Dear Preceptor:

Thank you in advance for precepting a Paramedic Student from the Santa Fe College’s (SFC) Paramedic Training Program. The field Internship Phase is the most critical part of a paramedic program. It is during this time period that the student applies the knowledge gained during the didactic and clinical phases. As a paramedic preceptor it is your responsibility to foster a positive learning environment for the paramedic student to become a competent, entry level paramedic. The SF Paramedic Training Program is committed to supporting the preceptors in this regard. DO NOT HESITATE TO CONTACT THE CLINICAL COORDINATOR, BRITTANY WILLIAMS OR PROGRAM DIRECTOR, LOUIS MALLORY AT ANY POINT DURING THE INTERNSHIP PHASE. It is far easier to solve problems and resolve issues when they occur, rather than waiting until the end. You can also expect the SFC Paramedic Training Program staff to contact you often, over the phone, as well through ride alongs, during the internship. This will be so you may provide feedback to both the student and so we may provide feedback to you.

This manual should serve as a guide to you during the internship. Enclosed are copies of the student’s paperwork that both you and the student will be responsible for during the internship. Please read the documentation and directions carefully.

Your ultimate responsibility is to ensure that the student becomes a competent entry-level paramedic. The 224-hour internship is merely a suggestion for the length of the internship. The success of the student is dependent upon the competency of his/her clinical performance, not the number of hours performed.

Review the performance of the student frequently. Provide consistent constructive feedback to the student. If areas of weakness are observed, immediately assist the student in corrective action planning. If you feel that the student is not progressing in his/her performance, contact the Program as soon as possible. The staff will assist you in any way possible.

The Program appreciates your diligence and effort in helping to shape the next generation of professional competent paramedics.

**PROGRAM INFORMATION**

<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Director</td>
<td>Pete Gianas, MD</td>
</tr>
<tr>
<td>Program Director</td>
<td>Louis Mallory, MBA, REMT-P</td>
</tr>
<tr>
<td>Primary Instructor</td>
<td>Brittany Williams, MHSc, NREMT-P</td>
</tr>
<tr>
<td>Clinical &amp; Internship</td>
<td>Brittany Williams, MHSc, NREMT-P</td>
</tr>
<tr>
<td>Coordinators:</td>
<td>Louis Mallory, MBA, REMT-P</td>
</tr>
<tr>
<td>Agency Contacts:</td>
<td>Chief Harry Collins, Alachua County Fire Rescue</td>
</tr>
<tr>
<td></td>
<td>Allan Parrish, Director Bradford County Emergency Medical Services</td>
</tr>
</tbody>
</table>
**DOCUMENTATION**

**DAILY**
The **paramedic student** must complete the following documentation:
1. Complete and sign Daily Performance Record.
2. Complete and sign Daily Documentation of Skills Performed.
3. Complete Clinical Run Reports on each run.

The **field preceptor** must complete the following documentation:
1. Review and sign Daily Performance Record.
2. Review and sign Daily Documentation of Skills Performed.
3. Review Clinical Run Reports with intern.

**MIDTERM (7-Shifts) and FINAL (14-Shifts)**
The **paramedic student** must complete the following items:
1. Sign a Major Evaluation form.
2. Submit copies of all Daily Performance Records up to that date.
3. Submit the original copy of the Major Evaluation Form.
4. Submit a Preceptor Evaluation Form at MIDTERM (7-Shifts) and FINAL (14-Shifts). All forms are submitted to the Clinical Coordinator.

The field preceptor must complete the following documentation:
1. Complete and sign a Major Evaluation Form.
2. Complete and sign a Behavior Evaluation Form.

**FINAL EVALUATION**
The **paramedic student** must complete the following items:
1. Complete a Field Preceptor Evaluation Form.
2. Submit any remaining Daily Performance Records.
3. Submit any remaining Clinical Run Reports.
4. Submit original Final Major Evaluation.

The **field preceptor** must complete the following documentation:
2. Complete and sign a Behavior Evaluation Form.

**GUIDELINES AND POLICIES FOR PARAMEDIC STUDENTS AND PRECEPTORS**
The purpose of the handbook is to identify field internship guidelines for the field preceptor and paramedic student. This will include:
1. Expectations and responsibilities of the paramedic student intern.
2. Expectations and responsibilities of the field preceptor.
3. Expectations and responsibilities of the Program.
4. Evaluation of the paramedic student.
5. Documentation requirements of the paramedic student.
6. Documentation requirements of the field preceptor.

The intent of the handbook is to provide a reference document for review by the field preceptor and paramedic student.
HOURS

The paramedic student is required to complete a minimum of 224 hours of field training in order to be eligible for graduation. Extension of the internship may be necessary, based upon evaluations from the field preceptor, or activity of the internship.

The emphasis of this program is on the competency of the student, rather than the total number of hours the student has completed.

The internship must be completed with a paramedic provider agency that has been approved by the Paramedic Education Program.

EXPECTATIONS OF THE PARAMEDIC STUDENT

It is expected that the paramedic student will:

1. Report to the field preceptor on the assigned dates and times.
2. Follow the instructions of the field preceptor at all times.
3. Follow the policies and procedures of the Station.
4. Demonstrate or perform all paramedic skills, as available.
5. Demonstrate the ability to perform as an entry-level paramedic, at the end of the internship.
6. Demonstrate enthusiasm and interest.
7. Demonstrate compassion and respect for all patients.
8. Display a professional and courteous demeanor when dealing with, family, friends, and bystanders.
10. Document a minimum of 224 field contact hours signed by the field preceptor.
15. Document of Advanced Life Support patient contacts. Acceptable ALS Contacts include one or more ALS skills, either attempted or successful. Cardiac monitoring, glucose checks and CPR are not considered to be ALS skills.
16. Submit all required documentation to the Program office in a timely manner as required.
17. Adhere to training standards.
19. Adhere to college dress code.
20. Complete a Field Preceptor Evaluation form at MIDTERM (7-Shifts) and FINAL (14-Shifts).

EXPECTATIONS OF THE FIELD PRECEPTOR

It is expected that the field preceptor will:

1. Provide a schedule and shift structure for the student.
2. Provide an orientation to the Ambulance and its equipment.
4. Document the student’s patient contacts using the Daily Performance Record. Form.
5. Provide an overall evaluation and recommendation for the paramedic student at the termination of the field internship.
6. Observe and instruct the paramedic student during his/her performance in the field, and offer pertinent, positive suggestions for improvement.
7. Critique and review each ALS run with the student.
8. Critique and review ALS and BLS skills.
9. Exhibit enthusiasm and interest.
10. Interact appropriately with intra- and inter-agency personnel.
The Paramedic Training Program is expected to maintain control of the field internship by:
1. Use of standard evaluation forms, including the Daily Performance Record, Major Evaluation Form, and Final Evaluation Form.
2. Review written and verbal reports from the field preceptor, paramedic student, and any other personnel.
3. Orientation of the preceptor and paramedic student to internship expectations.
4. Provide a review of the internship in order to maintain quality assurance of the training experience.
5. Meet with the preceptor and student during shifts.

The Paramedic Training Program is expected to maintain regular contact with the field preceptor and the paramedic student. This will provide an opportunity for a representative of The Paramedic Education Program to review the training experience and the progress of the student. The field preceptor and the paramedic student will both have an opportunity to discuss the experience and progress of the internship.

EVALUATIONS

The evaluation process is divided into skills evaluation, “Daily Performance Records” and “Major Evaluations”. The last Major Evaluation will be considered the Final Evaluation. The paramedic student is responsible for maintenance of the internship progress reports. It is the responsibility of the field preceptor to properly fill out and sign the appropriate forms for each day that the student is in the field.

FINAL EVALUATION

At 224 hours or when the internship is terminated, a final report must be filed with the school using the Major Evaluation Form including a recommendation that the internship be concluded. Incomplete or unsigned evaluation forms will be returned to the responsible field preceptor for completion.

If, in the opinion of the field preceptor, the paramedic student is not ready for certification, then it will necessary for the field preceptor to:
1. Provide written documentation for why the student is not ready.
2. Provide written recommendations to assist the student and The Paramedic Education Program in the reeducation process.
3. Discuss the above with the paramedic student.
4. Forward all documentation of the field internship to The Paramedic Education Program’s Clinical Coordinator, Program Director, and I or Program Medical Director who will make the final recommendations.

EXTENSION OF FIELD INTERNSHIP

Reasons why a paramedic student may not be ready for certification include:
1. Receives less than a Satisfactory Rating from the field preceptor(s).
2. Contacts fewer than 20 ALS patients.
3. Fewer the 50 Team Leads

The field preceptor may ONLY recommend an extension of the student’s field internship if, in the opinion of the preceptor, he or she feels that the additional time would:
1. Allow the student to achieve a Satisfactory Rating, or
2. Contact at least 20 ALS patients.
3. Conduct 50 Team Leads

Such an extension would be limited to no more than 224 hours. Such an extension may be conducted with only one field preceptor.
The field internship will normally be completed by one preceptor. Preceptors will be assigned to paramedic students by the Medical Director, Agency, and Program staff.

Occasionally, a change in preceptor assignment may be necessary. Reasons for a change in field preceptor assignment include:

1. Insufficient call volume in that district.
2. Irreconcilable personality conflict that has been identified by both the student and the preceptor, and previously reported in writing to the Clinical Coordinator or Program Director.
3. The field preceptor recommends a change.
4. The field preceptor fails to adhere to County, Program and Department policies and procedures.
5. The field preceptor is placed on administrative leave.

Scheduling conflicts are not considered to be reasons for a change in field preceptor.

Reasons why a paramedic student may be terminated from the field internship include:

1. Receives a less than satisfactory rating from the field preceptor at the end of the field internship, without further recommendation by the preceptor to extend the internship.
2. Receives a less than satisfactory rating from the field preceptor at the end of the extension period.
3. Fails to progress after learning goals are established.
4. The Paramedic Education Program Director recommends and the Program Medical Director approves termination of the internship at the end of the initial internship or the end of the extension period.
5. The Paramedic Education Program Director recommends and the Program Medical Director approves early termination of the field internship for any of the following reasons:
   A. Unprofessional conduct or disrespectful behavior of the student
   B. Unsafe medical practice by the student
   C. Failure to adhere to Department and Program Policies
   D. Cheating or falsifying records
6. Removal of an Agency employee from the Paramedic Education Program will be recommended to the Chief of the Department.

Successful completion of the field internship may only be determined by the Paramedic Education Program. Successful completion will be granted only if all of the following conditions have been met:

1. The paramedic student must properly document the 224 hours (minimum) of field internship hours. Proper documentation must include the preceptor’s signature for all shift hours logged.
2. All entries that document procedures attempted or performed, medications administered, drills performed, etc. must be signed by the preceptor.
3. The paramedic student must document the performance of at least 20 Advanced Life Support (ALS) contacts during the field internship in the Field Internship Log Book.
4. The student must properly document entries in Daily Performance Record. Proper documentation includes an accurate description of the procedures or skills performed by the student and an evaluation of these performances by the preceptor. Each Daily Performance Record must be signed by the preceptor and the student.
5. The paramedic student must have the MIDTERM (7-Shifts) and FINAL (14-Shifts) Major Evaluation forms completed by the field preceptor. Each Major Evaluation must be signed by the field preceptor and the paramedic student. The evaluations should also be initialed by Paramedic Education Program staff at the time of the staff observation ride along.
6. The Final Evaluation Forms of the paramedic student at the end of the internship must be completed and signed by the field preceptor and the paramedic student.
8. The field preceptor must recommend the paramedic student for successful completion of the field internship.
9. The Field Preceptor Evaluation must be completed by the student, for each preceptor.
10. The Clinical Coordinator must recommend to the Paramedic Education Program Director the student’s successful completion of the field internship.
11. The Paramedic Education Program Medical Director must recommend the student’s successful completion of the field internship.
12. All of the documentation of the field internship must be reviewed and approved by Clinical Coordinator. The reviewing staff member must complete and sign the Field Internship check-off sheet.

PRECEPTOR EVALUATION

The Paramedic Education Program also requires that the student evaluate each field preceptor. Some of the areas that are addressed in the preceptor evaluation include an overall evaluation of the field preceptor and the abilities of the preceptor to present:
1. Orientation of the ambulance
2. Orientation to equipment location and function
3. Orientation to County policies
4. Critiques of calls
5. Direct supervision
6. Completion and review of Daily Performance Records
7. Completion and review of Major Evaluations
8. A fair appraisal of the student’s performance
9. Constructive criticism
10. Pertinent suggestions for improvement
11. Proper and timely intervention while handling patients
12. Adherence to training standards
13. Enthusiasm and interest
14. Proper and appropriate interaction with intra- and inter-agency personnel

FIELD INTERNSHIP INFORMATION AND GUIDELINES FOR THE PARAMEDIC STUDENT

Attendance
You must be ready to go to work at the beginning of the shift. You should arrive at least 15 minutes prior to the beginning of the shift in order to check out the contents and readiness of the ambulance.

If you are going to miss a shift, you must contact the preceptor PRIOR to the beginning of the shift. You must also contact the Clinical Coordinator.
If you miss a shift you must make it up.

Conduct and Courtesy
You are representing the Agency and Santa Fe College when you are working on the ambulance. Therefore, all Agency Policies and Procedures apply. In addition, it is expected that you will adhere to the following Program Policies:
1. Professionalism: The paramedic student will behave in a courteous and professional manner. All patients will be treated equally, with respect and dignity. Inter- and intra-agency personnel will be treated in a professional manner.
2. Confidentiality: The paramedic student is required by law to maintain the strictest rules of patient confidentiality. Patient information, medical or otherwise, shall not be discussed with anyone not directly involved with that patient’s care.
3. Parking: Parking at the stations is difficult at times. The priority of parking is to the members of that station.
4. Injury: If the paramedic student is injured or is exposed to hazardous materials or communicable diseases, notify the preceptor and the Program staff immediately. Follow established Agency procedures regarding reporting and documentation of such instances.

**Problem Solving**

Use the following procedure if a conflict or problem arises during the internship:

1. Talk to your preceptor. Often, problems arise when lines of communication are not clear. If the issue involves another party, the preceptor may be helpful as an intermediary in resolving such conflicts. If you are having difficulties with your preceptor, try to resolve them first with that person.
2. In the event that you are not able to resolve an issue at this level, contact the Clinical Coordinator.
3. If the Clinical Coordinator is unable to help you resolve this issue, the Program Director will be included. The Medical Director will have final authority on all disputes related to clinical performance. Personnel issues related to Agency employees will be resolved through the chain of command.
4. SFC policies apply for resolution of student issues.

**Program Dismissal**

The paramedic Student may be dismissed from the Program by failing to maintain established policy and/or professional standards. Causes for dismissal may include:

2. Failure to conform to program or Agency policies and procedures.
3. Excessive tardiness or absenteeism.
4. Excessive delays in reporting for duty.
5. Conduct causing disrespect to the Department or program.
6. Release of confidential information, such as that obtained from patient care duties, medical records or patient charts.
7. Cheating and/or falsifying reports.

Immediate dismissal from the program will occur if any of the following circumstances are substantiated:

1. Intentional mistreatment of patients.
2. Theft, abuse, or destruction of property of the patient, program, or Department.
3. Use of, or being under the influence of, alcoholic, illicit, or controlled substances while on duty as a paramedic student.
4. Cheating and/or falsifying reports.

**FIELD INTERNSHIP FORMS**

There are a number of forms that need to be completed in order to successfully pass the internship phase of the paramedic program. It is critical that the information on each form be accurate. In general, the student is expected to enter all of the requested information, and complete the logs. The preceptor is expected to enter any ratings, evaluations or critiques and provide written comments when requested. It is strongly recommended that all of the logs be kept up to date. Lost or forgotten information is seldom accurate. Evaluations and critiques not completed in a timely manner often lack accuracy and detail.

A sufficient number of forms have been included to complete most internships. If necessary photocopy the last copy of a form before writing on it. Additional forms may be obtained from the Program office. This logbook is the only documentation proving completion of requirements toward culmination of the field internship: **DO NOT LOSE IT.** A lost logbook means having to repeat any time and skills necessary to satisfy course completion requirements. It is strongly recommended that the student photocopy all forms and store the copy in a safe place.
**DAILY RUN REPORTS**

This form is to account for all patients contacted by the student. It should be accurately completed by the student and reviewed by the preceptor at the completion of each shift.

Run reports are to be attached to the Daily Performance Record and must be turned in by the student the Friday following the shift(s).

**DAILY DOCUMENTATION OF SKILLS PERFORMED**

This form will be used to document and evaluate all Basic Life Support and Advanced Life Support procedures performed by the student. The student will fill in the requested information prior to the completion of each shift. The preceptor will review, validate, and sign the completed.

**DAILY PERFORMANCE RECORD**

This form will be used to document the student’s overall daily performance. The majority of the information on this form is to be completed by the student. Complete one form for each shift. Log all calls during the shift, including non-transport, BLS and ALS. For ALS calls, write the cumulative ALS Contact number in the “ALS Patient Contact” column.

This form contains space for both the student and preceptor to rate the student’s performance on each call. The student and the preceptor should discuss any differences in opinion in ratings.

Written comments summarizing performance during the shift are required at the conclusion of each shift. The preceptor and student should discuss plans for improvement, anticipated drills and skills demonstrations, and schedule for future shifts. The preceptor and student must sign each form.

Daily Performance Records must be turned in by the student the Friday following the shift(s).

**MAJOR EVALUATION**

A Major Evaluation is to be completed by the preceptor at MIDTERM (7-Shifts) and FINAL (14-Shifts) during the internship. It comprises of 2 forms:

1. SF Major Evaluation Form (2 sides)
2. Affective Behavior of the Paramedic Student (1 side)

The student will complete the top portion of each form. The preceptor will provide the appropriate rating for each item, and written comments in each category. Refer to the Evaluation criteria for the description of each category and corresponding ratings. Additional paper may be used and attached if necessary. When completed, the student and preceptor should discuss the evaluation and establish a plan for improvement. The Major Evaluation must be turned into the Program Office when completed by the preceptor following the Midterm and Final shift.

The preceptor is strongly recommended to contact the Program office whenever necessary to clarify questions or situations. If there is any concern regarding the performance of the student, contact the Program office immediately. Potential and actual problems are much easier to address and solve when reported early.
CLINICAL REPORT FORM
This form is used to document patient contacts of the field internship. Fill in all information that would be necessary to “paint” the patient presentation.

PRECEPTOR DRILLS
The preceptor may review topics with the student. Verbal drills and quizzing, skills demonstrations, and written quizzes are all acceptable forms of review.

FIELD PRECEPTOR EVALUATION
Field Preceptor Evaluation
This form must be filled out by the student at the completion of the internship. This form is used to evaluate the performance of the preceptor. Information reported will be used to strengthen the filed internship phase of the Paramedic Education Program.

PATIENT CARE REPORTS AND CONFIDENTIALITY
Students may not retain copies of Run Reports under any circumstances. Any notes kept in the interest of professional education and development must adhere to all laws and Agency policies pertaining to patient confidentiality.

FIELD PRECEPTOR AUTHORITY
It is understood that the Field Preceptor is in charge of the Ambulance and/or Medical Facility and all components of the clinical situation. The student is required to comply with the direction given by the preceptor. Failure to do so may result in disciplinary action up to and including dismissal from the EMS Program.

EMS HANDBOOK AND POLICIES
Students are to follow all policies and procedures of the EMS Handbook, syllabi, EMS Agencies, Medical Facilities, and Santa Fe College. Failure to do so may result is dismissal from the EMS Program and Santa Fe College.
The Oath of Geneva

I solemnly pledge myself to consecrate my life to the service of humanity; I will give to my teachers the respect and gratitude which is their due; I will practice my profession with conscience and dignity; the health of my patient will be my first consideration; I will respect the secrets which are confided in me; I will maintain by all the means in my power the honor and noble traditions of the medical profession; my colleagues will be my brothers; I will not permit considerations of religion, nationality, race, party, politics, or social standing to intervene between my duty and my patient; I will maintain the utmost respect for human life from the time of conception; even under threat, I will not make use of my medical knowledge contrary to the laws of humanity. I make these promises solemnly, freely, and upon my honor.
Description of the Profession

Paramedic

The following is the draft of the Description of the Profession for the Paramedic. This Description of the Profession provides the philosophy and rationale for the depth and breadth of coverage:

Paramedics have fulfilled prescribed requirements by a credentialing agency to practice the art and science of out of hospital medicine in conjunction with physician medical direction. Through performance of assessments and providing medical care, their goal is to prevent and reduce mortality and morbidity due to illness and injury. Paramedics primarily provide care to emergency patients in an out of hospital setting.

Paramedics possess the knowledge, skills and attitudes consistent with the expectations of the public and the profession. Paramedics recognize that they are an essential component of the continuum of care and serve as linkages among health resources.

Paramedics strive to maintain high quality, reasonable cost health care by delivering patients directly to appropriate facilities. As an advocate for patients, paramedics seek to be proactive in affecting long term health care by working in conjunction with other provider agencies, networks, and organizations. The emerging roles and responsibilities of the Paramedic include public education, health promotion, and participation in injury and illness prevention programs. As the scope of service continues to expand, the Paramedic will function as a facilitator of access to care, as well as an initial treatment provider.

