be reached via

   A. Phone/voicemail at 740-389-4681 ext. 352
   B. E-mail: jgeorge@tririverscc.org

3. Students are encouraged to schedule well in advance with the consideration of other public safety students doing clinical hours during the same time frame.

4. Students must call the clinical area **and** the Clinical Coordinator at (740) 389-4681 ext. 352 to cancel a clinical time if unable to report as scheduled. As much advanced notice as possible is preferred, but no later than one (1) hour before the shift starts.

CLINICAL SITE CONTACT NUMBERS

Marion General Hospital	Pager: 1-740-375-1023	Page overhead: 740-383-8400
Galion Community Hospital	Phone: 1-419-468-4841	
Bucyrus Community Hospital	Phone: 1-419-562-4677	
Marion City Fire Department	Phone: 1-740-382-0040	
Marion Township Fire Dept:	Phone: 1-740-387-5404	
Stofcheck Ambulance Service	Phone: 1-800-432-5402	
Morrow County EMS	Phone: 1-419-946-7727	
Delaware County EMS:		

CLINICAL OBJECTIVES

EMERGENCY DEPARTMENT

During the experience in the emergency department, students will have the opportunity to practice on patients under direct supervision and to demonstrate their proficiency to the satisfaction of the preceptor.

Each student will:

1. Perform patient assessment
    - Relevant medical history
    - Physical exam
    - Blood pressure
    - Pulse
    - Respirations
    - Temperature
    - Auscultation of lung and heart sounds
    - Auscultation of abdominal sounds
2. Assist in triage of patients
3. Perform suctioning
4. Perform CPR
5. Assist and review the treatment of cases of:
    - Angina pectoris
    - Acute myocardial infarction
    - Congestive heart failure
    - Cardiogenic shock
    - Myocardial trauma
    - Acute hypertensive crisis
6. Perform patient assessment for musculoskeletal injuries
7. Assist in trauma cases
    - Hemorrhage control
    - Immobilization of suspected fractures
8. Perform patient assessment for soft-tissue injuries.

TRI-RIVERS PUBLIC SAFETY SERVICES TRAINING PROGRAM

PATIENT ASSESSMENT ASSIGNMENT

OBJECTIVES:

Develop good habits in taking a complete history and physical.

Develop good clinical techniques.

Develop correlation between history and physical finding and the appropriate therapy.

Develop a better understanding of pathophysiology through a variety of patient presentations.

ASSIGNMENT:

1. Complete during your clinical experience a minimum of five (5) patient assessments and five (5) prehospital care reports.

   - Have the nurse, physician or field preceptor critique the assessment/PCR on the back of the sheet, if possible.

   - Complete **only** age and gender. No patient initials or name.

   - Fill out **every** section on the assessment form (remember in real life, patient care run reports are considered legal documents in a court of law).

   - At least **one** assessment (hospital or field) **must** be completed on a pediatric patient (less than 17 years of age).

   - At least **one** assessment (hospital or field) **must** be completed on a geriatric patient (over 65 years of age).

2. Under treatment on the hospital patient assessment form, write what your treatment would have been in the field as you find the patient presenting. Then write what action the E.R. physician or other physician took.

   - Talk with the physician and nurse about differences and similarities in treatment.

TRI-RIVERS PUBLIC SAFETY SERVICES TRAINING PROGRAM

ODPS ACCREDITATION # 329

EMT-BASIC: CLINICAL RECORD

STUDENT NAME____________________ EMT-INSTRUCTOR NAME____________________

HOSPITAL SITE	DATE	TIME IN	TIME OUT	TOTAL ASSESSMENTS	PRECEPTERS COMMENTS	PRECEPTERS SIGNATURE AND TITLE

FIELD SITE	DATE	TIME IN	TIME OUT	TOTAL RUNS	PRECEPTERS COMMENTS	PRECEPTERS SIGNATURE AND TITLE

PLEASE COMPLETE ALL REQUIRED INFORMATION.
DOCUMENT HOSPITAL HOURS AND NUMBER OF FIELD RUNS IN THE APPROPRIATE SECTIONS.