Paramedics are responsible and accountable to medical direction, the public, and their peers. Paramedics recognize the importance of research and actively participate in the design, development, evaluation and publication of research. Paramedics seek to take part in life long professional development, peer evaluation, and assume an active role in professional and community organizations.
Internship Objectives

Students have completed all of the Basic Life Support and Advanced Life Support skills as set forth in the 1998 U.S. DOT National Standard Curriculum Paramedic and the pending Paramedic Curriculum Revision. The purpose of the Field Internship is to integrate these skills and incorporate them into Patient Care Treatment Plans and their implementation. The preceptee is to develop their own "style" as a paramedic including all domains, affective (behavior), psychomotor (skills) and cognitive (knowledge). The Field Internship is not the intended environment for skills training, students are expected to be proficient in all of the skills as set forth in the curriculum (see clinical skills log book and clinical site agreement as a guide).

During the Field Internship Phase of paramedic student coursework, the student is expected to participate and function as an entry level paramedic. This capacity is the daily shift standard for students in their internship. In addition to this role and function specific objectives have been identified on a shift by shift basis. These objectives have been designed to encompass all aspects of their educational experience and integrate them into the Field Internship. It is expected that these objectives be met and the students be evaluated on each of them specifically on a shift by shift basis.

The three domains of the evaluation include:

Affective

In these objectives the preceptee is measured on behavioral aspects of the paramedic profession

This is the most difficult area to assess as it must be objective and not subjective. It is critical to provide immediate feedback to the preceptee for this area, so that the behavior can be modified or reinforced as appropriate. Any issues regarding “unprofessional” behavior must be directed toward a remediation plan immediately.

Cognitive

Cognitive objectives will be difficult to assess in the Field Internship portion of the paramedic education. Mainstream methodologies for evaluating this area include examinations and quizzes. It is recommended that you attempt to measure this are by similar methods such as oral quizzes, question/answer sessions and integrate these into the patient care critique with the preceptee.

Psychomotor

This perhaps is the easiest area to assess in the field as it focuses on skills abilities. The preceptor’s role is to look at the skills performed holistically rather than on an individual basis. However if there is a consistent problem noted such as IV technique, that specific skill should be directed toward a remediation plan.
EMS 2458 Paramedic Clinical Experience III
Louis B. Mallory, MBA, REMT-P, EMS Program Director
Pre-requisites: EMS2620, EMS 2620L, EMS2464, EMS2621 & EMS2621L, Current Florida EMT Certification - Co-requisites: EMS2459

GRADING SCALE:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>94-100</td>
</tr>
<tr>
<td>B+</td>
<td>90-93</td>
</tr>
<tr>
<td>B</td>
<td>87-89</td>
</tr>
<tr>
<td>C+</td>
<td>84-86</td>
</tr>
<tr>
<td>C</td>
<td>80-83</td>
</tr>
<tr>
<td>D+</td>
<td>75-79</td>
</tr>
<tr>
<td>D</td>
<td>70-74</td>
</tr>
<tr>
<td>F</td>
<td>69 and below</td>
</tr>
</tbody>
</table>

C or 80% is the minimum overall passing score

Clinical Grade for EMS 2458 “Paramedic Clinical Experience II”

Run Reports = 80% of Final Grade

Run Report Scale

Each of the following five sections must be filled out completely to receive full credit.

<table>
<thead>
<tr>
<th>Section</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Call Data</td>
<td>10</td>
</tr>
<tr>
<td>Call Times</td>
<td>2</td>
</tr>
<tr>
<td>Patient Information</td>
<td>6</td>
</tr>
<tr>
<td>General Systems Assessment</td>
<td>10</td>
</tr>
<tr>
<td>Patient Assessment</td>
<td>34</td>
</tr>
<tr>
<td>On-Going Assessment</td>
<td>4</td>
</tr>
<tr>
<td>Treatment Procedures</td>
<td>10</td>
</tr>
<tr>
<td>Narrative</td>
<td>20</td>
</tr>
<tr>
<td>Student Signature</td>
<td>4</td>
</tr>
</tbody>
</table>

Total Points per Run Report 100 Points

For each required data field in each section that is not currently completed 2 points will be deducted.

NOTE:
Case Studies and/or Run Reports must be attached to the Clinical Evaluation and turned in NO LATER than the Friday following the completion of the scheduled clinical. Failure to do so will result in a 50% reduction in the grade for the Clinical Evaluation and any associated paper work. Evaluations, Run Reports and Case Studies are randomly reviewed by the medical director and are subject to remediation. All Clinical Evaluations Must be Signed by the Clinical Evaluator. Failure to do so will result in a “0” for the Evaluation and associated paper work.

→ A Run Report is to be filled out on ALL dispatched patients. ←

RUN REPORTS MUST USE THE S.O.A.P NOTE FORMAT/FORM - SPELLING AND GRAMMAR COUNT
Paramedic students are required to complete a minimum of 224 clinical hours for this semester. Failure to complete the minimum clinical hours will result in the deduction of one RAW point from your clinical grade for every hour not completed.

A clinical grade <80 may result in withdrawal from the Paramedic program.

Students are expected to arrive to the clinical area on-time with appropriate uniform, identification, required paper work, ink pen, and required equipment.

A Run Report is to be filled out on ALL patients.

Review Exercises = 20% of Final Grade

The Review Exercises are designed to help the student prepare for the final exam. The Review Exercises are composed of two exercises (1 & 2) with 180 multiple choice questions each. Students are to mark their answers on the scan-trons provided. The minimum passing score is 80%. Exercises are open book and group participation is encouraged.

Exercise #1 is due Friday, October 14, 2011
Exercise #2 is due Friday, December 9, 2011

PLEASE NOTE: Late Exercises WILL NOT be accepted. Failure to turn in an exercise by the due date will result in a zero (0) for that Exercise.

Affective Domain – Class Presentation/Pro-Con

Topic TBA

Friday, November 18, 2011
SFC Paramedic Program Academic Statement

Students must complete this, and all other EMS courses, with a minimum grade of 80% (or C) in order to graduate from the EMS Program. Students must abide by the requirements of the Syllabi and all policies and requirements as contained within the EMS Handbook.

All Evaluations, Run-Reports, and additional clinical paperwork must be completed and received at the Clinical Office no later than Monday, December 9, 2011– 16:30 HOURS. LATE PAPERWORK WILL NOT BE ACCEPTED.

Eligibility for the Final Written and Final Practical Examinations is based upon successful completion of all course work, including Clinicals, by Monday, December 9, 2011– 16:30 HOURS.

Attendance is required in order to cultivate and master the knowledge, skill, and attitude necessary for successful completion. In addition, State and National standards require a minimum number of hours for successful completion. No more than two absences/reschedules will be permitted. The student is allowed two (2) absences/reschedules from a clinical setting. After two absences, the student must add an additional clinical when rescheduling. For example, if a student missed the third clinical, to reschedule, he/she would need to reschedule two clinicals (an additional twelve (12) hours for hospital or additional sixteen (16) hours for rescue etc.).

Students are considered tardy if they arrive more than 1 minute after the assigned clinical time. Three tardy days equals one absence (which may require scheduling an additional clinical day). Two absences may result in a decrease of one letter grade from the final grade earned. Students must sign a daily attendance form upon arrival and document the time of signature. A “Missed Time Form” must be completed and returned to the instructor with supporting for any absence or tardy. This must be completed within 7 days. The Clinical Coordinator must be notified (paged) by the student prior to the start time of the clinical indicating the absence. The Clinical Site must also be notified by the student. All missed clinical hours must be rescheduled and completed in order to receive full credit for the course.

Failure to complete this course with at least a grade of “C” (80%) will result in the inability to complete Phase III of the EMT- Paramedic Program. If a student earns a “W”, “F”, “D”, or “D+” grade in this course, the student will be WITHDRAWN FROM THE COURSE AND THE PROGRAM. Such students may reapply for the EMT-Paramedic Program during standard application periods and will be required to complete the standard application process in place at the time of application.

The grade of "W" (Withdrawn) will be assigned according to SFC college policies. If a student does not present documentation as required and which is deemed adequate by the instructor and Program Coordinator for assignment of a Late Withdrawal "W" by November 7, 2011, or has ceased attending the course, the instructor reserves the right to grant a grade of “F”.

STUDENTS ARE ADVISED THAT A GRADE OF “I” WILL NOT BE ISSUED IN THE PARAMEDIC COURSE.

Americans with Disabilities Act (ADA) student rights required statement: If you are a student with a disability: In compliance with Santa Fe College policy and equal access laws, I am available to discuss appropriate academic accommodations that you may require as a student with a disability. Request for
academic accommodations need to be made during the first week of the semester (except for unusual circumstances) so arrangements can be made. You must be registered with Disabilities Resource Center (DRC) in S-229 for disability verification and determination of reasonable academic accommodations.

College academic integrity statement
The very nature of higher education requires that students adhere to accepted standards of academic integrity. Therefore SFC has adopted a Code of Student Conduct that outlines general guidelines. Students are encouraged to discuss issues related to academic integrity with instructors. The Student Conduct Code can be found in the Santa Fe College Rules Manual, Rule 7.23, adopted July 25, 2008: http://dept.sfcollege.edu/rules/content/media/PDF/Rule_7/7_23.pdf

Discrimination/Harassment Policy Statement: SFC prohibits any form of discrimination or sexual harassment among students, faculty, and staff. For further information, refer to the SFC Human Resources Policies website at http://dept.sfcollege.edu/rules/PDF/Rule_2/2_8.pdf

Proposed Clinical Schedule – Phase III (subject to change)

<table>
<thead>
<tr>
<th>Location</th>
<th>Hours</th>
<th>Paperwork</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rescue</td>
<td>16</td>
<td>Run Report</td>
</tr>
<tr>
<td>Rescue</td>
<td>16</td>
<td>Run Report</td>
</tr>
<tr>
<td>Rescue</td>
<td>16</td>
<td>Run Report</td>
</tr>
<tr>
<td>Rescue</td>
<td>16</td>
<td>Run Report</td>
</tr>
<tr>
<td>Rescue</td>
<td>16</td>
<td>Run Report</td>
</tr>
<tr>
<td>Rescue</td>
<td>16</td>
<td>Run Report</td>
</tr>
<tr>
<td>Rescue</td>
<td>16</td>
<td>Run Report</td>
</tr>
<tr>
<td>Rescue</td>
<td>16</td>
<td>Run Report</td>
</tr>
<tr>
<td>Rescue</td>
<td>16</td>
<td>Run Report</td>
</tr>
<tr>
<td>Rescue</td>
<td>16</td>
<td>Run Report</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location</th>
<th>Hours</th>
<th>Paperwork</th>
</tr>
</thead>
<tbody>
<tr>
<td>VISTA</td>
<td>8</td>
<td>Case Study</td>
</tr>
<tr>
<td>NFRMC - Triage</td>
<td>12</td>
<td>Time Sheet</td>
</tr>
<tr>
<td>Peds - Starke</td>
<td>8</td>
<td>Time Sheet</td>
</tr>
<tr>
<td>OB - TBA</td>
<td>8</td>
<td>Time Sheet</td>
</tr>
</tbody>
</table>

Other as needed
For successful completion of the paramedic program, the following clinical skills must be completed prior to the end of your clinical experience including internship. It is important that all skills and patient assessments be recorded to accurately reflect your progress. An assessment can include more than one complaint and/or pathology. For example, a 45-year-old chest pain patient may also be experiencing shortness of breath and exhibiting an altered mental status. Therefore, you can document one adult medical patient with an assessment for chest pain, shortness of breath, and altered mental status. Remember, it is your responsibility to maintain accurate records of your skills.

**PSYCHOMOTOR SKILLS**

- The student should demonstrate the ability to safely administer medications.
  - The student should safely, and while performing all steps of each procedure, properly administer medications at least 15 times to live patients.
- The student should demonstrate the ability to safely perform endotracheal intubation.
  - The student should safely, and while performing all steps of each procedure, successfully intubate at least 5 live patients and/or, demonstrate and successfully intubate at least 25 times with Lab Manikins.
- The student should demonstrate the ability to safely gain venous access in all age group patients.
  - The student should safely, and while performing all steps of each procedure, successfully access the venous circulation at least 25 times on live patients of various age groups.
- The student should demonstrate the ability to effectively ventilate unintubated patients of all age groups.
  - The student should effectively, and while performing all steps of each procedure, ventilate at least 15 live patients of various age groups.

**AGES**

- The student should demonstrate the ability to perform a comprehensive assessment on pediatric patients.
  - The student should perform a comprehensive patient assessment on at least 30 (including newborns, infants, toddlers, and school age) pediatric patients.
- The student should demonstrate the ability to perform a compressive assessment on adult patients.
  - The student should perform a comprehensive patient assessment on at least 50 adult patients.
- The student should demonstrate the ability to perform a comprehensive assessment on geriatric patients.
  - The student should perform a comprehensive patient assessment on at least 15 geriatric patients.
PATHOLOGIES

- The student should demonstrate the ability to perform a comprehensive assessment on obstetric patients.
  - The student should perform a comprehensive patient assessment on at least 8 obstetric patients.
- The student should demonstrate the ability to perform a comprehensive assessment on trauma patients.
  - The student should perform a comprehensive patient assessment on at least 30 trauma patients.
- The student should demonstrate the ability to perform a comprehensive assessment on psychiatric patients.
  - The student should perform a comprehensive patient assessment on at least 8 psychiatric patients.

COMPLAINTS

The student should demonstrate the ability to perform a comprehensive assessment, formulate and implement a treatment plan for patients with chest pain.
- The student should perform a comprehensive patient assessment, formulate and implement a treatment plan on at least 30 patients with chest pain.

The student should demonstrate the ability to perform a comprehensive assessment, formulate and implement a treatment plan for patients with dyspnea/respiratory distress.
- The student should perform a comprehensive patient assessment, formulate and implement a treatment plan on at least 20 adult patients with dyspnea/respiratory distress.
- The student should perform a comprehensive patient assessment, formulate and implement a treatment plan on at least 8 pediatric patients (including infants, toddlers, and school age) with dyspnea/respiratory distress.

The student should demonstrate the ability to perform a comprehensive assessment, formulate and implement a treatment plan for patients with syncope.
- The student should perform a comprehensive patient assessment, formulate and implement a treatment plan on at least 5 patients with syncope.

The student should demonstrate the ability to perform a comprehensive assessment, formulate and implement a treatment plan for patients with abdominal complaints.
- The student should perform a comprehensive patient assessment, formulate and implement a treatment plan on at least 20 patients with abdominal complaints (for example: abdominal pain, nausea/vomiting, GI bleeding, gynecological complaint, etc.)

The student should demonstrate the ability to perform a comprehensive assessment, formulate and implement a treatment plan for patients with altered mental status.
- The student should perform a comprehensive patient assessment, formulate and implement a treatment plan on at least 20 patients with altered mental status.
TEAM LEADER SKILLS  (Internship only)

The student should demonstrate the ability to serve as a team leader in variety of prehospital emergency situations.

- The student should serve as the team leader for at least 50 prehospital emergency responses.

PLEASE NOTE:

Competition of the Paramedic Program is subject to review and approval of the EMS Program Director and Medical Director.
This page intentionally left blank.
EMS 2458 Paramedic Clinical Experience III

Louis B. Mallory, MBA, REMT-P, EMS Program Director

Date: ________________________________

Student Name (PRINTED):__________________________________________________________

I have received, read, and understand my obligations for EMS 2458. I agree to abide by the requirements of the Syllabus for EMS 2458, Preceptor Packet, and the EMS Handbook. I understand that failure to do so may result in failure and/or withdrawal from the Paramedic Program.

Student Signature: ______________________________________________________________

This page must be signed and turned in to the Paramedic Instructor prior to scheduling any Clinical Activities.

Date received by Clinical Coordinator: ________________________________
SHIFT – 1 (Objectives Check-Off)

Objectives:

Objective Completed (Initial)

_____ Demonstrate safe methods for lifting and moving patients in emergency and non-emergency situations. (P-2)
_____ Demonstrate the proper procedures to take for personal protection from disease. (P-2)
_____ Demonstrate the use of protective equipment appropriate to the environment and scene. (P-3)
_____ Demonstrate cannulation of peripheral or external jugular veins. (P-2)
_____ Demonstrate intraosseous needle placement and infusion. (P-2)
_____ Demonstrate clean technique during medication administration. (P-3)
_____ Demonstrate administration of oral medications. (P-2)
_____ Demonstrate administration of medications by the inhalation route. (P-2)
_____ Demonstrate administration of medications by the gastric tube. (P-2)
_____ Demonstrate rectal administration of medications. (P-2)
_____ Demonstrate preparation and administration of parenteral medications. (P-2)
_____ Demonstrate preparation and techniques for obtaining a blood sample. (P-2)

Comment(s):__________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

**Check One:**  
- **Phase I**  
- **Phase II**  
- **Phase III**

**Student Name:**  
**Evaluator Name:**  
**Clinical Site:**  
**Date:**  
**Time In:** :  
**Time Out:** :  
**Total Time:** :  
**Grade (If Applicable):**

### Number of Emergency Response

<table>
<thead>
<tr>
<th>Newborn</th>
<th>Infants</th>
<th>Toddler</th>
<th>Preschl</th>
<th>Sch Age</th>
<th>Adolescent</th>
<th>Adult</th>
<th>Geriatric</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Clinical Coordinator Comments:**

### Number of Times Student Has Demonstrated the Ability to Perform the Skill Successfully

**Use Numeric Values Only**

### Demonstrate the Ability to Serve as a Team Leader in a Variety of Emergency Settings

<table>
<thead>
<tr>
<th>Newborn</th>
<th>Infants</th>
<th>Toddler</th>
<th>Preschl</th>
<th>Sch Age</th>
<th>Adolescent</th>
<th>Adult</th>
<th>Geriatric</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Perform a Comprehensive Assessment on the Following

<table>
<thead>
<tr>
<th>Newborn</th>
<th>Infants</th>
<th>Toddler</th>
<th>Preschl</th>
<th>Sch Age</th>
<th>Adolescent</th>
<th>Adult</th>
<th>Geriatric</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Key to Above Age Groups**

<table>
<thead>
<tr>
<th>Newborn</th>
<th>Infants</th>
<th>Toddler</th>
<th>Preschl</th>
<th>Sch Age</th>
<th>Adolescent</th>
<th>Adult</th>
<th>Geriatric</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 – 1 MO</td>
<td>1 MO - 1 YR</td>
<td>1 – 3 YRS</td>
<td>3 – 5 YRS</td>
<td>6 – 12 YRS</td>
<td>13 – 17 YRS</td>
<td>18 – 64 YRS</td>
<td>65 AND UP</td>
</tr>
</tbody>
</table>

---

**SF College Document / Record**  
**Please Complete Both Sides - Part 1 of 2**
Directions to the Preceptor:

Please use the rating scales below to describe your evaluation of the student today. Please discuss the rationale for your evaluation with the student. There is space provided for additional comments and signatures.

### AFFECTIVE

<table>
<thead>
<tr>
<th>Preparedness</th>
<th>On Time</th>
<th>1 – 10 min late</th>
<th>&gt; 10 min late</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appearance</td>
<td>Professional</td>
<td>Non-Professional</td>
<td></td>
</tr>
<tr>
<td>Attitude / Behavior</td>
<td>Positive</td>
<td>Negative</td>
<td></td>
</tr>
<tr>
<td>Accepts Feedback Well</td>
<td>Always</td>
<td>Sometimes</td>
<td>Never</td>
</tr>
<tr>
<td>Study Time Use / Self-Motivation</td>
<td>Satisfactory</td>
<td>Needs Improvement</td>
<td>Unsatisfactory</td>
</tr>
<tr>
<td>Safety Precautions</td>
<td>Satisfactory</td>
<td>Needs Improvement</td>
<td>Unsatisfactory</td>
</tr>
<tr>
<td>Involvement with Patient &amp; Communication Preceptor Relationship / Teamwork</td>
<td>Satisfactory</td>
<td>Needs Improvement</td>
<td>Unsatisfactory</td>
</tr>
<tr>
<td>Patient Relationships</td>
<td>Satisfactory</td>
<td>Needs Improvement</td>
<td>Unsatisfactory</td>
</tr>
</tbody>
</table>

### COGNITIVE

| History of Chief Complaint | Satisfactory | Needs Improvement | Unsatisfactory | N/A |
| Trauma Assessment | Satisfactory | Needs Improvement | Unsatisfactory | N/A |
| Medical Assessment | Satisfactory | Needs Improvement | Unsatisfactory | N/A |
| ALS Treatment Decisions | Satisfactory | Needs Improvement | Unsatisfactory | N/A |
| BLS Treatment Decisions | Satisfactory | Needs Improvement | Unsatisfactory | N/A |
| Telemetry Reports | Satisfactory | Needs Improvement | Unsatisfactory | N/A |
| Verbal Reports to RN | Satisfactory | Needs Improvement | Unsatisfactory | N/A |
| Report Writing | Satisfactory | Needs Improvement | Unsatisfactory | N/A |
| Knowledge of ALS Theory | Satisfactory | Needs Improvement | Unsatisfactory | N/A |
| Knowledge of BLS Theory | Satisfactory | Needs Improvement | Unsatisfactory | N/A |

### PHYSCHOMOTOR

| BLS Skills Performance | Satisfactory | Needs Improvement | Unsatisfactory | N/A |
| ALS Skills Performance | Satisfactory | Needs Improvement | Unsatisfactory | N/A |

**Evaluator Comments and Suggested Improvements**

Preceptor/Evaluator Signature: ____________________________

Student Signature: ____________________________

---

SF College Document / Record

PLEASE COMPLETE BOTH SIDES - PART 2 OF 2
EMERGENCY MEDICAL SERVICES PROGRAMS
DAILY TIME SHEET OF STUDENT CLINICAL PERFORMANCE
PARAMEDIC – TIME SHEET

CHECK ONE: ☐ PARAMEDIC PHASE I  ☐ PARAMEDIC PHASE II  ☐ PARAMEDIC PHASE III

Student Name: ___________________________________________ Date: ______/_____/______  
Printed First and Last

Evaluator Name: ___________________________________________ Clinical Site: ____________________________  
Printed First and Last

Time In: ______:____  Time Out: ______:____  Total Time: ______:____

<table>
<thead>
<tr>
<th>TIME</th>
<th>PATIENT/EVENT</th>
<th>DIAGNOSIS / PROBLEM / COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Use additional sheets if necessary
# EMERGENCY MEDICAL SERVICES PROGRAMS
## STUDENT CLINICAL SITE EVALUATION

### PARAMEDIC – CLINICAL EVALUATION

This form is to be filled out by the **student** regarding their clinical experience.

Student Name: ___________________________ Clinical Site: ___________________________ Date: ____/____/____

<table>
<thead>
<tr>
<th>PARAMEDIC STUDENTS – EVALUATE YOUR CLINICAL EXPERIENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>STUDY TIME USED WITH STUDENT</td>
</tr>
<tr>
<td>INVOLVEMENT WITH STUDENT</td>
</tr>
<tr>
<td>ALLOWING STUDENT to interact with PATIENT</td>
</tr>
<tr>
<td>GOING over EQUIPMENT with STUDENT</td>
</tr>
<tr>
<td>GOING over BLS Tx Decisions with STUDENT</td>
</tr>
<tr>
<td>GOING over BLS Skill Performance with STUDENT</td>
</tr>
<tr>
<td>GOING over Telemetry Reports with STUDENT</td>
</tr>
<tr>
<td>GOING OVER Verbal Reports to RN</td>
</tr>
<tr>
<td>GOING OVER REPORT writing with STUDENT</td>
</tr>
<tr>
<td>STUDENT RELATIONSHIP</td>
</tr>
<tr>
<td>GOING over ALS Tx Decisions</td>
</tr>
<tr>
<td>GOING over ALS Skill Performance</td>
</tr>
<tr>
<td>GOING over Protocol Knowledge</td>
</tr>
</tbody>
</table>

**STUDENT COMMENTS:**

---

**Clinical Coordinator Comments:**

---

SF College Document / Record

STUDENT - PLEASE COMPLETE BOTH SIDES - PART 2 OF 2

Page 4 of 4
Objectives:

Objective Completed (Preceptor’s Initials)

_____ Demonstrate suctioning the upper airway by selecting a suction device, catheter and technique. (P-2)
_____ Demonstrate insertion of a nasogastric tube. (P-2)
_____ Demonstrate insertion of an orogastric tube. (P-2)
_____ Demonstrate insertion of an oropharyngeal airway. (P-2)
_____ Demonstrate insertion of a nasopharyngeal airway. (P-2)

Comment(s):

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
**Emergency Medical Services Programs**

**Daily Evaluation of Student Clinical Performance**

**Paramedic**

---

**Check One:**
- [ ] Phase I
- [ ] Phase II
- [ ] Phase III

**Student Name:**

**Evaluator Name:**

**Clinical Site:**

**Printed First and Last**

**Date:** __/__/____

**Time In:** __:__

**Time Out:** __:__

**Total Time:** __:__

**Number of Emergency Response:**

**Number of Non-Emergency Response:**

---

**Number of Wildfire Response:**

**Number of Patients Evaluated:**

- Hospital
- Rescue

<table>
<thead>
<tr>
<th>Clinical Coordinator Comments:</th>
</tr>
</thead>
</table>

---

**Number of Times Student Has Demonstrated the Ability to Perform the Skill Successfully**

**Use Numeric Values Only**

<table>
<thead>
<tr>
<th>Newborn</th>
<th>Infants</th>
<th>Toddler</th>
<th>Preschl</th>
<th>Sch Age</th>
<th>Adolescent</th>
<th>Adult</th>
<th>Geriatric</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Safely Administers Medication
- ET Intubation (Manikin in Lab)
- Live Intubations
- Safely Gains Venous Access
- Ventilate Unintubated Pt

---

**Demonstrate the Ability to Serve as a Team Leader in a Variety of Emergency Settings**

<table>
<thead>
<tr>
<th>Newborn</th>
<th>Infants</th>
<th>Toddler</th>
<th>Preschl</th>
<th>Sch Age</th>
<th>Adolescent</th>
<th>Adult</th>
<th>Geriatric</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**Perform a Comprehensive Assessment on the Following**

<table>
<thead>
<tr>
<th>Newborn</th>
<th>Infants</th>
<th>Toddler</th>
<th>Preschl</th>
<th>Sch Age</th>
<th>Adolescent</th>
<th>Adult</th>
<th>Geriatric</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Obstetric
- Trauma Assessment
- Medical Assessment
- Psychiatric
- Assess / Plan Rx of Chest Pain
- Assess / Plan Rx of Respiratory
- Assess / Plan Rx of Syncope
- Assess / Plan Rx of Abdominal
- Assess / Plan Rx of ALOC

---

**Key to Above Age Groups**

<table>
<thead>
<tr>
<th>Newborn</th>
<th>Infants</th>
<th>Toddler</th>
<th>Preschl</th>
<th>Sch Age</th>
<th>Adolescent</th>
<th>Adult</th>
<th>Geriatric</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 – 1 MO</td>
<td>1 MO - 1 YR</td>
<td>1 – 3 YRS</td>
<td>3 – 5 YRS</td>
<td>6 – 12 YRS</td>
<td>13 – 17 YRS</td>
<td>18 – 64 YRS</td>
<td>65 and up</td>
</tr>
</tbody>
</table>
Directions to the Preceptor:

Please use the rating scales below to describe your evaluation of the student today. Please discuss the rationale for your evaluation with the student. There is space provided for additional comments and signatures.

### AFFECTIVE

<table>
<thead>
<tr>
<th>Aspect</th>
<th>On Time</th>
<th>1 – 10 min Late</th>
<th>&gt; 10 min Late</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preparedness</td>
<td>Professional</td>
<td>Non-Professional</td>
<td></td>
</tr>
<tr>
<td>Appearance</td>
<td>Positive</td>
<td>Negative</td>
<td></td>
</tr>
<tr>
<td>Accepts Feedback Well</td>
<td>Always</td>
<td>Sometimes</td>
<td>Never</td>
</tr>
<tr>
<td>Study Time Use / Self-Motivation</td>
<td>Satisfactory</td>
<td>Needs Improvement</td>
<td>Unsatisfactory</td>
</tr>
<tr>
<td>Safety Precautions</td>
<td>Satisfactory</td>
<td>Needs Improvement</td>
<td>Unsatisfactory</td>
</tr>
<tr>
<td>Involvement with Patient &amp; Communication</td>
<td>Satisfactory</td>
<td>Needs Improvement</td>
<td>Unsatisfactory</td>
</tr>
<tr>
<td>Preceptor Relationship / Teamwork</td>
<td>Satisfactory</td>
<td>Needs Improvement</td>
<td>Unsatisfactory</td>
</tr>
</tbody>
</table>

### COGNITIVE

| Aspect                                                   | Satisfactory    | Needs Improvement| Unsatisfactory| N/A |
|----------------------------------------------------------|-----------------|------------------|---------------|
| History of Chief Complaint                               |                 |                  |               |
| Trauma Assessment                                        |                 |                  |               |
| Medical Assessment                                       |                 |                  |               |
| ALS Treatment Decisions                                  |                 |                  |               |
| BLS Treatment Decisions                                  |                 |                  |               |
| Telemetry Reports                                        |                 |                  |               |
| Verbal Reports to RN                                     |                 |                  |               |
| Report Writing                                           |                 |                  |               |
| Knowledge of ALS Theory                                  |                 |                  |               |
| Knowledge of BLS Theory                                  |                 |                  |               |

### PHYSICOMOTOR

| Aspect                                                   | Satisfactory    | Needs Improvement| Unsatisfactory| N/A |
|----------------------------------------------------------|-----------------|------------------|---------------|
| BLS Skills Performance                                  |                 |                  |               |
| ALS Skills Performance                                  |                 |                  |               |

### EVALUATOR COMMENTS AND SUGGESTED IMPROVEMENTS

Preceptor/Evaluator Signature:  
Student Signature:
**EMERGENCY MEDICAL SERVICES PROGRAMS**  
**DAILY TIME SHEET OF STUDENT CLINICAL PERFORMANCE**  
**PARAMEDIC – TIME SHEET**

<table>
<thead>
<tr>
<th>CHECK ONE:</th>
<th>PARAMEDIC PHASE I</th>
<th>PARAMEDIC PHASE II</th>
<th>PARAMEDIC PHASE III</th>
</tr>
</thead>
</table>

Student Name: ___________________________  
Date: ________ / _______ / ________  
PRINTED FIRST AND LAST

Evaluator Name: ___________________________  
Clinical Site: ___________________________  
PRINTED FIRST AND LAST

Time In: _____ : _____  
Time Out: _____ : _____  
Total Time: _____ : _____

<table>
<thead>
<tr>
<th>TIME</th>
<th>PATIENT/EVENT</th>
<th>DIAGNOSIS / PROBLEM / COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Use additional sheets if necessary*
**PARAMEDIC – CLINICAL EVALUATION**

**PARAMEDIC STUDENTS – EVALUATE YOUR CLINICAL EXPERIENCE**

<table>
<thead>
<tr>
<th>Category</th>
<th>Excellent</th>
<th>Good</th>
<th>Average</th>
<th>Marginal</th>
<th>Poor</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Study Time Used with Student</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Involvement with Student</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allowing Student to Interact with Patient</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Going over Equipment with Student</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Going over BLS Tx Decisions with Student</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Going over BLS Skill Performance with Student</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Going over Telemetry Reports with Student</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Going over Verbal Reports to RN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Going over Report Writing with Student</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student Relationship</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Going over ALS Tx Decisions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Going over ALS Skill Performance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Going over Protocol Knowledge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**STUDENT COMMENTS:**

---

**Clinical Coordinator Comments:**

---
SHIFT – 3 (Objectives Check-Off)

Objectives:

Objective Completed (Preceptor’s Initials)

_____ Demonstrate ventilating a patient by the following techniques: (P-2)
   a. Mouth-to-mask ventilation
   b. One person bag-valve-mask
   c. Two person bag-valve-mask
   d. Three person bag-valve-mask
   e. Flow-restricted, oxygen-powered ventilation device
   f. Automatic transport ventilator
   g. Mouth-to-stoma
   h. Bag-valve-mask-to-stoma ventilation

Comment(s):______________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
**EMERGENCY MEDICAL SERVICES PROGRAMS**
**DAILY EVALUATION OF STUDENT CLINICAL PERFORMANCE**
**PARAMEDIC**

**CHECK ONE:**  ☐ PHASE I  ☐ PHASE II  ☐ PHASE III

Student Name: ____________________________ Date: _____ / _____ / _______

Evaluating Name: _________________________ Clinical Site: _______________________

Printed First and Last


<table>
<thead>
<tr>
<th>NUMBER OF EMERGENCY RESPONSE WITH TRANSPORT:</th>
<th>Clinical Coordinator Comments:</th>
</tr>
</thead>
<tbody>
<tr>
<td>NUMBER OF NON-EMERGENCY RESPONSE WITH TRANSPORT:</td>
<td></td>
</tr>
<tr>
<td>NUMBER OF RESPONSE WITHOUT TRANSPORTS:</td>
<td></td>
</tr>
<tr>
<td>Total Number of Patients Evaluated:</td>
<td></td>
</tr>
<tr>
<td>☐ Hospital  ☐ Rescue</td>
<td></td>
</tr>
</tbody>
</table>

**NUMBER OF TIMES STUDENT HAS DEMONSTRATED THE ABILITY TO PERFORM THE SKILL SUCCESSFULLY**
*Use numeric values only*

<table>
<thead>
<tr>
<th>Newborn</th>
<th>Infants</th>
<th>Toddler</th>
<th>Preschool</th>
<th>School Age</th>
<th>Adolescent</th>
<th>Adult</th>
<th>Geriatric</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>SAFELY ADMINISTERS MEDICATION</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>ET INTUBATION (MANIKIN IN LAB)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>LIVE INTUBATIONS</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>SAFELY GAINS VENOUS ACCESS</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>VENTILATE UNINTUBATED PT</td>
</tr>
</tbody>
</table>

**DEMONSTRATE THE ABILITY TO SERVE AS A TEAM LEADER IN A VARIETY OF EMERGENCY SETTINGS**

<table>
<thead>
<tr>
<th>Newborn</th>
<th>Infants</th>
<th>Toddler</th>
<th>Preschool</th>
<th>School Age</th>
<th>Adolescent</th>
<th>Adult</th>
<th>Geriatric</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PERFORM A COMPREHENSIVE ASSESSMENT ON THE FOLLOWING**

<table>
<thead>
<tr>
<th>Newborn</th>
<th>Infants</th>
<th>Toddler</th>
<th>Preschool</th>
<th>School Age</th>
<th>Adolescent</th>
<th>Adult</th>
<th>Geriatric</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>OBSTETRIC</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>TRAUMA ASSESSMENT</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>MEDICAL ASSESSMENT</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>PSYCHIATRIC</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>ASSESS / PLAN Rx OF CHEST PAIN</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>ASSESS / PLAN Rx OF RESPIRATORY</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>ASSESS / PLAN Rx OF SYNOEPE</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>ASSESS / PLAN Rx OF ABDOMINAL</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>ASSESS / PLAN Rx OF ALOC</td>
</tr>
</tbody>
</table>

**KEY TO ABOVE AGE GROUPS**

<table>
<thead>
<tr>
<th>Newborn</th>
<th>Infants</th>
<th>Toddler</th>
<th>Preschool</th>
<th>School Age</th>
<th>Adolescent</th>
<th>Adult</th>
<th>Geriatric</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 – 1 MO</td>
<td>1 MO - 1 YR</td>
<td>1 – 3 YRS</td>
<td>3 – 5 YRS</td>
<td>6 – 12 YRS</td>
<td>13 – 17 YRS</td>
<td>18 – 64 YRS</td>
<td>65 AND UP</td>
</tr>
</tbody>
</table>

SF College Document / Record
PLEASE COMPLETE BOTH SIDES - PART 1 OF 2
Directions to the Preceptor:

Please use the rating scales below to describe your evaluation of the student today. Please discuss the rationale for your evaluation with the student. There is space provided for additional comments and signatures.

### AFFECTIVE

<table>
<thead>
<tr>
<th>Category</th>
<th>On Time</th>
<th>1 – 10 min late</th>
<th>&gt; 10 min late</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preparedness</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appearance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attitude / Behavior</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accepts Feedback Well</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Study Time Use / Self-Motivation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safety Precautions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Involvement with Patient &amp; Communication</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preceptor Relationship / Teamwork</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Relationships</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### COGNITIVE

<table>
<thead>
<tr>
<th>Category</th>
<th>Satisfactory</th>
<th>Needs Improvement</th>
<th>Unsatisfactory</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>History of Chief Complaint</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trauma Assessment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Assessment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALS Treatment Decisions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BLS Treatment Decisions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telemetry Reports</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Verbal Reports to RN</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Report Writing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knowledge of ALS Theory</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knowledge of BLS Theory</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### PHYSICOMOTOR

<table>
<thead>
<tr>
<th>Category</th>
<th>Satisfactory</th>
<th>Needs Improvement</th>
<th>Unsatisfactory</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>BLS Skills Performance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALS Skills Performance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**EVALUATOR COMMENTS AND SUGGESTED IMPROVEMENTS**

Preceptor/Evaluator Signature:  
Student Signature:
## EMERGENCY MEDICAL SERVICES PROGRAMS

### DAILY TIME SHEET OF STUDENT CLINICAL PERFORMANCE

#### PARAMEDIC – TIME SHEET

**CHECK ONE:** ☐ PARAMEDIC PHASE I  ☐ PARAMEDIC PHASE II  ☐ PARAMEDIC PHASE III

<table>
<thead>
<tr>
<th>TIME</th>
<th>PATIENT/EVENT</th>
<th>DIAGNOSIS / PROBLEM / COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Use additional sheets if necessary*

**Student Name:** __________________________________________  **Date:** _____ / _____ / ______

**Evaluator Name:** ________________________________________  **Clinical Site:** __________________________

**Time In:** _____:_____  **Time Out:** _____:_____  **Total Time:** _____:_____
### Paramedic Students – Evaluate Your Clinical Experience

<table>
<thead>
<tr>
<th>STUDY TIME USED WITH STUDENT</th>
<th>EXCELLENT</th>
<th>GOOD</th>
<th>AVERAGE</th>
<th>MARGINAL</th>
<th>POOR</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>INVO VEMENT WITH STUDENT</td>
<td>EXCELLENT</td>
<td>GOOD</td>
<td>AVERAGE</td>
<td>MARGINAL</td>
<td>POOR</td>
<td>N/A</td>
</tr>
<tr>
<td>ALLOWING STUDENT TO INTERACT WITH PATIENT</td>
<td>EXCELLENT</td>
<td>GOOD</td>
<td>AVERAGE</td>
<td>MARGINAL</td>
<td>POOR</td>
<td>N/A</td>
</tr>
<tr>
<td>GOING OVER EQUIPMENT WITH STUDENT</td>
<td>EXCELLENT</td>
<td>GOOD</td>
<td>AVERAGE</td>
<td>MARGINAL</td>
<td>POOR</td>
<td>N/A</td>
</tr>
<tr>
<td>GOING OVER BLS TX DECISIONS WITH STUDENT</td>
<td>EXCELLENT</td>
<td>GOOD</td>
<td>AVERAGE</td>
<td>MARGINAL</td>
<td>POOR</td>
<td>N/A</td>
</tr>
<tr>
<td>GOING OVER BLS SKILL PERFORMANCE WITH STUDENT</td>
<td>EXCELLENT</td>
<td>GOOD</td>
<td>AVERAGE</td>
<td>MARGINAL</td>
<td>POOR</td>
<td>N/A</td>
</tr>
<tr>
<td>GOING OVER TELEMETRY REPORTS WITH STUDENT</td>
<td>EXCELLENT</td>
<td>GOOD</td>
<td>AVERAGE</td>
<td>MARGINAL</td>
<td>POOR</td>
<td>N/A</td>
</tr>
<tr>
<td>GOING OVER VERBAL REPORTS TO RN</td>
<td>EXCELLENT</td>
<td>GOOD</td>
<td>AVERAGE</td>
<td>MARGINAL</td>
<td>POOR</td>
<td>N/A</td>
</tr>
<tr>
<td>GOING OVER REPORT WRITING WITH STUDENT</td>
<td>EXCELLENT</td>
<td>GOOD</td>
<td>AVERAGE</td>
<td>MARGINAL</td>
<td>POOR</td>
<td>N/A</td>
</tr>
<tr>
<td>STUDENT RELATIONSHIP</td>
<td>EXCELLENT</td>
<td>GOOD</td>
<td>AVERAGE</td>
<td>MARGINAL</td>
<td>POOR</td>
<td>N/A</td>
</tr>
<tr>
<td>GOING OVER ALS TX DECISIONS</td>
<td>EXCELLENT</td>
<td>GOOD</td>
<td>AVERAGE</td>
<td>MARGINAL</td>
<td>POOR</td>
<td>N/A</td>
</tr>
<tr>
<td>GOING OVER ALS SKILL PERFORMANCE</td>
<td>EXCELLENT</td>
<td>GOOD</td>
<td>AVERAGE</td>
<td>MARGINAL</td>
<td>POOR</td>
<td>N/A</td>
</tr>
<tr>
<td>GOING OVER PROTOCOL KNOWLEDGE</td>
<td>EXCELLENT</td>
<td>GOOD</td>
<td>AVERAGE</td>
<td>MARGINAL</td>
<td>POOR</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Student Comments:**

**Clinical Coordinator Comments:**
SHIFT – 4 (Objectives Check-Off)

Objectives:

Objective Completed (Preceptor’s Initials)

_____ Demonstrate the examination of skin, hair and nails. (P-2)
_____ Demonstrate the examination of the head and neck. (P-2)
_____ Demonstrate the examination of the eyes. (P-2)
_____ Demonstrate the examination of the ears. (P-2)
_____ Demonstrate the assessment of visual acuity. (P-2)
_____ Demonstrate the examination of the nose. (P-2)
_____ Demonstrate the examination of the mouth and pharynx. (P-2)
_____ Demonstrate the examination of the neck. (P-2)
_____ Demonstrate the examination of the thorax and ventilation. (P-2)
_____ Demonstrate the examination of the posterior chest. (P-2)
_____ Demonstrate auscultation of the chest. (P-2)
_____ Demonstrate percussion of the chest. (P-2)
_____ Demonstrate the examination of the anterior chest. (P-2)
_____ Demonstrate special examination techniques related to the assessment of the chest. (P-2)
_____ Demonstrate the examination of the arterial pulse including location, rate, rhythm, and amplitude. (P-2)
_____ Demonstrate the assessment of jugular venous pressure and pulsations. (P-2)
_____ Demonstrate the examination of the heart and blood vessels. (P-2)
_____ Demonstrate special examination techniques of the cardiovascular examination. (P-2)
_____ Demonstrate the examination of the abdomen. (P-2)
_____ Demonstrate auscultation of the abdomen. (P-2)
_____ Demonstrate the external visual examination of the female genitalia. (P-2)
_____ Demonstrate the examination of the male genitalia. (P-2)
_____ Demonstrate the examination of the peripheral vascular system. (P-2)
_____ Demonstrate the examination of the musculoskeletal system. (P-2)
_____ Demonstrate the examination of the nervous system. (P-2)

Comment(s):______________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
### EMERGENCY MEDICAL SERVICES PROGRAMS