TRI-RIVERS/MARION GENERAL
SCHOOL OF PARAMEDICINE
Clinical Report: EMT BASIC

Adult Assessment

Student Name ____________________ Date __________ Site ____________________

Patient Age	Patient Gender	Date
Chief Complaint		
Signs/Symptoms		
Allergies		
Medications		
Pertinent Past History		
Last Oral Intake		
Event History		

Times	Blood Pressure	Pulse	Resp	Airway R Lungs L	Other	SPO2
		Rate ☐ Reg ☐Irr	Rate ☐ Reg ☐Irr	☐ Patent ☐Obst ☐ Clear ☐ ☐ Diminished ☐ ☐ Wheeze ☐ ☐ Rhonchi ☐ ☐ Rales ☐ ☐ Absent ☐	☐ JVD ☐ Tracheal Dev ☐ Cap Refill ☐ Paradoxical ☐ Accessory Muscle Use	☐ RA ☐ O2
		Rate ☐ Reg ☐Irr	Rate ☐ Reg ☐Irr			
		Rate ☐ Reg ☐Irr	Rate ☐ Reg ☐Irr			

Level of Consciousness		R Pupils L	Skin		Blood Sugar
☐ Alert	☐ Pain	☐ Reactive ☐	☐ Cool	☐ Pink	
☐ Oriented	☐ Appropriate	☐ Dilated ☐	☐ Warm	☐ Pale	
☐ Disoriented	☐ Inappropriate	☐ Constricted ☐	☐ Hot	☐ Cyanotic	
☐ Verbal	☐ Unresponsive	☐ Sluggish ☐	☐ Moist	☐ Flushed	
☐ Appropriate	☐ Agitated	☐ No Reaction ☐	☐ Dry	☐ Jaundiced	
☐ Inappropriate	☐Apprehensive		☐ Poor Turgor	☐ Mottled	

Head/Neck
Chest/Lungs
Abdomen/Pelvis
Upper Extremities
Lower Extremities
Back/Spine
Comments / Documentation / Observations

Preceptor Signature ______________________________

TRI-RIVERS/MARION GENERAL
SCHOOL OF PARAMEDICINE
Clinical Report: EMT BASIC

Pediatric Assessment

Student Name ____________________ Date __________ Site ____________________

Patient Age	Patient Gender	Date
Chief Complaint		
Signs/Symptoms		
Allergies		
Medications		
Pertinent Past History		
Last Oral Intake		
Event History		

Times	Blood Pressure	Pulse	Resp	Airway R Lungs L	Other	SPO2
		Rate ☐ Reg ☐Irr	Rate ☐ Reg ☐Irr	☐ Patent ☐Obst ☐ Clear ☐ ☐ Diminished ☐ ☐ Wheeze ☐ ☐ Rhonchi ☐ ☐ Rales ☐ ☐ Absent ☐	☐ JVD ☐ Tracheal Dev ☐ Cap Refill ☐ Paradoxical ☐ Accessory Muscle Use	☐ RA ☐ O2
		Rate ☐ Reg ☐Irr	Rate ☐ Reg ☐Irr			
		Rate ☐ Reg ☐Irr	Rate ☐ Reg ☐Irr			

Level of Consciousness		R Pupils L	Skin		Blood Sugar
☐ Alert	☐ Pain	☐ Reactive ☐	☐ Cool	☐ Pink	
☐ Oriented	☐ Appropriate	☐ Dilated ☐	☐ Warm	☐ Pale	
☐ Disoriented	☐ Inappropriate	☐ Constricted ☐	☐ Hot	☐ Cyanotic	
☐ Verbal	☐ Unresponsive	☐ Sluggish ☐	☐ Moist	☐ Flushed	
☐ Appropriate	☐ Agitated	☐ No Reaction ☐	☐ Dry	☐ Jaundiced	
☐ Inappropriate	☐Apprehensive		☐ Poor Turgor	☐ Mottled	

Head/Neck
Chest/Lungs
Abdomen/Pelvis
Upper Extremities
Lower Extremities
Back/Spine
Comments / Documentation / Observations

Preceptor Signature ______________________________

Tri-Rivers Public Safety Services Training Program #329
Prehospital Patient Care Chart

INCIDENT NUMBER	UNIT ID	INCIDENT DATE

INCIDENT ADDRESS	INCIDENT CITY	INCIDENT STATE	INCIDENT ZIP CODE

INCIDENT COUNTY

INCIDENT LOCATION TYPE See Ref. Sheet

COMPLAINT REPORTED BY DISPATCH See Ref. Sheet

PRIMARY PAYMENT See Ref. Sheet

EMERGENCY MEDICAL DISPATCH PERFORMED
☐ No ☐ Yes w/pre-arrival instructions ☐ Yes w/out pre-arrival instructions

LEVEL OF SERVICE
☐ BLS, Emergency
☐ ALS, Level 1 Emergency
☐ ALS, Level 2
☐ Specialty Care Transport
☐ Helicopter
☐ Not Applicable

INCIDENT/PATIENT DISPOSITION
☐ Treated, Transport EMS ☐ No Patient Found ☐ Treated, Transferred care ☐ Treated, Transported Law Enforcement
☐ Cancelled ☐ No Treatment Required ☐ Pt Refused Care
☐ Treated & Released ☐ Dead at Scene ☐ Treated, Transported Private Vehicle

NUMBER OF PATIENTS ON SCENE
☐ Single ☐ None
☐ Multiple

MASS CASUALTY
☐ Yes
☐ No

TYPE OF SERVICE REQUESTED
☐ 911 Response ☐ ED to ED Transfer
☐ Medical Transport ☐ Mutual Aid

PRIMARY ROLE OF THE UNIT
☐ Transport ☐ Non-transport
☐ Supervisor ☐ Rescue

TYPE OF DELAY (S)

DISPATCHER	RESPONSE	SCENE	TRANSPORT	RETURN
☐ None-N/A	☐ None-N/A	☐ None-N/A	☐ None-N/A	☐ None-N/A
☐ Not known	☐ Crowd	☐ Crowd	☐ Crowd	☐ Clean up
☐ Caller Uncooperative	☐ Directions	☐ Directions	☐ Directions	☐ Decontamination
☐ High Call Volume	☐ Distance	☐ Distance	☐ Distance	☐ Documentation
☐ Language Barrier	☐ Diversion	☐ Diversion	☐ Diversion	☐ ED Overcrowding
☐ Location (Inability to obtain)	☐ Hazmat	☐ Extrication>20 Min	☐ Hazmat	☐ Equipment Failure
☐ No Unit Available	☐ Safety Conditions	☐ Hazmat	☐ Safety Conditions	☐ Equipment Replenishment
☐ Safety Conditions	☐ Staff Delay	☐ Language Barrier	☐ Staff Delay	☐ Other
☐ Technical Failure	☐ Traffic	☐ Safety Conditions	☐ Traffic	☐ Staff Delay
☐ Other	☐ Vehicle Crash	☐ Staff Delay	☐ Vehicle Crash	☐ Vehicle Failure
	☐ Vehicle Failure	☐ Traffic	☐ Vehicle Failure	
	☐ Weather	☐ Vehicle Crash	☐ Weather	
	☐ Other	☐ Vehicle Failure	☐ Other	
		☐ Weather		
		☐ Other		

		MI

PATIENT ADDRESS ☐ SAME AS INCIDENT	PATIENT CITY	PATIENT STATE	PATIENT ZIP CODE

AGE	DATE OF BIRTH	GENDER ☐ Female ☐ Male	RACE	ETHNICITY

CURRENT MEDICATIONS	ALLERGIES	PERTINENT HISTORY

INJURY PRESENT
☐ Yes
☐ No

CAUSE OF INJURY See Ref. Sheet

TYPE OF INJURY
☐ Blunt ☐ Penetrating
☐ Burn ☐ Not Known

ALCOHOL/DRUG USE INDICATORS
☐ None ☐ Pt admits to drug use
☐ Smell of alcohol on breath ☐ Pt admits to alcohol use
☐ Alcohol and/or drug paraphernalia at scene