**DAILY EVALUATION OF STUDENT CLINICAL PERFORMANCE**

**PARAMEDIC**

#### CHECK ONE:  [ ] PHASE I  [ ] PHASE II  [ ] PHASE III

**Student Name:** ________________________________ **Date:** __________/________/__________

**Evaluator Name:** ________________________________ **Clinic Site:** ________________________________

**Time In:** _____:_____ **Time Out:** _____:_____ **Total Time:** _____:_____ **Grade (IF APPLICABLE):** ________________________________

<table>
<thead>
<tr>
<th>Clinical Coordinator Comments:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NUMBER OF EMERGENCY RESPONSE</strong></td>
</tr>
<tr>
<td>WITH TRANSPORT:</td>
</tr>
<tr>
<td>NUMBER OF NON-EMERGENCY RESPONSE</td>
</tr>
<tr>
<td>WITH TRANSPORT:</td>
</tr>
<tr>
<td>NUMBER OF RESPONSE</td>
</tr>
<tr>
<td>WITHOUT TRANSPORTS:</td>
</tr>
<tr>
<td>TOTAL NUMBER OF PATIENTS EVALUATED:</td>
</tr>
<tr>
<td>[ ] HOSPITAL  [ ] RESCUE</td>
</tr>
</tbody>
</table>

#### NUMBER OF TIMES STUDENT HAS DEMONSTRATED THE ABILITY TO PERFORM THE SKILL SUCCESSFULLY

**Use numeric values only**

<table>
<thead>
<tr>
<th>NEWBORN</th>
<th>INFANTS</th>
<th>TODDLER</th>
<th>PRESCHL</th>
<th>SCH AGE</th>
<th>ADOLESCENT</th>
<th>ADULT</th>
<th>GERIATRIC</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>SAFELY ADMINISTERS MEDICATION</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>ET INTUBATION (MANIKIN IN LAB)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>LIVE INTUBATIONS</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>SAFELY GAINS VENOUS ACCESS</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>VENTILATE UNINTUBATED PT</td>
</tr>
</tbody>
</table>

#### DEMONSTRATE THE ABILITY TO SERVE AS A TEAM LEADER IN A VARIETY OF EMERGENCY SETTINGS

<table>
<thead>
<tr>
<th>NEWBORN</th>
<th>INFANTS</th>
<th>TODDLER</th>
<th>PRESCHL</th>
<th>SCH AGE</th>
<th>ADOLESCENT</th>
<th>ADULT</th>
<th>GERIATRIC</th>
</tr>
</thead>
</table>

#### PERFORM A COMPREHENSIVE ASSESSMENT ON THE FOLLOWING

<table>
<thead>
<tr>
<th>NEWBORN</th>
<th>INFANTS</th>
<th>TODDLER</th>
<th>PRESCHL</th>
<th>SCH AGE</th>
<th>ADOLESCENT</th>
<th>ADULT</th>
<th>GERIATRIC</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>OBSTETRIC</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>TRAUMA ASSESSMENT</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>MEDICAL ASSESSMENT</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>PSYCHIATRIC</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>ASSESS / PLAN RX OF CHEST PAIN</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>ASSESS / PLAN RX OF RESPIRATORY</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>ASSESS / PLAN RX OF SYMPTOMS</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>ASSESS / PLAN RX OF ABDOMINAL</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>ASSESS / PLAN RX OF ALOC</td>
</tr>
</tbody>
</table>

#### KEY TO ABOVE AGE GROUPS

<table>
<thead>
<tr>
<th>NEWBORN</th>
<th>INFANTS</th>
<th>TODDLER</th>
<th>PRESCHL</th>
<th>SCH AGE</th>
<th>ADOLESCENT</th>
<th>ADULT</th>
<th>GERIATRIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 – 1 MO</td>
<td>1 MO - 1 YR</td>
<td>1 – 3 YRS</td>
<td>3 – 5 YRS</td>
<td>6 – 12 YRS</td>
<td>13 – 17 YRS</td>
<td>18 – 64 YRS</td>
<td>65 AND UP</td>
</tr>
</tbody>
</table>
Directions to the Preceptor:

Please use the rating scales below to describe your evaluation of the student today. Please discuss the rationale for your evaluation with the student. There is space provided for additional comments and signatures.

**AFFECTIVE**

<table>
<thead>
<tr>
<th></th>
<th>On Time</th>
<th>1 – 10 min late</th>
<th>&gt; 10 min late</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preparedness</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appearance</td>
<td>Profession</td>
<td>Non-Professional</td>
<td></td>
</tr>
<tr>
<td>Attitude / Behavior</td>
<td>Positive</td>
<td>Negative</td>
<td></td>
</tr>
<tr>
<td>Accepts Feedback Well</td>
<td>Always</td>
<td>Sometimes</td>
<td>Never</td>
</tr>
<tr>
<td>Study Time Use / Self-Motivation</td>
<td>Satisfactory</td>
<td>Needs Improvement</td>
<td>Unsatisfactory</td>
</tr>
<tr>
<td>Safety Precautions</td>
<td>Satisfactory</td>
<td>Needs Improvement</td>
<td>Unsatisfactory</td>
</tr>
<tr>
<td>Involvement with Patient &amp; Communication</td>
<td>Satisfactory</td>
<td>Needs Improvement</td>
<td>Unsatisfactory</td>
</tr>
<tr>
<td>Preceptor Relationship / Teamwork</td>
<td>Satisfactory</td>
<td>Needs Improvement</td>
<td>Unsatisfactory</td>
</tr>
<tr>
<td>Patient Relationships</td>
<td>Satisfactory</td>
<td>Needs Improvement</td>
<td>Unsatisfactory</td>
</tr>
</tbody>
</table>

**COGNITIVE**

<table>
<thead>
<tr>
<th></th>
<th>Satisfactory</th>
<th>Needs Improvement</th>
<th>Unsatisfactory</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>History of Chief Complaint</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trauma Assessment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Assessment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALS Treatment decisions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BLS Treatment Decisions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telemetry Reports</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Verbal Reports to RN</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Report Writing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knowledge of ALS Theory</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knowledge of BLS Theory</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PHYSICOMOTOR**

<table>
<thead>
<tr>
<th></th>
<th>Satisfactory</th>
<th>Needs Improvement</th>
<th>Unsatisfactory</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>BLS Skills Performance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALS Skills Performance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Evaluator Comments and Suggested Improvements**

Preceptor/Evaluator
Signature:  
Student
Signature:
**CHECK ONE:**  
- [ ] PARAMEDIC PHASE I  
- [ ] PARAMEDIC PHASE II  
- [ ] PARAMEDIC PHASE III

**Student Name:** ____________________________  
**Date:** ________ / ________ / ________  
**Evaluator Name:** ____________________________  
**Clinical Site:** ____________________________

**Time In:** _____ : _____  
**Time Out:** _____ : _____  
**Total Time:** _____ : _____

<table>
<thead>
<tr>
<th>TIME</th>
<th>PATIENT/EVENT</th>
<th>DIAGNOSIS / PROBLEM / COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Use additional sheets if necessary*
S T U D E N T  C L I N I C A L  S I T E  E V A L U A T I O N 

PARAMEDIC – CLINICAL EVALUATION

THIS FORM IS TO BE FILLED OUT BY THE STUDENT REGARDING THEIR CLINICAL EXPERIENCE.

Student Name: ___________________________  Clinical Site: ___________________________  Date: __/__/____

<table>
<thead>
<tr>
<th>PARAMEDIC STUDENTS – EVALUATE YOUR CLINICAL EXPERIENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>STUDY TIME USED WITH STUDENT</td>
</tr>
<tr>
<td>INVOLVEMENT WITH STUDENT</td>
</tr>
<tr>
<td>ALLOWING STUDENT TO INTERACT WITH PATIENT</td>
</tr>
<tr>
<td>GOING over EQUIPMENT with STUDENT</td>
</tr>
<tr>
<td>GOING over BLS Tx DECISIONS with STUDENT</td>
</tr>
<tr>
<td>GOING over BLS SKILL PERFORMANCE with STUDENT</td>
</tr>
<tr>
<td>GOING over Telemetry Reports with STUDENT</td>
</tr>
<tr>
<td>GOING over VERBAL REPORTS to RN</td>
</tr>
<tr>
<td>GOING over REPORT WRITING with STUDENT</td>
</tr>
<tr>
<td>STUDENT RELATIONSHIP</td>
</tr>
<tr>
<td>GOING over ALS Tx DECISIONS</td>
</tr>
<tr>
<td>GOING over ALS SKILL PERFORMANCE</td>
</tr>
<tr>
<td>GOING over Protocol Knowledge</td>
</tr>
</tbody>
</table>

STUDENT COMMENTS:


Clinical Coordinator Comments: 


SF College Document / Record

STUDENT - PLEASE COMPLETE BOTH SIDES - PART 2 OF 2
Objectives:

Objective Completed (Preceptor’s Initials)

_____ Observe various scenarios and identify potential hazards. (P-1)
_____ Demonstrate the scene-size-up. (P-2)
_____ Demonstrate the techniques for assessing mental status. (P-2)
_____ Demonstrate the techniques for assessing the airway. (P-2)
_____ Demonstrate the techniques for assessing if the patient is breathing. (P-2)
_____ Demonstrate the techniques for assessing if the patient has a pulse. (P-2)
_____ Demonstrate the techniques for assessing the patient for external bleeding. (P-2)
_____ Demonstrate the techniques for assessing the patient’s skin color, temperature, and condition. (P-2)
_____ Demonstrate the ability to prioritize patients. (P-2)
_____ Using the techniques of examination, demonstrate the assessment of a medical patient. (P-2)
_____ Demonstrate the patient care skills that should be used to assist with a patient who is responsive with no known history. (P-2)
_____ Demonstrate the patient care skills that should be used to assist with a patient who is unresponsive or has an altered mental status. (P-2)
_____ Using the techniques of physical examination, demonstrate the assessment of a trauma patient. (P-2)
_____ Demonstrate the rapid trauma assessment used to assess a patient based on mechanism of injury. (P-2)
_____ Demonstrate the skills involved in performing the on-going assessment. (P-2)
_____ Demonstrate the ability to use the local dispatch communications system. (P-1)
_____ Demonstrate the ability to use a radio. (P-1)
_____ Demonstrate the ability to use the biotelemetry equipment used locally. (P-1)

Comments _______________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
**EMERGENCY MEDICAL SERVICES PROGRAMS**
**DAILY EVALUATION OF STUDENT CLINICAL PERFORMANCE**
**PARAMEDIC**

<table>
<thead>
<tr>
<th>CHECK ONE:</th>
<th>PHASE I</th>
<th>PHASE II</th>
<th>PHASE III</th>
</tr>
</thead>
</table>

**Student Name:**

**Evaluator Name:**

**Clinical Site:**

**Date:**

**Time In:**
**Time Out:**
**Total Time:**
**Grade (IF APPLICABLE):**

**NUMBER OF EMERGENCY RESPONSE WITH TRANSPORT:**

**NUMBER OF NON-EMERGENCY RESPONSE WITH TRANSPORT:**

**NUMBER OF RESPONSE WITHOUT TRANSPORTS:**

**TOTAL NUMBER OF PATIENTS EVALUATED:**

**Clinical Coordinator Comments:**

**NUMBER OF TIMES STUDENT HAS DEMONSTRATED THE ABILITY TO PERFORM THE SKILL SUCCESSFULLY**

<table>
<thead>
<tr>
<th>NEWBORN</th>
<th>INFANTS</th>
<th>TODDLER</th>
<th>PRESCHL</th>
<th>SCH AGE</th>
<th>ADOLESCENT</th>
<th>ADULT</th>
<th>GERIATRIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAFELY ADMINISTERS MEDICATION</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ET INTUBATION (MANIKIN IN LAB)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LIVE INTUBATIONS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SAFELY GAINS VENOUS ACCESS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VENTILATE UNINTUBATED PT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**DEMONSTRATE THE ABILITY TO SERVE AS A TEAM LEADER IN A VARIETY OF EMERGENCY SETTINGS**

<table>
<thead>
<tr>
<th>NEWBORN</th>
<th>INFANTS</th>
<th>TODDLER</th>
<th>PRESCHL</th>
<th>SCH AGE</th>
<th>ADOLESCENT</th>
<th>ADULT</th>
<th>GERIATRIC</th>
</tr>
</thead>
</table>

**PERFORM A COMPREHENSIVE ASSESSMENT ON THE FOLLOWING**

<table>
<thead>
<tr>
<th>NEWBORN</th>
<th>INFANTS</th>
<th>TODDLER</th>
<th>PRESCHL</th>
<th>SCH AGE</th>
<th>ADOLESCENT</th>
<th>ADULT</th>
<th>GERIATRIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>OBSTETRIC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRAUMA ASSESSMENT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDICAL ASSESSMENT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PSYCHIATRIC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ASSESS / PLAN RX OF CHEST PAIN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ASSESS / PLAN RX OF RESPIRATORY</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ASSESS / PLAN RX OF SYMPTOMS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ASSESS / PLAN RX OF ABDOMINAL</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ASSESS / PLAN RX OF ALOC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**KEY TO ABOVE AGE GROUPS**

<table>
<thead>
<tr>
<th>NEWBORN</th>
<th>INFANTS</th>
<th>TODDLER</th>
<th>PRESCHL</th>
<th>SCH AGE</th>
<th>ADOLESCENT</th>
<th>ADULT</th>
<th>GERIATRIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 – 1 MO</td>
<td>1 MO - 1 YR</td>
<td>1 – 3 YRS</td>
<td>3 – 5 YRS</td>
<td>6 – 12 YRS</td>
<td>13 – 17 YRS</td>
<td>18 – 64 YRS</td>
<td>65 AND UP</td>
</tr>
</tbody>
</table>
Directions to the Preceptor:

Please use the rating scales below to describe your evaluation of the student today. Please discuss the rationale for your evaluation with the student. There is space provided for additional comments and signatures.

### AFFECTIVE

<table>
<thead>
<tr>
<th></th>
<th>On Time</th>
<th>1 – 10 min late</th>
<th>&gt; 10 min late</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preparedness</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appearance</td>
<td>Professional</td>
<td></td>
<td>Non-Professional</td>
</tr>
<tr>
<td>Attitude / Behavior</td>
<td>Positive</td>
<td></td>
<td>Negative</td>
</tr>
<tr>
<td>Accepts Feedback Well</td>
<td>Always</td>
<td></td>
<td>Never</td>
</tr>
<tr>
<td>Study Time Use / Self-Motivation</td>
<td>Satisfactory</td>
<td>Needs Improvement</td>
<td>Unsatisfactory</td>
</tr>
<tr>
<td>Safety Precautions</td>
<td>Satisfactory</td>
<td>Needs Improvement</td>
<td>Unsatisfactory</td>
</tr>
<tr>
<td>Involvement with Patient &amp; Communication</td>
<td>Satisfactory</td>
<td>Needs Improvement</td>
<td>Unsatisfactory</td>
</tr>
<tr>
<td>Preceptor Relationship / Teamwork</td>
<td>Satisfactory</td>
<td>Needs Improvement</td>
<td>Unsatisfactory</td>
</tr>
</tbody>
</table>

### COGNITIVE

<table>
<thead>
<tr>
<th></th>
<th>Satisfactory</th>
<th>Needs Improvement</th>
<th>Unsatisfactory</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>History of Chief Complaint</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trauma Assessment</td>
<td>Satisfactory</td>
<td>Needs Improvement</td>
<td>Unsatisfactory</td>
<td>N/A</td>
</tr>
<tr>
<td>Medical Assessment</td>
<td>Satisfactory</td>
<td>Needs Improvement</td>
<td>Unsatisfactory</td>
<td>N/A</td>
</tr>
<tr>
<td>ALS Treatment Decisions</td>
<td>Satisfactory</td>
<td>Needs Improvement</td>
<td>Unsatisfactory</td>
<td>N/A</td>
</tr>
<tr>
<td>BLS Treatment Decisions</td>
<td>Satisfactory</td>
<td>Needs Improvement</td>
<td>Unsatisfactory</td>
<td>N/A</td>
</tr>
<tr>
<td>Telemetry Reports</td>
<td>Satisfactory</td>
<td>Needs Improvement</td>
<td>Unsatisfactory</td>
<td>N/A</td>
</tr>
<tr>
<td>Verbal Reports to RN</td>
<td>Satisfactory</td>
<td>Needs Improvement</td>
<td>Unsatisfactory</td>
<td>N/A</td>
</tr>
<tr>
<td>Report Writing</td>
<td>Satisfactory</td>
<td>Needs Improvement</td>
<td>Unsatisfactory</td>
<td>N/A</td>
</tr>
<tr>
<td>Knowledge of ALS Theory</td>
<td>Satisfactory</td>
<td>Needs Improvement</td>
<td>Unsatisfactory</td>
<td>N/A</td>
</tr>
<tr>
<td>Knowledge of BLS Theory</td>
<td>Satisfactory</td>
<td>Needs Improvement</td>
<td>Unsatisfactory</td>
<td>N/A</td>
</tr>
</tbody>
</table>

### PHYSCHOMOTOR

<table>
<thead>
<tr>
<th></th>
<th>Satisfactory</th>
<th>Needs Improvement</th>
<th>Unsatisfactory</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>BLS Skills Performance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALS Skills Performance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### EVALUATOR COMMENTS AND SUGGESTED IMPROVEMENTS

Preceptor/Evaluator Signature:  
Student Signature:
**EMERGENCY MEDICAL SERVICES PROGRAMS**

**DAILY TIME SHEET OF STUDENT CLINICAL PERFORMANCE**

**PARAMEDIC – TIME SHEET**

<table>
<thead>
<tr>
<th>CHECK ONE:</th>
<th>☐ PARAMEDIC PHASE I</th>
<th>☐ PARAMEDIC PHASE II</th>
<th>☐ PARAMEDIC PHASE III</th>
</tr>
</thead>
</table>

Student Name: __________________________________________ Date: ____/____/____

PRINTED FIRST AND LAST

Evaluator Name: ________________________________________ Clinical Site: ___________________________________

PRINTED FIRST AND LAST

Time In: _____:_____  Time Out: _____:_____  Total Time: _____:_____  

<table>
<thead>
<tr>
<th>TIME</th>
<th>PATIENT/EVENT</th>
<th>DIAGNOSIS / PROBLEM / COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Use additional sheets if necessary*

---

**SF College Document / Record**

**STUDENT - PLEASE COMPLETE BOTH SIDES - PART 1 OF 2**
THIS FORM IS TO BE FILLED OUT BY THE STUDENT REGARDING THEIR CLINICAL EXPERIENCE.