CHIEF COMPLAINT

CONDITION CODE See Ref. Sheet

CHIEF COMPLAINT ANATOMIC LOCATION
☐ Abdomen ☐ Extremity Lower ☐ General/Global
☐ Chest ☐ Back ☐ Extremity Upper
☐ Head ☐ Neck ☐ Genitalia

CHIEF COMPLAINT ORGAN SYSTEM
☐ CNS/Neuro ☐ OB/GYN ☐ Pulmonary
☐ Global ☐ Renal ☐ Cardiovascular
☐ Psych ☐ Skin ☐ Musculoskeletal

CARDIAC ARREST
☐ Yes, Prior to Arrival
☐ Yes, After Arrival
☐ No

RESUSCITATION
☐ Defibrillation ☐ None-DOA
☐ Ventilation ☐ None-DNR
☐ Chest Compressions ☐ None-Signs of life

CAUSE OF CARDIAC ARREST
☐ Presumed Cardiac ☐ Respiratory ☐ Unknown
☐ Trauma ☐ Electrocution
☐ Drowning ☐ Other

USE OF SAFETY EQUIPMENT
☐ N/A ☐ Lap Belt ☐ Shoulder Belt ☐ Protective Clothing
☐ Not Known ☐ Helmet Worn ☐ Protective Non-Clothing Gear ☐ Other
☐ Child Restraint ☐ Eye Protection ☐ Personal Floatation Device

AIRBAG DEPLOYMENT
☐ None Present ☐ Deployed Front
☐ Not Deployed ☐ Deployed Side
☐ Deployed Other

BARRIERS TO EFFECTIVE CARE
☐ Development Impaired ☐ Physically Impaired ☐ Unattended/Unsupervised ☐ Hearing Impaired
☐ Physical Restraint ☐ Unconscious ☐ Language ☐ Speech Impaired

RESPONSE MODE **TRANSPORT MODE**

☐ ← Lights/Sirens → ☐
☐ ← No Lights/No Sirens → ☐
☐ ← Initial Lights/Sirens Downgraded to no Lights/Sirens → ☐
☐ ← Initial No Lights/Sirens Upgraded to Lights/Sirens → ☐

Initial Call for Help	:	Unit Left Scene	:
Unit Notified	:	Patient arrived at Destination	:
Unit En Route	:	Incident Completed	:
Arrive on Scene	:	Available for Next Incident	:
Arrived at PT.	:		

PRIOR AID See Ref. Sheet

PERFORMED BY	MEDICATIONS/ PROCEDURES	OUTCOME

INCIDENT NUMBER	UNIT ID	INCIDENT DATE

TRAUMA TRIAGE CRITERIA

- ☐ 2nd/3rd burn >10% BSA or face/feet/hand/genital/airway
- ☐ Amp prox to wrist/ankle
- ☐ Decreasing LOC
- ☐ GCS Motor <4
- ☐ GCS Total ≤13
- ☐ Head/neck/torso crush
- ☐ Extremity inj w/neurovasc comp
- ☐ Extremity crush
- ☐ Torso inj w/pelvic fx
- ☐ Flail chest
- ☐ Torso inj w/abd tender/ distended/seatbelt sign
- ☐ LOC ≥5 min
- ☐ Mech of inj
- ☐ Did not meet any triage criteria
- ☐ Pen inj head/neck/torso
- ☐ Pen inj prox to knee/elbow w/neurovasc comp
- ☐ Spinal cord inj
- ☐ Special Considerations
- ☐ 2+ prox humerus/femur fxs