Student Name: ____________________________  Clinical Site: ____________________________  Date: __/__/____

<table>
<thead>
<tr>
<th>STUDY TIME USED WITH STUDENT</th>
<th>EXCELLENT</th>
<th>GOOD</th>
<th>AVERAGE</th>
<th>MARGINAL</th>
<th>POOR</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>INVOLVEMENT WITH STUDENT</td>
<td>EXCELLENT</td>
<td>GOOD</td>
<td>AVERAGE</td>
<td>MARGINAL</td>
<td>POOR</td>
<td>N/A</td>
</tr>
<tr>
<td>ALLOWING STUDENT TO INTERACT WITH PATIENT</td>
<td>EXCELLENT</td>
<td>GOOD</td>
<td>AVERAGE</td>
<td>MARGINAL</td>
<td>POOR</td>
<td>N/A</td>
</tr>
<tr>
<td>GOING OVER EQUIPMENT WITH STUDENT</td>
<td>EXCELLENT</td>
<td>GOOD</td>
<td>AVERAGE</td>
<td>MARGINAL</td>
<td>POOR</td>
<td>N/A</td>
</tr>
<tr>
<td>GOING OVER BLS TX DECISIONS WITH STUDENT</td>
<td>EXCELLENT</td>
<td>GOOD</td>
<td>AVERAGE</td>
<td>MARGINAL</td>
<td>POOR</td>
<td>N/A</td>
</tr>
<tr>
<td>GOING OVER BLS SKILL PERFORMANCE WITH STUDENT</td>
<td>EXCELLENT</td>
<td>GOOD</td>
<td>AVERAGE</td>
<td>MARGINAL</td>
<td>POOR</td>
<td>N/A</td>
</tr>
<tr>
<td>GOING OVER TELEMETRY REPORTS WITH STUDENT</td>
<td>EXCELLENT</td>
<td>GOOD</td>
<td>AVERAGE</td>
<td>MARGINAL</td>
<td>POOR</td>
<td>N/A</td>
</tr>
<tr>
<td>GOING OVER VERBAL REPORTS TO RN</td>
<td>EXCELLENT</td>
<td>GOOD</td>
<td>AVERAGE</td>
<td>MARGINAL</td>
<td>POOR</td>
<td>N/A</td>
</tr>
<tr>
<td>GOING OVER REPORT WRITING WITH STUDENT</td>
<td>EXCELLENT</td>
<td>GOOD</td>
<td>AVERAGE</td>
<td>MARGINAL</td>
<td>POOR</td>
<td>N/A</td>
</tr>
<tr>
<td>STUDENT RELATIONSHIP</td>
<td>EXCELLENT</td>
<td>GOOD</td>
<td>AVERAGE</td>
<td>MARGINAL</td>
<td>POOR</td>
<td>N/A</td>
</tr>
<tr>
<td>GOING OVER ALS TX DECISIONS</td>
<td>EXCELLENT</td>
<td>GOOD</td>
<td>AVERAGE</td>
<td>MARGINAL</td>
<td>POOR</td>
<td>N/A</td>
</tr>
<tr>
<td>GOING OVER ALS SKILL PERFORMANCE</td>
<td>EXCELLENT</td>
<td>GOOD</td>
<td>AVERAGE</td>
<td>MARGINAL</td>
<td>POOR</td>
<td>N/A</td>
</tr>
<tr>
<td>GOING OVER PROTOCOL KNOWLEDGE</td>
<td>EXCELLENT</td>
<td>GOOD</td>
<td>AVERAGE</td>
<td>MARGINAL</td>
<td>POOR</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**STUDENT COMMENTS:**

**Clinical Coordinator Comments:**

---

SF College Document / Record

STUDENT - PLEASE COMPLETE BOTH SIDES - PART 2 OF 2
Objectives:

Objective Completed (Preceptor’s Initials)

_____ Demonstrate the assessment of a patient with signs and symptoms of hemorrhagic shock. (P-2)

_____ Demonstrate the management of a patient with signs and symptoms of hemorrhagic shock. (P-2)

_____ Demonstrate the assessment of a patient with signs and symptoms of compensated hemorrhagic shock. (P-2)

_____ Demonstrate the management of a patient with signs and symptoms of compensated hemorrhagic shock. (P-2)

_____ Demonstrate the assessment of a patient with signs and symptoms of decompensated hemorrhagic shock. (P-2)

_____ Demonstrate the management of a patient with signs and symptoms of decompensated hemorrhagic shock. (P-2)

_____ Demonstrate the assessment of a patient with signs and symptoms of external hemorrhage. (P-2)

_____ Demonstrate the management of a patient with signs and symptoms of external hemorrhage. (P-2)

_____ Demonstrate the assessment of a patient with signs and symptoms of internal hemorrhage. (P-2)

_____ Demonstrate the management of a patient with signs and symptoms of internal hemorrhage. (P-2)

Comments: _______________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
### Daily Evaluation of Student Clinical Performance

**Paramedic**

**Check One:**  [ ] Phase I  [ ] Phase II  [ ] Phase III

**Student Name:** __________________________________________ Date: _____/_____/________

**Evaluator Name:** ________________________________________ Clinical Site: ______________________________________

**Time In:** _____:____  **Time Out:** _____:____  **Total Time:** _____:_____  **Grade (If Applicable):** ________________________________

<table>
<thead>
<tr>
<th>Number of Emergency Response</th>
<th>Clinical Coordinator Comments:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Non-Emergency Response</td>
<td></td>
</tr>
<tr>
<td>Number of Response Without Transports:</td>
<td></td>
</tr>
</tbody>
</table>

**Total Number of Patients Evaluated:**

- [ ] Hospital
- [ ] Rescue

### Number of Times Student Has Demonstrated the Ability to Perform the Skill Successfully

**Use Numeric Values Only**

<table>
<thead>
<tr>
<th>Newborn</th>
<th>Infants</th>
<th>Toddler</th>
<th>Preschl</th>
<th>Sch Age</th>
<th>Adolescent</th>
<th>Adult</th>
<th>Geriatric</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Safely Administers Medication
- ET Intubation (Manikin in Lab)
- Live Intubations
- Safely Gains Venous Access
- Ventilate Unintubated Pt

### Demonstrate the Ability to Serve as a Team Leader in a Variety of Emergency Settings

<table>
<thead>
<tr>
<th>Newborn</th>
<th>Infants</th>
<th>Toddler</th>
<th>Preschl</th>
<th>Sch Age</th>
<th>Adolescent</th>
<th>Adult</th>
<th>Geriatric</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Perform a Comprehensive Assessment on the Following

<table>
<thead>
<tr>
<th>Newborn</th>
<th>Infants</th>
<th>Toddler</th>
<th>Preschl</th>
<th>Sch Age</th>
<th>Adolescent</th>
<th>Adult</th>
<th>Geriatric</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Obstetric
- Trauma Assessment
- Medical Assessment
- Psychiatric
- Assess / Plan Rx of Chest Pain
- Assess / Plan Rx of Respiratory
- Assess / Plan Rx of Syncope
- Assess / Plan Rx of Abdominal
- Assess / Plan Rx of ALOC

### Key to Above Age Groups

<table>
<thead>
<tr>
<th>Newborn</th>
<th>Infants</th>
<th>Toddler</th>
<th>Preschl</th>
<th>Sch Age</th>
<th>Adolescent</th>
<th>Adult</th>
<th>Geriatric</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 – 1 MO</td>
<td>1 MO - 1 YR</td>
<td>1 – 3 YRS</td>
<td>3 – 5 YRS</td>
<td>6 – 12 YRS</td>
<td>13 – 17 YRS</td>
<td>18 – 64 YRS</td>
<td>65 AND UP</td>
</tr>
</tbody>
</table>
Directions to the Preceptor:

Please use the rating scales below to describe your evaluation of the student today. Please discuss the rationale for your evaluation with the student. There is space provided for additional comments and signatures.

<table>
<thead>
<tr>
<th>AFFECTIVE</th>
<th>ON TIME</th>
<th>1 – 10 MIN LATE</th>
<th>&gt; 10 MIN LATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>PREPAREDNESS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>APPEARANCE</td>
<td>PROFESSIONAL</td>
<td>NON-PROFESSIONAL</td>
<td></td>
</tr>
<tr>
<td>ATTITUDE / BEHAVIOR</td>
<td>POSITIVE</td>
<td>NEGATIVE</td>
<td></td>
</tr>
<tr>
<td>ACCEPTS FEEDBACK WELL</td>
<td>ALWAYS</td>
<td>SOMETIMES</td>
<td>NEVER</td>
</tr>
<tr>
<td>STUDY TIME USE / SELF-MOTIVATION</td>
<td>SATISFACTORY</td>
<td>NEEDS IMPROVEMENT</td>
<td>UNSATISFACTORY</td>
</tr>
<tr>
<td>SAFETY PRECAUTIONS</td>
<td>SATISFACTORY</td>
<td>NEEDS IMPROVEMENT</td>
<td>UNSATISFACTORY</td>
</tr>
<tr>
<td>INVOLVEMENT WITH PATIENT &amp; COMMUNICATION</td>
<td>SATISFACTORY</td>
<td>NEEDS IMPROVEMENT</td>
<td>UNSATISFACTORY</td>
</tr>
<tr>
<td>PRECEPTOR RELATIONSHIP / TEAMWORK</td>
<td>SATISFACTORY</td>
<td>NEEDS IMPROVEMENT</td>
<td>UNSATISFACTORY</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COGNITIVE</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>HISTORY OF CHIEF COMPLAINT</td>
<td>SATISFACTORY</td>
<td>NEEDS IMPROVEMENT</td>
<td>UNSATISFACTORY</td>
</tr>
<tr>
<td>TRAUMA ASSESSMENT</td>
<td>SATISFACTORY</td>
<td>NEEDS IMPROVEMENT</td>
<td>UNSATISFACTORY</td>
</tr>
<tr>
<td>MEDICAL ASSESSMENT</td>
<td>SATISFACTORY</td>
<td>NEEDS IMPROVEMENT</td>
<td>UNSATISFACTORY</td>
</tr>
<tr>
<td>ALS TREATMENT DECISIONS</td>
<td>SATISFACTORY</td>
<td>NEEDS IMPROVEMENT</td>
<td>UNSATISFACTORY</td>
</tr>
<tr>
<td>BLS TREATMENT DECISIONS</td>
<td>SATISFACTORY</td>
<td>NEEDS IMPROVEMENT</td>
<td>UNSATISFACTORY</td>
</tr>
<tr>
<td>TELEMETRY REPORTS</td>
<td>SATISFACTORY</td>
<td>NEEDS IMPROVEMENT</td>
<td>UNSATISFACTORY</td>
</tr>
<tr>
<td>VERBAL REPORTS TO RN</td>
<td>SATISFACTORY</td>
<td>NEEDS IMPROVEMENT</td>
<td>UNSATISFACTORY</td>
</tr>
<tr>
<td>REPORT WRITING</td>
<td>SATISFACTORY</td>
<td>NEEDS IMPROVEMENT</td>
<td>UNSATISFACTORY</td>
</tr>
<tr>
<td>KNOWLEDGE OF ALS THEORY</td>
<td>SATISFACTORY</td>
<td>NEEDS IMPROVEMENT</td>
<td>UNSATISFACTORY</td>
</tr>
<tr>
<td>KNOWLEDGE OF BLS THEORY</td>
<td>SATISFACTORY</td>
<td>NEEDS IMPROVEMENT</td>
<td>UNSATISFACTORY</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PHYSICOMOTOR</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>BLS SKILLS PERFORMANCE</td>
<td>SATISFACTORY</td>
<td>NEEDS IMPROVEMENT</td>
<td>UNSATISFACTORY</td>
</tr>
<tr>
<td>ALS SKILLS PERFORMANCE</td>
<td>SATISFACTORY</td>
<td>NEEDS IMPROVEMENT</td>
<td>UNSATISFACTORY</td>
</tr>
</tbody>
</table>

**Evaluator Comments and Suggested Improvements**

Preceptor/Evaluator Signature: ___________________________

Student Signature: ___________________________
EMERGENCY MEDICAL SERVICES PROGRAMS
DAILY TIME SHEET OF STUDENT CLINICAL PERFORMANCE
PARAMEDIC – TIME SHEET

CHECK ONE: ☐ PARAMEDIC PHASE I ☐ PARAMEDIC PHASE II ☐ PARAMEDIC PHASE III

Student Name: _______________________________ Date: _____ / _____ / ______

Evaluator Name: _______________________________ Clinical Site: _______________________________

Time In: _____:____  Time Out: _____:____  Total Time: _____:____

<table>
<thead>
<tr>
<th>TIME</th>
<th>PATIENT/EVENT</th>
<th>DIAGNOSIS / PROBLEM / COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Use additional sheets if necessary
EMERGENCY MEDICAL SERVICES PROGRAMS
STUDENT CLINICAL SITE EVALUATION
PARAMEDIC – CLINICAL EVALUATION

THIS FORM IS TO BE FILLED OUT BY THE STUDENT REGARDING THEIR CLINICAL EXPERIENCE.

Student Name: _______________________________ Clinical Site: __________________________ Date: ____/____/____

PARAMEDIC STUDENTS – EVALUATE YOUR CLINICAL EXPERIENCE

<table>
<thead>
<tr>
<th>STUDY TIME USED WITH STUDENT</th>
<th>EXCELLENT</th>
<th>GOOD</th>
<th>AVERAGE</th>
<th>MARGINAL</th>
<th>POOR</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>INVOlVEMENT WITH STUDENT</td>
<td>EXCELLENT</td>
<td>GOOD</td>
<td>AVERAGE</td>
<td>MARGINAL</td>
<td>POOR</td>
<td>N/A</td>
</tr>
<tr>
<td>ALLOWING STUDENT TO INTERACT WITH PATIENT</td>
<td>EXCELLENT</td>
<td>GOOD</td>
<td>AVERAGE</td>
<td>MARGINAL</td>
<td>POOR</td>
<td>N/A</td>
</tr>
<tr>
<td>GOING OVER EQUIPMENT WITH STUDENT</td>
<td>EXCELLENT</td>
<td>GOOD</td>
<td>AVERAGE</td>
<td>MARGINAL</td>
<td>POOR</td>
<td>N/A</td>
</tr>
<tr>
<td>GOING OVER BLS Tx DECISIONS WITH STUDENT</td>
<td>EXCELLENT</td>
<td>GOOD</td>
<td>AVERAGE</td>
<td>MARGINAL</td>
<td>POOR</td>
<td>N/A</td>
</tr>
<tr>
<td>GOING OVER BLS SKILL PERFORMANCE WITH STUDENT</td>
<td>EXCELLENT</td>
<td>GOOD</td>
<td>AVERAGE</td>
<td>MARGINAL</td>
<td>POOR</td>
<td>N/A</td>
</tr>
<tr>
<td>GOING OVER Telemetry REPORTS WITH STUDENT</td>
<td>EXCELLENT</td>
<td>GOOD</td>
<td>AVERAGE</td>
<td>MARGINAL</td>
<td>POOR</td>
<td>N/A</td>
</tr>
<tr>
<td>GOING OVER VERBAL REPORTS TO RN</td>
<td>EXCELLENT</td>
<td>GOOD</td>
<td>AVERAGE</td>
<td>MARGINAL</td>
<td>POOR</td>
<td>N/A</td>
</tr>
<tr>
<td>GOING OVER REPORT WRITING WITH STUDENT</td>
<td>EXCELLENT</td>
<td>GOOD</td>
<td>AVERAGE</td>
<td>MARGINAL</td>
<td>POOR</td>
<td>N/A</td>
</tr>
<tr>
<td>STUDENT RELATIONSHIP</td>
<td>EXCELLENT</td>
<td>GOOD</td>
<td>AVERAGE</td>
<td>MARGINAL</td>
<td>POOR</td>
<td>N/A</td>
</tr>
<tr>
<td>GOING OVER ALS Tx DECISIONS</td>
<td>EXCELLENT</td>
<td>GOOD</td>
<td>AVERAGE</td>
<td>MARGINAL</td>
<td>POOR</td>
<td>N/A</td>
</tr>
<tr>
<td>GOING OVER ALS SKILL PERFORMANCE</td>
<td>EXCELLENT</td>
<td>GOOD</td>
<td>AVERAGE</td>
<td>MARGINAL</td>
<td>POOR</td>
<td>N/A</td>
</tr>
<tr>
<td>GOING OVER PROTOCOL KNOWLEDGE</td>
<td>EXCELLENT</td>
<td>GOOD</td>
<td>AVERAGE</td>
<td>MARGINAL</td>
<td>POOR</td>
<td>N/A</td>
</tr>
</tbody>
</table>

STUDENT COMMENTS:

Clinical Coordinator Comments:

SF College Document / Record
STUDENT - PLEASE COMPLETE BOTH SIDES - PART 2 OF 2
Page 4 of 4
SHIFT – 7 (Objectives Check-Off)

Objectives:

Objective Completed (Preceptor’s Initials)

____  Demonstrate a clinical assessment to determine the proper management modality for a patient with a suspected traumatic spinal injury. (P-1)
____  Demonstrate a clinical assessment to determine the proper management modality for a patient with a suspected non-traumatic spinal injury. (P-1)
____  Demonstrate immobilization of the urgent and non-urgent patient with assessment findings of spinal injury from the following presentations: (P-1)
   a.  Supine, Prone, Semi-prone, Sitting, and Standing
____  Demonstrate documentation of suspected spinal cord injury to include: (P-1)
   a.  General area of spinal cord involved, Sensation, Dermatomes, Motor function, and Area(s) of weakness
____  Demonstrate preferred methods for stabilization of a helmet from a potentially spine injured patient. (P-1)
____  Demonstrate helmet removal techniques. (P-1)
____  Demonstrate alternative methods for stabilization of a helmet from a potentially spine injured patient. (P-1)
____  Demonstrate documentation of assessment before spinal immobilization. (P-1)
____  Demonstrate documentation of assessment during spinal immobilization. (P-1)
____  Demonstrate documentation of assessment after spinal immobilization. (P-1)
____  Demonstrate a clinical assessment for a patient with suspected thoracic trauma. (P-1)
   a.  Needle decompression, Fracture stabilization, Elective intubation, ECG monitoring, and Oxygenation and ventilation
____  Demonstrate a clinical assessment to determine the proper treatment plan for a patient with suspected abdominal trauma. (P-1)
____  Demonstrate the proper use of PASG in a patient with suspected abdominal trauma. (P-1)
____  Demonstrate the proper use of PASG in a patient with suspected pelvic fracture. (P-1)
____  Demonstrate a clinical assessment to determine the proper treatment plan for a patient with a suspected musculoskeletal injury. (P-1)
____  Demonstrate the proper use of fixation, soft and traction splints for a patient with a suspected fracture. (P-1)

Comment(s):______________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
**EMERGENCY MEDICAL SERVICES PROGRAMS**
**DAILY EVALUATION OF STUDENT CLINICAL PERFORMANCE**

**PARAMEDIC**

**CHECK ONE:**  
- [ ] PHASE I  
- [ ] PHASE II  
- [ ] PHASE III

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Date: <strong>/</strong>/____</th>
<th>Evaluator Name:</th>
<th>Clinical Site:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PRINTED FIRST AND LAST</td>
<td></td>
<td>PRINTED FIRST AND LAST</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Time In:</th>
<th>Time Out:</th>
<th>Total Time:</th>
<th>Grade (IF APPLICABLE):</th>
</tr>
</thead>
<tbody>
<tr>
<td>_<strong><strong>:</strong></strong></td>
<td><em><strong><strong>:</strong></strong></em></td>
<td><em><strong><strong>:</strong></strong></em></td>
<td>_____________________</td>
</tr>
</tbody>
</table>

### NUMBER OF EMERGENCY RESPONSE WITH TRANSPORT:

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>_____</td>
<td>SAFELY ADMINISTERS MEDICATION</td>
</tr>
<tr>
<td>_____</td>
<td>ET INTUBATION (MANIKIN IN LAB)</td>
</tr>
<tr>
<td>_____</td>
<td>LIVE INTUBATIONS</td>
</tr>
<tr>
<td>_____</td>
<td>SAFELY GAINS VENOUS ACCESS</td>
</tr>
<tr>
<td>_____</td>
<td>VENTILATE UNINTUBATED PT</td>
</tr>
</tbody>
</table>

### NUMBER OF NON-EMERGENCY RESPONSE WITH TRANSPORT:

### NUMBER OF RESPONSE WITHOUT TRANSPORTS:

### TOTAL NUMBER OF PATIENTS EVALUATED:

- [ ] HOSPITAL  
- [ ] RESCUE

### Clinical Coordinator Comments:

**NUMBER OF TIMES STUDENT HAS DEMONSTRATED THE ABILITY TO PERFORM THE SKILL SUCCESSFULLY**

**Use numeric values only**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Newborn</th>
<th>Infants</th>
<th>Toddler</th>
<th>Preschl</th>
<th>Sch Age</th>
<th>Adolescent</th>
<th>Adult</th>
<th>Geriatric</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newborn</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>SAFELY ADMINISTERS MEDICATION</td>
</tr>
<tr>
<td>Infants</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>ET INTUBATION (MANIKIN IN LAB)</td>
</tr>
<tr>
<td>Toddler</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>LIVE INTUBATIONS</td>
</tr>
<tr>
<td>Preschl</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>SAFELY GAINS VENOUS ACCESS</td>
</tr>
<tr>
<td>Sch Age</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>VENTILATE UNINTUBATED PT</td>
</tr>
<tr>
<td>Adolescent</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>SAFELY ADMINISTERS MEDICATION</td>
</tr>
<tr>
<td>Adult</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>ET INTUBATION (MANIKIN IN LAB)</td>
</tr>
<tr>
<td>Geriatric</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>LIVE INTUBATIONS</td>
</tr>
</tbody>
</table>

### DEMONSTRATE THE ABILITY TO SERVE AS A TEAM LEADER IN A VARIETY OF EMERGENCY SETTINGS

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Newborn</th>
<th>Infants</th>
<th>Toddler</th>
<th>Preschl</th>
<th>Sch Age</th>
<th>Adolescent</th>
<th>Adult</th>
<th>Geriatric</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newborn</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>SAFELY ADMINISTERS MEDICATION</td>
</tr>
<tr>
<td>Infants</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>ET INTUBATION (MANIKIN IN LAB)</td>
</tr>
<tr>
<td>Toddler</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>LIVE INTUBATIONS</td>
</tr>
<tr>
<td>Preschl</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>SAFELY GAINS VENOUS ACCESS</td>
</tr>
<tr>
<td>Sch Age</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>VENTILATE UNINTUBATED PT</td>
</tr>
<tr>
<td>Adolescent</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>SAFELY ADMINISTERS MEDICATION</td>
</tr>
<tr>
<td>Adult</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>ET INTUBATION (MANIKIN IN LAB)</td>
</tr>
<tr>
<td>Geriatric</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>LIVE INTUBATIONS</td>
</tr>
</tbody>
</table>

### PERFORM A COMPREHENSIVE ASSESSMENT ON THE FOLLOWING

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Newborn</th>
<th>Infants</th>
<th>Toddler</th>
<th>Preschl</th>
<th>Sch Age</th>
<th>Adolescent</th>
<th>Adult</th>
<th>Geriatric</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newborn</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>SAFELY ADMINISTERS MEDICATION</td>
</tr>
<tr>
<td>Infants</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>ET INTUBATION (MANIKIN IN LAB)</td>
</tr>
<tr>
<td>Toddler</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>LIVE INTUBATIONS</td>
</tr>
<tr>
<td>Preschl</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>SAFELY GAINS VENOUS ACCESS</td>
</tr>
<tr>
<td>Sch Age</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>VENTILATE UNINTUBATED PT</td>
</tr>
<tr>
<td>Adolescent</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>SAFELY ADMINISTERS MEDICATION</td>
</tr>
<tr>
<td>Adult</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>ET INTUBATION (MANIKIN IN LAB)</td>
</tr>
<tr>
<td>Geriatric</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>LIVE INTUBATIONS</td>
</tr>
</tbody>
</table>

### KEY TO ABOVE AGE GROUPS

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newborn</td>
<td>0 – 1 MO</td>
</tr>
<tr>
<td>Infants</td>
<td>1 MO - 1 YR</td>
</tr>
<tr>
<td>Toddler</td>
<td>1 – 3 YRS</td>
</tr>
<tr>
<td>Preschl</td>
<td>3 – 5 YRS</td>
</tr>
<tr>
<td>Sch Age</td>
<td>6 – 12 YRS</td>
</tr>
<tr>
<td>Adolescent</td>
<td>13 – 17 YRS</td>
</tr>
<tr>
<td>Adult</td>
<td>18 – 64 YRS</td>
</tr>
<tr>
<td>Geriatric</td>
<td>65 AND UP</td>
</tr>
</tbody>
</table>
Directions to the Preceptor:

Please use the rating scales below to describe your evaluation of the student today. Please discuss the rationale for your evaluation with the student. There is space provided for additional comments and signatures.

### AFFECTIVE

<table>
<thead>
<tr>
<th></th>
<th>On Time</th>
<th>1 – 10 Min Late</th>
<th>&gt; 10 Min Late</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preparedness</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appearance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attitude / Behavior</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accepts Feedback</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Study Time Use / Self-Motivation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safety Precautions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Involvement with Patient &amp; Communication</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preceptor Relationship / Teamwork</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Relationships</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### COGNITIVE

<table>
<thead>
<tr>
<th></th>
<th>Satisfactory</th>
<th>Needs Improvement</th>
<th>Unsatisfactory</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>History of Chief Complaint</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trauma Assessment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Assessment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALS Treatment Decisions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BLS Treatment Decisions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telemetry Reports</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Verbal Reports to RN</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Report Writing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knowledge of ALS Theory</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knowledge of BLS Theory</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### PHYSICOMOTOR

<table>
<thead>
<tr>
<th></th>
<th>Satisfactory</th>
<th>Needs Improvement</th>
<th>Unsatisfactory</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>BLS Skills Performance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALS Skills Performance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### EVALUATOR COMMENTS AND SUGGESTED IMPROVEMENTS

Preceptor/Evaluator Signature:  
Student Signature:
EMERGENCY MEDICAL SERVICES PROGRAMS
DAILY TIME SHEET OF STUDENT CLINICAL PERFORMANCE
PARAMEDIC – TIME SHEET

<table>
<thead>
<tr>
<th>CHECK ONE:</th>
<th>PARAMEDIC PHASE I</th>
<th>PARAMEDIC PHASE II</th>
<th>PARAMEDIC PHASE III</th>
</tr>
</thead>
</table>

Student Name: ___________________________________________ Date: _____ / _____ / ______

Evaluator Name: ___________________________________________ Clinical Site: ____________________________

Printed First and Last

Time In: _____:____ Time Out: _____:_____ Total Time: _____:_____  

<table>
<thead>
<tr>
<th>TIME</th>
<th>PATIENT/EVENT</th>
<th>DIAGNOSIS / PROBLEM / COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Use additional sheets if necessary

SF College Document / Record
STUDENT - PLEASE COMPLETE BOTH SIDES - PART 1 OF 2
PARAMEDIC – CLINICAL EVALUATION

This form is to be filled out by the student regarding their clinical experience.

Student Name: ___________________________ Clinical Site: ______________________ Date: ____/____/____

<table>
<thead>
<tr>
<th>PARAMEDIC STUDENTS – EVALUATE YOUR CLINICAL EXPERIENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>STUDY TIME USED WITH STUDENT</td>
</tr>
<tr>
<td>INVOLVEMENT WITH STUDENT</td>
</tr>
<tr>
<td>ALLOWING STUDENT TO INTERACT WITH PATIENT</td>
</tr>
<tr>
<td>GOING OVER EQUIPMENT WITH STUDENT</td>
</tr>
<tr>
<td>GOING OVER BLS Tx DECISIONS WITH STUDENT</td>
</tr>
<tr>
<td>GOING OVER BLS SKILL PERFORMANCE WITH STUDENT</td>
</tr>
<tr>
<td>GOING OVER TELEMETRY REPORTS WITH STUDENT</td>
</tr>
<tr>
<td>GOING OVER VERBAL REPORTS TO RN</td>
</tr>
<tr>
<td>GOING OVER REPORT WRITING WITH STUDENT</td>
</tr>
<tr>
<td>STUDENT RELATIONSHIP</td>
</tr>
<tr>
<td>GOING OVER ALS Tx DECISIONS</td>
</tr>
<tr>
<td>GOING OVER ALS SKILL PERFORMANCE</td>
</tr>
<tr>
<td>GOING OVER PROTOCOL KNOWLEDGE</td>
</tr>
</tbody>
</table>

STUDENT COMMENTS:

Clinical Coordinator Comments:
### EMERGENCY MEDICAL SERVICES PROGRAMS
### PARAMEDIC FIELD INTERNSHIP MAJOR EVALUATION

**Student Name:** __________________________________________________________  **Date:** ________/_______/__________

**Evaluator Name:** __________________________________________  **Clinical Site:** ___________________________________

**Shifts Completed:** 7  **Rating Period:** FROM: ________/________/________ TO: ________/_______/________

---

#### RATING CRITERIA:
Refer to Performance Evaluation Standards in the Evaluator Manual. A student must attain a “3” in each category on final evaluation to successfully complete field internship.

1 = Frequently fails to perform procedures in a competent manner
2 = Inconsistent in performing procedures in a competent manner
3 = Consistently performs procedures in a competent manner
N/A = Not Applicable - Did not perform skill

(Skills not observed in the field shall be evaluated in a drill situation prior to the completion of the internship)

#### EVALUATION FACTORS

<table>
<thead>
<tr>
<th>SCENE MANAGEMENT</th>
<th>RATING</th>
<th>COMMENTS (REQUIRED IN EACH MAJOR CATEGORY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Safety and work environment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Universal precautions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Crowd control</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Additional assistance and equipment</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ASSESSMENT / TREATMENT</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Primary assessment and intervention</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Patient information</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Physical examination</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Assessment interpretation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Chest auscultation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Cardiac rhythms</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Patient management</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Patient response to therapy</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COMMUNICATION</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>13. Rapport with patient, family, and bystanders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Team members</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Radio report</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Documentation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Working relationship with team members</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LEADERSHIP</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>18. Leadership</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. Professionalism</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. Feedback and guidance</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EQUIPMENT</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>21. Inventory maintenance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22. Equipment operation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AIRWAY</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>23. Airway management/Oxygen therapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24. Advanced techniques</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25. Plural decompression</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EVALUATION FACTORS</td>
<td>RATING</td>
<td>COMMENTS (REQUIRED IN EACH MAJOR CATEGORY)</td>
</tr>
<tr>
<td>-----------------------------------------</td>
<td>--------</td>
<td>-------------------------------------------</td>
</tr>
<tr>
<td><strong>CIRCULATION</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26. Defibrillation/Cardioversion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>27. Intravenous access</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28. Pneumatic antishock garment</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>MUSCULOSKELETAL SKILLS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>29. Bandaging/Splinting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30. Extrication/Patient positioning</td>
<td></td>
<td></td>
</tr>
<tr>
<td>31. Spinal immobilization</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PHARMACOLOGY</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>32. Drug administration technique</td>
<td></td>
<td></td>
</tr>
<tr>
<td>33. Drug knowledge</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>EXPANDED SCOPE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>OTHER SKILLS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SUMMARY OF PERFORMANCE**

Preceptors / Evaluators must provide a written summary of the student’s performance.

Plan for Improvement:

Evaluator Signature:  
Student Signature:

SF College Document / Record

Please complete both sides - Part 2 of 4
**AFFECTIVE BEHAVIOR OF THE PARAMEDIC STUDENT**

**RATING CRITERIA:** Refer to Performance Evaluation Standards in the Preceptor Manual. A student must attain a “3” in each category on final evaluation to successfully complete field internship.

1 = Frequently fails to perform procedures in a competent manner  
2 = Inconsistent in performing procedures in a competent manner  
3 = Consistently performs procedures in a competent manner

<table>
<thead>
<tr>
<th>EVALUATION FACTORS</th>
<th>RATING</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Punctually attends scheduled shifts.</td>
<td></td>
</tr>
<tr>
<td>2. Is mentally and physically prepared for each shift.</td>
<td></td>
</tr>
<tr>
<td>3. Is neat and clean in appearance and dressed according to Program standards.</td>
<td></td>
</tr>
<tr>
<td>4. Takes responsibility to complete a daily inspection of the ambulance, supplies, and equipment.</td>
<td></td>
</tr>
<tr>
<td>5. Communicates professionally with patients.</td>
<td></td>
</tr>
<tr>
<td>6. Communicates professionally with the preceptor and other agency personnel.</td>
<td></td>
</tr>
<tr>
<td>7. Accepts constructive criticism and takes personal responsibility for self-improvement.</td>
<td></td>
</tr>
<tr>
<td>8. Maintains confidentiality at all times; respects the rights of others.</td>
<td></td>
</tr>
</tbody>
</table>
## Professional Behavior of the Paramedic Student

<table>
<thead>
<tr>
<th>EVALUATION FACTORS</th>
<th>COMPETENT</th>
<th>NOT YET COMPETENT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. INTEGRITY</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Examples of professional behavior include, but are not limited to: Consistent honesty; being able to be trusted with property of others; can be trusted with confidential information; complete and accurate documentation of patient care and learning activities.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>2. EMPATHY</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Examples of professional behavior include, but are not limited to: Showing compassion for others; responding appropriately to the emotional response of patients and family members; demonstrating respect for others; demonstrating a calm, compassionate, and helpful demeanor toward those in need; being supportive and reassuring to others.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>3. SELF-MOTIVATION</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Examples of professional behavior include, but are not limited to: Taking initiative to complete assignments; taking initiative to improve and/or correct behavior; taking on and following through on tasks without constant supervision; showing enthusiasm for learning and improvement; consistently striving for excellence in all aspects of patient care and professional activities; accepting constructive feedback in a positive manner; taking advantage of learning opportunities.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>4. APPEARANCE AND PERSONAL HYGIENE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Examples of professional behavior include, but are not limited to: Clothing and uniform is appropriate, neat, clean, and well maintained; good personal hygiene and grooming.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>5. SELF-CONFIDENCE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Examples of professional behavior include, but are not limited to: Demonstrating the ability to trust personal judgment; demonstrating an awareness of strengths and limitations; exercises good personal judgment.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>6. COMMUNICATIONS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Examples of professional behavior include, but are not limited to: Speaking clearly; writing legibly; listening actively; adjusting communication strategies to various situations.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>7. TIME MANAGEMENT</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Examples of professional behavior include, but are not limited to: Consistent punctuality; completing tasks and assignments on time.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>8. TEAMWORK AND DIPLOMACY</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Examples of professional behavior include, but are not limited to: Placing the success of the team above self-interest; not undermining the team; helping and supporting other team members; showing respect for all team members; remaining flexible and open to change; communicating with others to solve problems.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>9. RESPECT</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Examples of professional behavior include, but are not limited to: Being polite to others; not using derogatory or demeaning terms; behaving in a manner that brings credit to the profession.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>10. PATIENT ADVOCACY</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Examples of professional behavior include, but are not limited to: Not allowing personal bias or feelings to interfere with patient care; placing the needs of patients above self-interest; protecting and respecting patient confidentiality and dignity.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>11. CAREFUL DELIVERY OF SERVICE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preceptor Signature:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
SHIFT – 8 (Objectives Check-Off)

Objectives:

Objective Completed (Preceptor's Initials)

_____ Demonstrate proper use of airway and ventilation devices. (P-1)
_____ Demonstrate the application of a CPAP/ BiPAP unit. (P-1)
_____ Demonstrate how to set and adjust the ECG monitor settings to varying patient situations. (P-3)
_____ Demonstrate a working knowledge of various ECG lead systems. (P-3)
_____ Demonstrate how to record an ECG. (P-2)
_____ Demonstrate how to determine if pulsus paradoxus, pulsus alternans or electrical alternans is present. (P-2)
_____ Demonstrate satisfactory performance of psychomotor skills of basic and advanced life support techniques according to the current American Heart Association Standards and Guidelines, including: (P-3)
   a. Cardiopulmonary resuscitation
   b. Defibrillation
   c. Synchronized cardioversion
   d. Transcutaneous pacing
_____ Demonstrate how to evaluate major peripheral arterial pulses. (P-1)

Comment(s):______________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
## EMERGENCY MEDICAL SERVICES PROGRAMS
### DAILY EVALUATION OF STUDENT CLINICAL PERFORMANCE
#### PARAMEDIC

<table>
<thead>
<tr>
<th>CHECK ONE:</th>
<th>☐ PHASE I</th>
<th>☐ PHASE II</th>
<th>☐ PHASE III</th>
</tr>
</thead>
</table>

### Student Information
- **Student Name:**
- **Date:**
- **Evaluator Name:**
- **Clinical Site:**
- **Time In:**
- **Time Out:**
- **Total Time:**
- **Grade (IF APPLICABLE):**

### Clinical Coordinator Comments:

### Number of Times Student Has Demonstrated the Ability to Perform the Skill Successfully

<table>
<thead>
<tr>
<th>Newborn</th>
<th>Infants</th>
<th>Toddler</th>
<th>Preschl</th>
<th>Sch Age</th>
<th>Adolescent</th>
<th>Adult</th>
<th>Geriatric</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Use Numeric Values Only
- Safely Administers Medication
- ET Intubation (Manikin in Lab)
- Live Intubations
- Safely Gains Venous Access
- Ventilate Unintubated Pt

### Demonstrate the Ability to Serve as a Team Leader in a Variety of Emergency Settings

<table>
<thead>
<tr>
<th>Newborn</th>
<th>Infants</th>
<th>Toddler</th>
<th>Preschl</th>
<th>Sch Age</th>
<th>Adolescent</th>
<th>Adult</th>
<th>Geriatric</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Perform a Comprehensive Assessment on the Following

<table>
<thead>
<tr>
<th>Newborn</th>
<th>Infants</th>
<th>Toddler</th>
<th>Preschl</th>
<th>Sch Age</th>
<th>Adolescent</th>
<th>Adult</th>
<th>Geriatric</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Key to Above Age Groups

<table>
<thead>
<tr>
<th>Newborn</th>
<th>Infants</th>
<th>Toddler</th>
<th>Preschl</th>
<th>Sch Age</th>
<th>Adolescent</th>
<th>Adult</th>
<th>Geriatric</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 – 1 MO</td>
<td>1 MO - 1 YR</td>
<td>1 – 3 YRS</td>
<td>3 – 5 YRS</td>
<td>6 – 12 YRS</td>
<td>13 – 17 YRS</td>
<td>18 – 64 YRS</td>
<td>65 AND UP</td>
</tr>
</tbody>
</table>
Directions to the Preceptor:

Please use the rating scales below to describe your evaluation of the student today. Please discuss the rationale for your evaluation with the student. There is space provided for additional comments and signatures.

<table>
<thead>
<tr>
<th>AFFECTIVE</th>
<th>On Time</th>
<th>1 – 10 min late</th>
<th>&gt; 10 min late</th>
</tr>
</thead>
<tbody>
<tr>
<td>PREPAREDNESS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>APPEARANCE</td>
<td>PROFESSIONAL</td>
<td>NON-PROFESSIONAL</td>
<td></td>
</tr>
<tr>
<td>ATTITUDE / BEHAVIOR</td>
<td>POSITIVE</td>
<td>NEGATIVE</td>
<td></td>
</tr>
<tr>
<td>ACCEPTS FEEDBACK WELL</td>
<td>ALWAYS</td>
<td>SOMETIMES</td>
<td>NEVER</td>
</tr>
<tr>
<td>STUDY TIME USE / SELF-MOTIVATION</td>
<td>SATISFACTORY</td>
<td>NEEDS IMPROVEMENT</td>
<td>UNSATISFACTORY</td>
</tr>
<tr>
<td>SAFETY PRECAUTIONS</td>
<td>SATISFACTORY</td>
<td>NEEDS IMPROVEMENT</td>
<td>UNSATISFACTORY</td>
</tr>
<tr>
<td>INVOLVEMENT WITH PATIENT &amp; COMMUNICATION</td>
<td>SATISFACTORY</td>
<td>NEEDS IMPROVEMENT</td>
<td>UNSATISFACTORY</td>
</tr>
<tr>
<td>PRECEPTOR RELATIONSHIP / TEAMWORK</td>
<td>SATISFACTORY</td>
<td>NEEDS IMPROVEMENT</td>
<td>UNSATISFACTORY</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COGNITIVE</th>
<th>SATISFACTORY</th>
<th>NEEDS IMPROVEMENT</th>
<th>UNSATISFACTORY</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>HISTORY OF CHIEF COMPLAINT</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRAUMA ASSESSMENT</td>
<td>MEASURABLE</td>
<td>NEEDS IMPROVEMENT</td>
<td>UNSATISFACTORY</td>
<td>N/A</td>
</tr>
<tr>
<td>MEDICAL ASSESSMENT</td>
<td>SATISFACTORY</td>
<td>NEEDS IMPROVEMENT</td>
<td>UNSATISFACTORY</td>
<td>N/A</td>
</tr>
<tr>
<td>ALS TREATMENT DECISIONS</td>
<td>SATISFACTORY</td>
<td>NEEDS IMPROVEMENT</td>
<td>UNSATISFACTORY</td>
<td>N/A</td>
</tr>
<tr>
<td>BLS TREATMENT DECISIONS</td>
<td>SATISFACTORY</td>
<td>NEEDS IMPROVEMENT</td>
<td>UNSATISFACTORY</td>
<td>N/A</td>
</tr>
<tr>
<td>TELEMETRY REPORTS</td>
<td>SATISFACTORY</td>
<td>NEEDS IMPROVEMENT</td>
<td>UNSATISFACTORY</td>
<td>N/A</td>
</tr>
<tr>
<td>VERBAL REPORTS TO RN</td>
<td>SATISFACTORY</td>
<td>NEEDS IMPROVEMENT</td>
<td>UNSATISFACTORY</td>
<td>N/A</td>
</tr>
<tr>
<td>REPORT WRITING</td>
<td>SATISFACTORY</td>
<td>NEEDS IMPROVEMENT</td>
<td>UNSATISFACTORY</td>
<td>N/A</td>
</tr>
<tr>
<td>KNOWLEDGE OF ALS THEORY</td>
<td>SATISFACTORY</td>
<td>NEEDS IMPROVEMENT</td>
<td>UNSATISFACTORY</td>
<td>N/A</td>
</tr>
<tr>
<td>KNOWLEDGE OF BLS THEORY</td>
<td>SATISFACTORY</td>
<td>NEEDS IMPROVEMENT</td>
<td>UNSATISFACTORY</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PHYSCHOMOTOR</th>
<th>SATISFACTORY</th>
<th>NEEDS IMPROVEMENT</th>
<th>UNSATISFACTORY</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>BLS SKILLS PERFORMANCE</td>
<td>SATISFACTORY</td>
<td>NEEDS IMPROVEMENT</td>
<td>UNSATISFACTORY</td>
<td>N/A</td>
</tr>
<tr>
<td>ALS SKILLS PERFORMANCE</td>
<td>SATISFACTORY</td>
<td>NEEDS IMPROVEMENT</td>
<td>UNSATISFACTORY</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Evaluator Comments and Suggested Improvements**

Preceptor/Evaluator Signature:

Student Signature:
CHECK ONE:  ☐ PARAMEDIC PHASE I  ☐ PARAMEDIC PHASE II  ☐ PARAMEDIC PHASE III

Student Name: __________________________________________________________ Date: _____ / _____ / ______

Evaluator Name: __________________________________________________________ Clinical Site: __________________________________________________________

Time In: _____:_____  Time Out: _____:_____  Total Time: _____:_____  

<table>
<thead>
<tr>
<th>TIME</th>
<th>PATIENT/EVENT</th>
<th>DIAGNOSIS / PROBLEM / COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Use additional sheets if necessary

SF College Document / Record
STUDENT - PLEASE COMPLETE BOTH SIDES - PART 1 OF 2
THIS FORM IS TO BE FILLED OUT BY THE STUDENT REGARDING THEIR CLINICAL EXPERIENCE.