ADULTS ONLY

- ☐ Pulse >120 w/hemor shock
- ☐ Tension pneumothorax
- ☐ Resp <10 or >29
- ☐ Required intubation
- ☐ SysBP <90, or no radial pulse w/carotid pulse

PEDS ONLY

- ☐ Poor perfusion
- ☐ Resp distress/failure

SYMPTOMS PRIMARY=P ASSOCIATED=A

P	A	
☐	☐	None
☐	☐	Bleeding
☐	☐	Breathing
☐	☐	Changes in Responsiveness
☐	☐	Choking
☐	☐	Death
☐	☐	Device/Equip Prob
☐	☐	Diarrhea
☐	☐	Drainage/Discharge
☐	☐	Fever
☐	☐	Malaise
☐	☐	Mass/Lesion
☐	☐	Mental/Psych
☐	☐	Nausea/Vomiting
☐	☐	Pain
☐	☐	Palpitations
☐	☐	Rash/Itching
☐	☐	Swelling
☐	☐	Transport Only
☐	☐	Weakness
☐	☐	Wound

PROVIDER IMPRESSION PRIMARY=P SECONDARY=S

P	S	
☐	☐	Abd pain
☐	☐	Airway obstruct
☐	☐	Allergic rxn
☐	☐	Altered LOC
☐	☐	Behavior/psych
☐	☐	Cardiac arrest
☐	☐	Cardiac arrhythmia
☐	☐	Chest pain
☐	☐	Diabetic
☐	☐	Electrocution
☐	☐	Hyperthermia
☐	☐	Hypothermia
☐	☐	Hypovolemia/shock
☐	☐	Inhalation/toxic gas
☐	☐	Inhalation/smoke
☐	☐	Death
☐	☐	Poisoning/drug OD
☐	☐	OB/delivery
☐	☐	Resp arrest
☐	☐	Resp distress
☐	☐	Seizure
☐	☐	Sexual assault/rape
☐	☐	Stings/bites
☐	☐	Stroke/CVA
☐	☐	Syncope
☐	☐	Injury
☐	☐	Vag bleed

MEDICATIONS

TIME	MEDICATION	DOSE	ROUTE	REACTIONS See Ref. Sheet
:				
:				
:				
:				
:				

PROCEDURES

TIME	PROCEDURE	# ATTEMPTS	SUCCESSFUL	COMPLICATIONS See Ref. Sheet
:			☐ YES ☐ NO	
:			☐ YES ☐ NO	
:			☐ YES ☐ NO	
:			☐ YES ☐ NO	
:			☐ YES ☐ NO	

VITAL SIGNS See Ref. Sheet

TIME	PULSE	SYS BP	DIA BP	RESP	O2 SAT	GCS EYE	GCS VERBAL	GCS MOTOR
:								
:								
:								
:								
:								

ADV DIRECTIVE

- ☐ State DNR Form
- ☐ Other Healthcare DNR
- ☐ Family Request DNR (no form)
- ☐ None
- ☐ Living Will
- ☐ Other

DESTINATION

TYPE OF DESTINATION

- ☐ Hosp ED/OR/L&D
- ☐ Other EMS (air)
- ☐ Other EMS (ground)
- ☐ Other

REASON FOR CHOOSING DESTINATION

- ☐ Closest
- ☐ Diversion
- ☐ Family Choice
- ☐ Insurance
- ☐ Law Enforcement Choice
- ☐ On-line Med Control
- ☐ Other
- ☐ Pt. Choice
- ☐ Pt. Physician's Choice
- ☐ Protocol

ED DISPOSITION

- ☐ Admit-floor
- ☐ Admit-ICU
- ☐ Death
- ☐ Discharge
- ☐ Transfer-other hosp

HOSPITAL DISPOSITION

- ☐ Death
- ☐ Discharge
- ☐ Transfer-other hosp
- ☐ Transfer-nursing home
- ☐ Transfer-other
- ☐ Transfer-rehab

NARRATIVE

STUDENTS NAME	PRECEPTORS PRINTED NAME	PRECEPTORS SIGANTURE