Student Name: ___________________________ Clinical Site: ___________________________ Date: ___/___/____

<table>
<thead>
<tr>
<th>Paramedic Students – Evaluate Your Clinical Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Study Time Used with Student</td>
</tr>
<tr>
<td>Involvement with Student</td>
</tr>
<tr>
<td>Allowing Student to Interact with Patient</td>
</tr>
<tr>
<td>Going over Equipment with Student</td>
</tr>
<tr>
<td>Going over BLS Tx Decisions with Student</td>
</tr>
<tr>
<td>Going over BLS Skill Performance with Student</td>
</tr>
<tr>
<td>Going over Telemetry Reports with Student</td>
</tr>
<tr>
<td>Going over Verbal Reports to RN</td>
</tr>
<tr>
<td>Going over Report Writing with Student</td>
</tr>
<tr>
<td>Student Relationship</td>
</tr>
<tr>
<td>Going over ALS Tx Decisions</td>
</tr>
<tr>
<td>Going over ALS Skill Performance</td>
</tr>
<tr>
<td>Going over Protocol Knowledge</td>
</tr>
</tbody>
</table>

Student Comments:

Clinical Coordinator Comments:

SF College Document / Record

STUDENT - PLEASE COMPLETE BOTH SIDES - PART 2 OF 2

Page 4 of 4
SHIFT – 9 (Objective Check-Off)

Objectives:

Objective Completed (Preceptor’s Initials)

_____ Demonstrate an appropriate assessment of a patient with a chief complaint of weakness. (P-3)
_____ Demonstrate the ability to comply with body substance isolation guidelines. (P-2)
_____ Demonstrate safe techniques for managing and restraining a violent patient. (P-1)
_____ Demonstrate how to assess an obstetric patient. (P-2)
_____ Demonstrate how to provide care for a patient with:
   a. Excessive vaginal bleeding
   b. Abdominal pain
   c. Hypertensive crisis
_____ Demonstrate how to prepare the obstetric patient for delivery. (P-2)
_____ Demonstrate how to assist in the normal cephalic delivery of the fetus. (P-2)
_____ Demonstrate how to deliver the placenta. (P-2)
_____ Demonstrate how to provide post-delivery care of the mother. (P-2)
_____ Demonstrate how to assist with abnormal deliveries. (P-2)
_____ Demonstrate how to care for the mother with delivery complications. (P-2)

Comment(s):
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
EMERGENCY MEDICAL SERVICES PROGRAMS
DAILY EVALUATION OF STUDENT CLINICAL PERFORMANCE
PARAMEDIC

CHECK ONE: ☐ PHASE I  ☐ PHASE II  ☐ PHASE III  

Student Name: _____________________________ Date: _____/_____/_______  
 printed first and last  
 Evaluator Name: _____________________________ Clinical Site: _____________________________  
 printed first and last  
 Time In: _____:_____ Time Out: _____:_____ Total Time: _____:_____ Grade (IF APPLICABLE): _____________________________

<table>
<thead>
<tr>
<th>NUMBER OF EMERGENCY RESPONSE WITH TRANSPORT:</th>
<th>Clinical Coordinator Comments:</th>
</tr>
</thead>
<tbody>
<tr>
<td>NUMBER OF NON-EMERGENCY RESPONSE WITH TRANSPORT:</td>
<td></td>
</tr>
<tr>
<td>NUMBER OF RESPONSE WITHOUT TRANSPORTS:</td>
<td></td>
</tr>
<tr>
<td>TOTAL NUMBER OF PATIENTS EVALUATED:</td>
<td>[ ] Hospital [ ] Rescue</td>
</tr>
</tbody>
</table>

NUMBER OF TIMES STUDENT HAS DEMONSTRATED THE ABILITY TO PERFORM THE SKILL SUCCESSFULLY  
USE NUMERIC VALUES ONLY

<table>
<thead>
<tr>
<th>NEWBORN</th>
<th>INFANTS</th>
<th>TODDLER</th>
<th>PRESCHL</th>
<th>SCH AGE</th>
<th>ADOLESCENT</th>
<th>ADULT</th>
<th>GERIATRIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAFELY ADMINISTERS MEDICATION</td>
<td>ET INTUBATION (MANIKIN IN LAB)</td>
<td>LIVE INTUBATIONS</td>
<td>SAFELY GAINS VENOUS ACCESS</td>
<td>VENTILATE UNINTUBATED PT</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

DEMONSTRATE THE ABILITY TO SERVE AS A TEAM LEADER IN A VARIETY OF EMERGENCY SETTINGS

<table>
<thead>
<tr>
<th>NEWBORN</th>
<th>INFANTS</th>
<th>TODDLER</th>
<th>PRESCHL</th>
<th>SCH AGE</th>
<th>ADOLESCENT</th>
<th>ADULT</th>
<th>GERIATRIC</th>
</tr>
</thead>
</table>

PERFORM A COMPREHENSIVE ASSESSMENT ON THE FOLLOWING

<table>
<thead>
<tr>
<th>NEWBORN</th>
<th>INFANTS</th>
<th>TODDLER</th>
<th>PRESCHL</th>
<th>SCH AGE</th>
<th>ADOLESCENT</th>
<th>ADULT</th>
<th>GERIATRIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>OBSTETRIC</td>
<td>TRAUMA ASSESSMENT</td>
<td>MEDICAL ASSESSMENT</td>
<td>PSYCHIATRIC</td>
<td>ASSESS / PLAN RX OF CHEST PAIN</td>
<td>ASSESS / PLAN RX OF RESPIRATORY</td>
<td>ASSESS / PLAN RX OF SYNOPIE</td>
<td>ASSESS / PLAN RX OF ABDOMINAL</td>
</tr>
</tbody>
</table>

KEY TO ABOVE AGE GROUPS

<table>
<thead>
<tr>
<th>NEWBORN</th>
<th>INFANTS</th>
<th>TODDLER</th>
<th>PRESCHL</th>
<th>SCH AGE</th>
<th>ADOLESCENT</th>
<th>ADULT</th>
<th>GERIATRIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 – 1 MO</td>
<td>1 MO - 1 YR</td>
<td>1 – 3 YRS</td>
<td>3 – 5 YRS</td>
<td>6 – 12 YRS</td>
<td>13 – 17 YRS</td>
<td>18 – 64 YRS</td>
<td>65 AND UP</td>
</tr>
</tbody>
</table>
Directions to the Preceptor:

Please use the rating scales below to describe your evaluation of the student today. Please discuss the rationale for your evaluation with the student. There is space provided for additional comments and signatures.

<table>
<thead>
<tr>
<th>AFFECTIVE</th>
<th>ON TIME</th>
<th>1 – 10 MIN LATE</th>
<th>&gt; 10 MIN LATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>PREPAREDNESS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>APPEARANCE</td>
<td>PROFESSIONAL</td>
<td></td>
<td>NON-PROFESSIONAL</td>
</tr>
<tr>
<td>ATTITUDE / BEHAVIOR</td>
<td>POSITIVE</td>
<td></td>
<td>NEGATIVE</td>
</tr>
<tr>
<td>ACCEPTS FEEDBACK WELL</td>
<td>ALWAYS</td>
<td></td>
<td>NEVER</td>
</tr>
<tr>
<td>STUDY TIME USE / SELF-MOTIVATION</td>
<td>SATISFACTORY</td>
<td></td>
<td>NEEDS IMPROVEMENT</td>
</tr>
<tr>
<td>SAFETY PRECAUTIONS</td>
<td>SATISFACTORY</td>
<td></td>
<td>NEEDS IMPROVEMENT</td>
</tr>
<tr>
<td>INVOLVEMENT WITH PATIENT &amp; COMMUNICATION PRECEPTOR RELATIONSHIP / TEAMWORK</td>
<td>SATISFACTORY</td>
<td></td>
<td>NEEDS IMPROVEMENT</td>
</tr>
<tr>
<td>PATIENT RELATIONSHIPS</td>
<td>SATISFACTORY</td>
<td></td>
<td>NEEDS IMPROVEMENT</td>
</tr>
</tbody>
</table>

| COGNITIVE                                                                |         |                 |               |
| HISTORY OF CHIEF COMPLAINT                                               | SATISFACTORY |              | NEEDS IMPROVEMENT | UNSATISFACTORY | N/A |
| TRAUMA ASSESSMENT                                                       | SATISFACTORY |              | NEEDS IMPROVEMENT | UNSATISFACTORY | N/A |
| MEDICAL ASSESSMENT                                                      | SATISFACTORY |              | NEEDS IMPROVEMENT | UNSATISFACTORY | N/A |
| ALS TREATMENT DECISIONS                                                 | SATISFACTORY |              | NEEDS IMPROVEMENT | UNSATISFACTORY | N/A |
| BLS TREATMENT DECISIONS                                                 | SATISFACTORY |              | NEEDS IMPROVEMENT | UNSATISFACTORY | N/A |
| TELEMETRY REPORTS                                                       | SATISFACTORY |              | NEEDS IMPROVEMENT | UNSATISFACTORY | N/A |
| VERBAL REPORTS TO RN                                                    | SATISFACTORY |              | NEEDS IMPROVEMENT | UNSATISFACTORY | N/A |
| REPORT WRITING                                                          | SATISFACTORY |              | NEEDS IMPROVEMENT | UNSATISFACTORY | N/A |
| KNOWLEDGE OF ALS THEORY                                                 | SATISFACTORY |              | NEEDS IMPROVEMENT | UNSATISFACTORY | N/A |
| KNOWLEDGE OF BLS THEORY                                                 | SATISFACTORY |              | NEEDS IMPROVEMENT | UNSATISFACTORY | N/A |

| PHYSCHOMOTOR                                                           |         |                 |               |
| BLS SKILLS PERFORMANCE                                                 | SATISFACTORY |              | NEEDS IMPROVEMENT | UNSATISFACTORY | N/A |
| ALS SKILLS PERFORMANCE                                                 | SATISFACTORY |              | NEEDS IMPROVEMENT | UNSATISFACTORY | N/A |

**EVALUATOR COMMENTS AND SUGGESTED IMPROVEMENTS**

Preceptor/Evaluator Signature:     Student Signature:


**EMERGENCY MEDICAL SERVICES PROGRAMS**
**DAILY TIME SHEET OF STUDENT CLINICAL PERFORMANCE**

**PARAMEDIC - TIME SHEET**

**CHECK ONE:** [ ] PARAMEDIC PHASE I  [ ] PARAMEDIC PHASE II  [ ] PARAMEDIC PHASE III

Student Name: ___________________________________________ Date: _____ / _____ / ______

Evaluator Name: ___________________________________________ Clinical Site: ________________________________

Time In: _____:_____ Time Out: _____:_____ Total Time: _____:_____ 

<table>
<thead>
<tr>
<th>TIME</th>
<th>PATIENT/EVENT</th>
<th>DIAGNOSIS / PROBLEM / COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Use additional sheets if necessary*

**SF College Document / Record**
**STUDENT - PLEASE COMPLETE BOTH SIDES - PART 1 OF 2**

Page 3 of 4
**EMERGENCY MEDICAL SERVICES PROGRAMS**
**STUDENT CLINICAL SITE EVALUATION**
**PARAMEDIC – CLINICAL EVALUATION**

**THIS FORM IS TO BE FILLED OUT BY THE STUDENT REGARDING THEIR CLINICAL EXPERIENCE.**

| STUDENT NAME: ____________________________ | CLINICAL SITE: ____________________________ | DATE: __/__/____ |

<table>
<thead>
<tr>
<th><strong>PARAMEDIC STUDENTS – EVALUATE YOUR CLINICAL EXPERIENCE</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>STUDY TIME USED WITH STUDENT</td>
</tr>
<tr>
<td>IN VolVEMENT WITH STUDENT</td>
</tr>
<tr>
<td>ALLOWING STUDENT TO INTERACT WITH PATIENT</td>
</tr>
<tr>
<td>GOING OVER EQUIPMENT WITH STUDENT</td>
</tr>
<tr>
<td>GOING OVER BLs Tx Decisions WITH STUDENT</td>
</tr>
<tr>
<td>GOING OVER BLs SKILL Performance WITH STUDENT</td>
</tr>
<tr>
<td>GOING OVER Telemetry Reports WITH STUDENT</td>
</tr>
<tr>
<td>GOING OVER VERBAL REPORTS TO RN</td>
</tr>
<tr>
<td>GOING OVER REPORT Writing WITH STUDENT</td>
</tr>
<tr>
<td>STUDENT RELATIONSHIP</td>
</tr>
<tr>
<td>GOING OVER ALS Tx Decisions</td>
</tr>
<tr>
<td>GOING OVER ALS SKILL Performance</td>
</tr>
<tr>
<td>GOING OVER Protocol Knowledge</td>
</tr>
</tbody>
</table>

**STUDENT COMMENTS:**

**Clinical Coordinator Comments:**

SF College Document / Record
STUDENT - PLEASE COMPLETE BOTH SIDES - PART 2 OF 2
SHIFT – 10 (Objectives Check-Off)

Objectives:

Objective Completed (Preceptor’s Initials)

____ Demonstrate the appropriate approach for treating infants and children. (P-2)
____ Demonstrate appropriate intervention techniques with families of acutely ill or injured infants and children. (P-2)
____ Demonstrate an appropriate assessment for different developmental age groups. (P-2)
____ Demonstrate an appropriate technique for measuring pediatric vital signs. (P-2)
____ Demonstrate the use of a length-based resuscitation device for determining equipment sizes, drug doses and other pertinent information for a pediatric patient. (P-2)
____ Demonstrate the appropriate approach for treating infants and children with respiratory distress, failure, and arrest. (P-2)
____ Demonstrate proper technique for administering blow-by oxygen to infants and children. (P-2)
____ Demonstrate the proper utilization of a pediatric non-rebreather oxygen mask. (P-2)
____ Demonstrate proper technique for suctioning of infants and children. (P-2)
____ Demonstrate appropriate use of airway adjuncts with infants and children. (P-2)
____ Demonstrate appropriate use of ventilation devices for infants and children. (P-2)
____ Demonstrate endotracheal intubation procedures in infants and children. (P-2)
____ Demonstrate appropriate treatment/management of intubation complications for infants and children. (P-2)
____ Demonstrate appropriate needle cricothyroidotomy in infants and children. (P-2)
____ Demonstrate proper placement of a gastric tube in infants and children. (P-2)
____ Demonstrate an appropriate technique for insertion of peripheral intravenous catheters for infants and children. (P-2)
____ Demonstrate an appropriate technique for administration of intramuscular, inhalation, subcutaneous, rectal, endotracheal and oral medication for infants and children. (P-2)
____ Demonstrate an appropriate technique for insertion of an intraosseous line for infants and children. (P-2)
____ Demonstrate appropriate interventions for infants and children with a partially obstructed airway. (P-2)
____ Demonstrate age appropriate basic airway clearing maneuvers for infants and children with a completely obstructed airway. (P-2)
____ Demonstrate proper technique for direct laryngoscopy and foreign body retrieval in infants and children with a completely obstructed airway. (P-2)
____ Demonstrate appropriate airway and breathing control maneuvers for infant and child trauma patients. (P-2)
Demonstrate appropriate treatment of infants and children requiring advanced airway and breathing control. (P-2)

Demonstrate appropriate immobilization techniques for infant and child trauma patients. (P-2)

Demonstrate treatment of infants and children with head injuries. (P-2)

Demonstrate appropriate treatment of infants and children with chest injuries. (P-2)

Demonstrate appropriate treatment of infants and children with abdominal injuries. (P-2)

Demonstrate appropriate treatment of infants and children with extremity injuries. (P-2)

Demonstrate appropriate treatment of infants and children with burns. (P-2)

Demonstrate appropriate parent/caregiver interviewing techniques for infant and child death situations. (P-2)

Demonstrate proper infant CPR. (P-2)

Demonstrate proper child CPR. (P-2)

Demonstrate proper techniques for performing infant and child defibrillation and synchronized cardioversion. (P-2)

Comment(s):

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
### Emergency Services Programs
#### Daily Evaluation of Student Clinical Performance

**Paramedic**

<table>
<thead>
<tr>
<th>CHECK ONE:</th>
<th>☐ Phase I</th>
<th>☐ Phase II</th>
<th>☐ Phase III</th>
</tr>
</thead>
</table>

**Student Name:** ____________________________  **Date:** ______/_____/_______

**Evaluator Name:** ____________________________  **Clinical Site:** ____________________________

**Time In:** ______:____  **Time Out:** ______:____  **Total Time:** ______:____  **Grade (IF APPLICABLE):** ____________________________

<table>
<thead>
<tr>
<th>NUMBER OF EMERGENCY RESPONSE WITH TRANSPORT:</th>
<th>Clinical Coordinator Comments:</th>
</tr>
</thead>
<tbody>
<tr>
<td>NUMBER OF NON-EMERGENCY RESPONSE WITH TRANSPORT:</td>
<td></td>
</tr>
<tr>
<td>NUMBER OF RESPONSE WITHOUT TRANSPORTS:</td>
<td></td>
</tr>
<tr>
<td>TOTAL NUMBER OF PATIENTS EVALUATED:</td>
<td></td>
</tr>
<tr>
<td>☐ Hospital  ☐ Rescue</td>
<td></td>
</tr>
</tbody>
</table>

### Number of Times Student Has Demonstrated the Ability to Perform the Skill Successfully

**Use Numeric Values Only**

<table>
<thead>
<tr>
<th>Newborn</th>
<th>Infants</th>
<th>Toddler</th>
<th>Presch.</th>
<th>Sch Age</th>
<th>Adolescent</th>
<th>Adult</th>
<th>Geriatric</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>SAFELY ADMINISTERS MEDICATION</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>ET INTUBATION (MANIKIN IN LAB)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>LIVE INTUBATIONS</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>SAFELY GAINS VENOUS ACCESS</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>VENTILATE UNINTUBATED PT</td>
</tr>
</tbody>
</table>

### Demonstrate the Ability to Serve as a Team Leader in a Variety of Emergency Settings

<table>
<thead>
<tr>
<th>Newborn</th>
<th>Infants</th>
<th>Toddler</th>
<th>Presch.</th>
<th>Sch Age</th>
<th>Adolescent</th>
<th>Adult</th>
<th>Geriatric</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Perform a Comprehensive Assessment on the Following

<table>
<thead>
<tr>
<th>Newborn</th>
<th>Infants</th>
<th>Toddler</th>
<th>Presch.</th>
<th>Sch Age</th>
<th>Adolescent</th>
<th>Adult</th>
<th>Geriatric</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>OBSTETRIC</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>TRAUMA ASSESSMENT</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>MEDICAL ASSESSMENT</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>PSYCHIATRIC</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>ASSESS / PLAN RX OF CHEST PAIN</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>ASSESS / PLAN RX OF RESPIRATORY</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>ASSESS / PLAN RX OF SYNCOPE</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>ASSESS / PLAN RX OF ABDOMINAL</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>ASSESS / PLAN RX OF ALOC</td>
</tr>
</tbody>
</table>

### Key to Above Age Groups

<table>
<thead>
<tr>
<th>Newborn</th>
<th>Infants</th>
<th>Toddler</th>
<th>Presch.</th>
<th>Sch Age</th>
<th>Adolescent</th>
<th>Adult</th>
<th>Geriatric</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 – 1 MO</td>
<td>1 MO - 1 YR</td>
<td>1 – 3 YRS</td>
<td>3 – 5 YRS</td>
<td>6 – 12 YRS</td>
<td>13 – 17 YRS</td>
<td>18 – 64 YRS</td>
<td>65 AND UP</td>
</tr>
</tbody>
</table>
Directions to the Preceptor:

Please use the rating scales below to describe your evaluation of the student today. Please discuss the rationale for your evaluation with the student. There is space provided for additional comments and signatures.

<table>
<thead>
<tr>
<th>AFFECTIVE</th>
<th>On Time</th>
<th>1 – 10 Min Late</th>
<th>&gt; 10 Min Late</th>
</tr>
</thead>
<tbody>
<tr>
<td>PREPAREDNESS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>APPEARANCE</td>
<td>PROFESSIONAL</td>
<td>NON-PROFESSIONAL</td>
<td></td>
</tr>
<tr>
<td>ATTITUDE / BEHAVIOR</td>
<td>POSITIVE</td>
<td>NEGATIVE</td>
<td></td>
</tr>
<tr>
<td>ACCEPTS FEEDBACK WELL</td>
<td>ALWAYS</td>
<td>SOMETIMES</td>
<td>NEVER</td>
</tr>
<tr>
<td>STUDY TIME USE / SELF-MOTIVATION</td>
<td>SATISFACTORY</td>
<td>NEEDS IMPROVEMENT</td>
<td>UNSATISFACTORY</td>
</tr>
<tr>
<td>SAFETY PRECAUTIONS</td>
<td>SATISFACTORY</td>
<td>NEEDS IMPROVEMENT</td>
<td>UNSATISFACTORY</td>
</tr>
<tr>
<td>INVOLVEMENT WITH PATIENT &amp; COMMUNICATION</td>
<td>SATISFACTORY</td>
<td>NEEDS IMPROVEMENT</td>
<td>UNSATISFACTORY</td>
</tr>
<tr>
<td>PRECEPTOR RELATIONSHIP / TEAMWORK</td>
<td>SATISFACTORY</td>
<td>NEEDS IMPROVEMENT</td>
<td>UNSATISFACTORY</td>
</tr>
<tr>
<td>PATIENT RELATIONSHIPS</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| COGNITIVE                                      |         |                 |              |
| HISTORY OF CHIEF COMPLAINT                     | SATISFACTORY | NEEDS IMPROVEMENT | UNSATISFACTORY |
| TRAUMA ASSESSMENT                              | SATISFACTORY | NEEDS IMPROVEMENT | UNSATISFACTORY |
| MEDICAL ASSESSMENT                             | SATISFACTORY | NEEDS IMPROVEMENT | UNSATISFACTORY |
| ALS TREATMENT DECISIONS                        | SATISFACTORY | NEEDS IMPROVEMENT | UNSATISFACTORY |
| BLS TREATMENT DECISIONS                        | SATISFACTORY | NEEDS IMPROVEMENT | UNSATISFACTORY |
| TELEMETRY REPORTS                              | SATISFACTORY | NEEDS IMPROVEMENT | UNSATISFACTORY |
| VERBAL REPORTS TO RN                           | SATISFACTORY | NEEDS IMPROVEMENT | UNSATISFACTORY |
| REPORT WRITING                                 | SATISFACTORY | NEEDS IMPROVEMENT | UNSATISFACTORY |
| KNOWLEDGE OF ALS THEORY                        | SATISFACTORY | NEEDS IMPROVEMENT | UNSATISFACTORY |
| KNOWLEDGE OF BLS THEORY                        | SATISFACTORY | NEEDS IMPROVEMENT | UNSATISFACTORY |

| PHYSCHOMOTOR                                   |         |                 |              |
| BLS SKILLS PERFORMANCE                         | SATISFACTORY | NEEDS IMPROVEMENT | UNSATISFACTORY |
| ALS SKILLS PERFORMANCE                         | SATISFACTORY | NEEDS IMPROVEMENT | UNSATISFACTORY |

**Evaluator Comments and Suggested Improvements**

Preceptor/Evaluator Signature:

Student Signature:
## Emergency Medical Services Programs

### Daily Time Sheet of Student Clinical Performance

**Paramedic – Time Sheet**

<table>
<thead>
<tr>
<th>CHECK ONE:</th>
<th>PARAMEDIC PHASE I</th>
<th>PARAMEDIC PHASE II</th>
<th>PARAMEDIC PHASE III</th>
</tr>
</thead>
</table>

- **Student Name:** __________________________ date: __/__/____

- **Evaluator Name:** __________________________ Clinical Site: __________________________

- **Time In:** _____:_____  **Time Out:** _____:_____  **Total Time:** _____:_____  

<table>
<thead>
<tr>
<th>TIME</th>
<th>PATIENT/EVENT</th>
<th>DIAGNOSIS / PROBLEM / COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Use additional sheets if necessary*
PARAMEDIC – CLINICAL EVALUATION

THIS FORM IS TO BE FILLED OUT BY THE STUDENT REGARDING THEIR CLINICAL EXPERIENCE.

Student Name: ___________________________ Clinical Site: ___________________________ Date: _____/____/_____  

<table>
<thead>
<tr>
<th><strong>PARAMEDIC STUDENTS – EVALUATE YOUR CLINICAL EXPERIENCE</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>STUDY TIME USED WITH STUDENT</td>
</tr>
<tr>
<td>INvolvement with Student</td>
</tr>
<tr>
<td>Allowing Student to Interact with Patient</td>
</tr>
<tr>
<td>Going over Equipment with Student</td>
</tr>
<tr>
<td>Going over BLS Tx Decisions with Student</td>
</tr>
<tr>
<td>Going over BLS Skill Performance with Student</td>
</tr>
<tr>
<td>Going over Telemetry Reports with Student</td>
</tr>
<tr>
<td>Going over Verbal Reports to RN</td>
</tr>
<tr>
<td>Going over Report Writing with Student</td>
</tr>
<tr>
<td>Student Relationship</td>
</tr>
<tr>
<td>Going over ALS Tx Decisions</td>
</tr>
<tr>
<td>Going over ALS Skill Performance</td>
</tr>
<tr>
<td>Going over Protocol Knowledge</td>
</tr>
</tbody>
</table>

**Student Comments:**

**Clinical Coordinator Comments:**

---

SF College Document / Record

STUDENT - PLEASE COMPLETE BOTH SIDES - PART 2 OF 2

Page 4 of 4
SHIFT – 11 (Objectives Check-Off)

Objectives:

Objective Completed (Preceptor’s Initials)

_____ Demonstrate the ability to assess a geriatric patient. (P-2)
_____ Demonstrate the ability to adjust their assessment to a geriatric patient. (P-3)
_____ Demonstrate the ability to assess a spouse, elder or child abused patient. (P-1)
_____ Demonstrate the ability to assess a sexually assaulted patient. (P-1)
_____ Demonstrate proper tracheotomy care. (P-1)
_____ Demonstrate the insertion of a new inner cannula and/or the use of an endotracheal tube to temporarily maintain an airway in a tracheostomy patient. (P-1)
_____ Demonstrate proper technique for drawing blood from a central venous line. (P-1)
_____ Demonstrate the method of accessing vascular access devices found in the home health care setting. (P-1)

Comment(s):________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
### Emergency Medical Services Programs

**Daily Evaluation of Student Clinical Performance**

**Paramedic**

---

**CHECK ONE:**  
- [ ] Phase I  
- [ ] Phase II  
- [ ] Phase III

<table>
<thead>
<tr>
<th>Student Name: ____________________________</th>
<th>Date: <strong>/</strong>/_______</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evaluator Name: __________________________</td>
<td>Clinical Site: ________________</td>
</tr>
<tr>
<td>Time In: __<strong><strong>:</strong></strong></td>
<td>Time Out: _<em><strong><strong>:</strong></strong></em></td>
</tr>
</tbody>
</table>

**Clinical Coordinator Comments:**

| Number of Emergency Response with Transport: |
| Number of Non-Emergency Response with Transport: |
| Number of Response without Transports: |
| Total Number of Patients Evaluated:  
  [ ] Hospital  
  [ ] Rescue |

---

**Number of times student has demonstrated the ability to perform the skill successfully**

<table>
<thead>
<tr>
<th>Newborn</th>
<th>Infants</th>
<th>Toddler</th>
<th>Presch</th>
<th>Sch Age</th>
<th>Adolescent</th>
<th>Adult</th>
<th>Geriatric</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Safely administers medication
- ET intubation (manikin in lab)
- Live intubations
- Safely gains venous access
- Ventilate unintubated pt

---

**Demonstrate the ability to serve as a team leader in a variety of emergency settings**

<table>
<thead>
<tr>
<th>Newborn</th>
<th>Infants</th>
<th>Toddler</th>
<th>Presch</th>
<th>Sch Age</th>
<th>Adolescent</th>
<th>Adult</th>
<th>Geriatric</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**Perform a comprehensive assessment on the following**

<table>
<thead>
<tr>
<th>Newborn</th>
<th>Infants</th>
<th>Toddler</th>
<th>Presch</th>
<th>Sch Age</th>
<th>Adolescent</th>
<th>Adult</th>
<th>Geriatric</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Obstetric
- Trauma Assessment
- Medical Assessment
- Psychiatric
- Assess / Plan Rx of chest pain
- Assess / Plan Rx of respiratory
- Assess / Plan Rx of syncope
- Assess / Plan Rx of abdominal
- Assess / Plan Rx of ALOC

---

**Key to above age groups**

<table>
<thead>
<tr>
<th>Newborn</th>
<th>Infants</th>
<th>Toddler</th>
<th>Presch</th>
<th>Sch Age</th>
<th>Adolescent</th>
<th>Adult</th>
<th>Geriatric</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 – 1 Mo</td>
<td>1 Mo - 1 Yr</td>
<td>1 – 3 Yrs</td>
<td>3 – 5 Yrs</td>
<td>6 – 12 Yrs</td>
<td>13 – 17 Yrs</td>
<td>18 – 64 Yrs</td>
<td>65 and up</td>
</tr>
</tbody>
</table>
Directions to the Preceptor:

Please use the rating scales below to describe your evaluation of the student today. Please discuss the rationale for your evaluation with the student. There is space provided for additional comments and signatures.

### Affective

<table>
<thead>
<tr>
<th>Preparedness</th>
<th>On Time</th>
<th>1 – 10 min late</th>
<th>&gt; 10 min late</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Appearance</th>
<th>Professional</th>
<th>Non-Professional</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Attitude / Behavior</th>
<th>Positive</th>
<th>Negative</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Accepts Feedback Well</th>
<th>Always</th>
<th>Sometimes</th>
<th>Never</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Study Time Use / Self-Motivation</th>
<th>Satisfactory</th>
<th>Needs Improvement</th>
<th>Unsatisfactory</th>
<th>N/A</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Safety Precautions</th>
<th>Satisfactory</th>
<th>Needs Improvement</th>
<th>Unsatisfactory</th>
<th>N/A</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Involvement with Patient &amp; Communication Preceptor Relationship / Teamwork</th>
<th>Satisfactory</th>
<th>Needs Improvement</th>
<th>Unsatisfactory</th>
<th>N/A</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Patient Relationships</th>
<th>Satisfactory</th>
<th>Needs Improvement</th>
<th>Unsatisfactory</th>
<th>N/A</th>
</tr>
</thead>
</table>

### Cognitive

<table>
<thead>
<tr>
<th>History of Chief Complaint</th>
<th>Satisfactory</th>
<th>Needs Improvement</th>
<th>Unsatisfactory</th>
<th>N/A</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Trauma Assessment</th>
<th>Satisfactory</th>
<th>Needs Improvement</th>
<th>Unsatisfactory</th>
<th>N/A</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Medical Assessment</th>
<th>Satisfactory</th>
<th>Needs Improvement</th>
<th>Unsatisfactory</th>
<th>N/A</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>ALS Treatment Decisions</th>
<th>Satisfactory</th>
<th>Needs Improvement</th>
<th>Unsatisfactory</th>
<th>N/A</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>BLS Treatment Decisions</th>
<th>Satisfactory</th>
<th>Needs Improvement</th>
<th>Unsatisfactory</th>
<th>N/A</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Telemetry Reports</th>
<th>Satisfactory</th>
<th>Needs Improvement</th>
<th>Unsatisfactory</th>
<th>N/A</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Verbal Reports to RN</th>
<th>Satisfactory</th>
<th>Needs Improvement</th>
<th>Unsatisfactory</th>
<th>N/A</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Report Writing</th>
<th>Satisfactory</th>
<th>Needs Improvement</th>
<th>Unsatisfactory</th>
<th>N/A</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Knowledge of ALS Theory</th>
<th>Satisfactory</th>
<th>Needs Improvement</th>
<th>Unsatisfactory</th>
<th>N/A</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Knowledge of BLS Theory</th>
<th>Satisfactory</th>
<th>Needs Improvement</th>
<th>Unsatisfactory</th>
<th>N/A</th>
</tr>
</thead>
</table>

### Psychomotor

<table>
<thead>
<tr>
<th>BLS Skills Performance</th>
<th>Satisfactory</th>
<th>Needs Improvement</th>
<th>Unsatisfactory</th>
<th>N/A</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>ALS Skills Performance</th>
<th>Satisfactory</th>
<th>Needs Improvement</th>
<th>Unsatisfactory</th>
<th>N/A</th>
</tr>
</thead>
</table>

### Evaluator Comments and Suggested Improvements

...
**EMERGENCY MEDICAL SERVICES PROGRAMS**

**DAILY TIME SHEET OF STUDENT CLINICAL PERFORMANCE**

**PARAMEDIC – TIME SHEET**

<table>
<thead>
<tr>
<th>TIME</th>
<th>PATIENT/EVENT</th>
<th>DIAGNOSIS / PROBLEM / COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**CHECK ONE:  ☐ PARAMEDIC PHASE I   ☐ PARAMEDIC PHASE II   ☐ PARAMEDIC PHASE III**

Student Name: ____________________________________________ Date: _____ / _____ / ______

Evaluator Name: __________________________________________ Clinical Site: ______________________________


Use additional sheets if necessary
**Emergency Medical Services Programs**  
**Student Clinical Site Evaluation**  
**Paramedic – Clinical Evaluation**

**This form is to be filled out by the Student regarding their clinical experience.**

Student Name: ___________________________ Clinical Site: ______________________ Date: __/__/____

<table>
<thead>
<tr>
<th><strong>Paramedic Students – Evaluate your Clinical Experience</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Study Time Used with Student</strong></td>
</tr>
<tr>
<td><strong>Involvement with Student</strong></td>
</tr>
<tr>
<td><strong>Allowing Student to Interact with Patient</strong></td>
</tr>
<tr>
<td><strong>Going over Equipment with Student</strong></td>
</tr>
<tr>
<td><strong>Going over BLS Tx Decisions with Student</strong></td>
</tr>
<tr>
<td><strong>Going over BLS Skill Performance with Student</strong></td>
</tr>
<tr>
<td><strong>Going over Telemetry Reports with Student</strong></td>
</tr>
<tr>
<td><strong>Going over Verbal Reports to RN</strong></td>
</tr>
<tr>
<td><strong>Going over Report Writing with Student</strong></td>
</tr>
<tr>
<td><strong>Student Relationship</strong></td>
</tr>
<tr>
<td><strong>Going over ALS Tx Decisions</strong></td>
</tr>
<tr>
<td><strong>Going over ALS Skill Performance</strong></td>
</tr>
<tr>
<td><strong>Going over Protocol Knowledge</strong></td>
</tr>
</tbody>
</table>

**Student Comments:**

**Clinical Coordinator Comments:**

---

**SF College Document / Record**

STUDENT - PLEASE COMPLETE BOTH SIDES - PART 2 OF 2
SHIFT – 12 (Objectives Check-Off)

Objectives:

Objective Completed (Preceptor’s Initials)

____ While serving as team leader, choreograph the EMS response team, perform a patient assessment, provide local/regionally appropriate treatment, present cases verbally and in writing given a moulaged and programed simulated patient. (P-3)

____ While serving as team leader, assess a programmed patient or mannequin, consider differentials, make decisions relative to interventions and transportation, provide the interventions, patient packaging and transportation, work as a team and practice various roles for the following common emergencies: (P-3)
   a. Chest pain
   b. Cardiac Arrest
      1. Traumatic arrest/Medical arrest
   c. Acute abdominal pain
   d. GI bleed
   e. Altered mental status
   f. Dyspnea
   g. Syncope
   h. Seizure
   i. Thermal/environmental problem
   j. Hazardous materials/toxicology
   k. Trauma
      1. Isolated extremity fracture (tibia/fibula or radius/ulna)
      2. Femur fracture
      3. Shoulder dislocation
      5. Minor wound (no sutures required, sutures required, high risk wounds, with tendon and/or nerve injury)
      6. Spine injury (no neurologic deficit, with neurologic deficit)
      7. Multiple trauma-blunt
      8. Penetrating trauma
      9. Impaled object
      10. Elderly fall
      11. Athletic injury
      12. Head injury (concussion, subdural/epidural)
   l. Allergic reactions/bites/envenomation
      1. Local allergic reaction - Systemic allergic reaction - Envenomation
   m. Behavioral
      1. Mood disorders - Schizophrenic and delusional disorders - Suicidal
   n. Obstetrics/gynecology
      1. Vaginal bleeding - Childbirth (normal and abnormal)
   o. Pediatric
      1. Respiratory distress
      2. Fever
      3. Seizures

Comment(s):________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
EMERGENCY MEDICAL SERVICES PROGRAMS
DAILY EVALUATION OF STUDENT CLINICAL PERFORMANCE
PARAMEDIC

**CHECK ONE:** ☐ PHASE I ☐ PHASE II ☐ PHASE III

| Student Name: ___________________________ | Date: ______/_____/__________ |
| Evaluator Name: ___________________________ | Clinical Site: ___________________________ |

| Time In: ____:____ | Time Out: ____:____ | Total Time: ____:____ | Grade (IF APPLICABLE): ________________ |

**NUMBER OF EMERGENCY RESPONSE WITH TRANSPORT:**

**NUMBER OF NON-EMERGENCY RESPONSE WITH TRANSPORT:**

**NUMBER OF RESPONSE WITHOUT TRANSPORTS:**

| TOTAL NUMBER OF PATIENTS EVALUATED: |
| ☐ HOSPITAL | ☐ RESCUE |

**Clinical Coordinator Comments:**

**NUMBER OF TIMES STUDENT HAS DEMONSTRATED THE ABILITY TO PERFORM THE SKILL SUCCESSFULLY**

*Use numeric values only*

<table>
<thead>
<tr>
<th>NEWBORN</th>
<th>INFANTS</th>
<th>TODDLER</th>
<th>PRESCHL</th>
<th>SCH AGE</th>
<th>ADOLESCENT</th>
<th>ADULT</th>
<th>GERIATRIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ SAFELY ADMINISTERS MEDICATION</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ ET INTUBATION (MANIKIN IN LAB)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ LIVE INTUBATIONS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ SAFELY GAINS VENOUS ACCESS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ VENTILATE UNINTUBATED PT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**DEMONSTRATE THE ABILITY TO SERVE AS A TEAM LEADER IN A VARIETY OF EMERGENCY SETTINGS**

<table>
<thead>
<tr>
<th>NEWBORN</th>
<th>INFANTS</th>
<th>TODDLER</th>
<th>PRESCHL</th>
<th>SCH AGE</th>
<th>ADOLESCENT</th>
<th>ADULT</th>
<th>GERIATRIC</th>
</tr>
</thead>
</table>

**PERFORM A COMPREHENSIVE ASSESSMENT ON THE FOLLOWING**

<table>
<thead>
<tr>
<th>NEWBORN</th>
<th>INFANTS</th>
<th>TODDLER</th>
<th>PRESCHL</th>
<th>SCH AGE</th>
<th>ADOLESCENT</th>
<th>ADULT</th>
<th>GERIATRIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ OBSTETRIC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ TRAUMA ASSESSMENT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ MEDICAL ASSESSMENT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ PSYCHIATRIC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ ASSESS / PLAN RX OF CHEST PAIN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ ASSESS / PLAN RX OF RESPIRATORY</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ ASSESS / PLAN RX OF SYMPTOME</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ ASSESS / PLAN RX OF ABDOMINAL</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ ASSESS / PLAN RX OF ALOC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**KEY TO ABOVE AGE GROUPS**

<table>
<thead>
<tr>
<th>NEWBORN</th>
<th>INFANTS</th>
<th>TODDLER</th>
<th>PRESCHL</th>
<th>SCH AGE</th>
<th>ADOLESCENT</th>
<th>ADULT</th>
<th>GERIATRIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 – 1 MO</td>
<td>1 MO - 1 YR</td>
<td>1 – 3 YRS</td>
<td>3 – 5 YRS</td>
<td>6 – 12 YRS</td>
<td>13 – 17 YRS</td>
<td>18 – 64 YRS</td>
<td>65 AND UP</td>
</tr>
</tbody>
</table>
Directions to the Preceptor:

Please use the rating scales below to describe your evaluation of the student today. Please discuss the rationale for your evaluation with the student. There is space provided for additional comments and signatures.

### AFFECTIVE

<table>
<thead>
<tr>
<th>Aspect</th>
<th>On Time</th>
<th>1 – 10 min late</th>
<th>&gt; 10 min late</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preparedness</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appearance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attitude / Behavior</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accepts Feedback Well</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Study Time Use / Self-Motivation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safety Precautions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Involvement with Patient &amp; Communication</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preceptor Relationship / Teamwork</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Relationships</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### COGNITIVE

<table>
<thead>
<tr>
<th>Aspect</th>
<th>Satisfactory</th>
<th>Needs Improvement</th>
<th>Unsatisfactory</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>History of Chief Complaint</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trauma Assessment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Assessment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALS Treatment Decisions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BLS Treatment Decisions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telemetry Reports</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Verbal Reports to RN</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Report Writing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knowledge of ALS Theory</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knowledge of BLS Theory</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### PHYSICOMOTOR

<table>
<thead>
<tr>
<th>Aspect</th>
<th>Satisfactory</th>
<th>Needs Improvement</th>
<th>Unsatisfactory</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>BLS Skills Performance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALS Skills Performance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### EVALUATOR COMMENTS AND SUGGESTED IMPROVEMENTS

Preceptor/Evaluator Signature:  
Student Signature:
**CHECK ONE:**  
- PARAMEDIC PHASE I  
- PARAMEDIC PHASE II  
- PARAMEDIC PHASE III

Student Name: ________________________________  Date: ____/____/______  

Evaluator Name: ________________________________  Clinical Site: ________________________________  

Time In: _____:_____  Time Out: _____:_____  Total Time: _____:_____  

<table>
<thead>
<tr>
<th>TIME</th>
<th>PATIENT/EVENT</th>
<th>DIAGNOSIS / PROBLEM / COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Use additional sheets if necessary*
**EMERGENCY MEDICAL SERVICES PROGRAMS**

**STUDENT CLINICAL SITE EVALUATION**

**PARAMEDIC – CLINICAL EVALUATION**

---

**This form is to be filled out by the student regarding their clinical experience.**

Student Name: ________________________________  Clinical Site: ________________________________  Date: ___/___/____

<table>
<thead>
<tr>
<th>PARAMEDIC STUDENTS – EVALUATE YOUR CLINICAL EXPERIENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>STUDY TIME USED WITH STUDENT</td>
</tr>
<tr>
<td>INVOLVEMENT WITH STUDENT</td>
</tr>
<tr>
<td>ALLOWING STUDENT TO INTERACT WITH PATIENT</td>
</tr>
<tr>
<td>GOING OVER EQUIPMENT WITH STUDENT</td>
</tr>
<tr>
<td>GOING OVER BLS TX DECISIONS WITH STUDENT</td>
</tr>
<tr>
<td>GOING OVER BLS SKILL PERFORMANCE WITH STUDENT</td>
</tr>
<tr>
<td>GOING OVER TELEMETRY REPORTS WITH STUDENT</td>
</tr>
<tr>
<td>GOING OVER VERBAL REPORTS TO RN</td>
</tr>
<tr>
<td>GOING OVER REPORT WRITING WITH STUDENT</td>
</tr>
<tr>
<td>STUDENT RELATIONSHIP</td>
</tr>
<tr>
<td>GOING OVER ALS TX DECISIONS</td>
</tr>
<tr>
<td>GOING OVER ALS SKILL PERFORMANCE</td>
</tr>
<tr>
<td>GOING OVER PROTOCOL KNOWLEDGE</td>
</tr>
</tbody>
</table>

**STUDENT COMMENTS:**

---

**Clinical Coordinator Comments:**

---
SHIFT – 13 (Objectives Check-Off)

Objectives:

Objective Completed (Preceptor’s Initials)

_____ Demonstrate how to place a patient in, and remove a patient from, an ambulance. (P-1)
_____ Demonstrate the use of local/ regional triage tagging system used for primary and secondary triage. (P-1)
_____ Given a simulated tabletop multiple casualty incident, with 5-10 patients: (P-1)
   a. Establish unified or singular command
   b. Conduct a scene assessment
   c. Determine scene objectives
   d. Formulate an incident plan
   e. Request appropriate resources
   f. Determine need for ICS expansion and groups
   g. Coordinate communications and groups leaders
   h. Coordinate outside agencies

Comment(s):
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
**EMERGENCY MEDICAL SERVICES PROGRAMS**

**DAILY EVALUATION OF STUDENT CLINICAL PERFORMANCE**

**PARAMEDIC**

**CHECK ONE:**  
- [ ] PHASE I  
- [ ] PHASE II  
- [ ] PHASE III

**Student Name:** ___________________________  
**Date:** __/__/____

**Evaluator Name:** ___________________________  
**Clinical Site:** ___________________________

**Time In:** _____:____  
**Time Out:** _____:____  
**Total Time:** _____:____  
**Grade (IF APPLICABLE):** ___________________________

<table>
<thead>
<tr>
<th>NUMBER OF EMERGENCY RESPONSE WITH TRANSPORT:</th>
<th>Clinical Coordinator Comments:</th>
</tr>
</thead>
<tbody>
<tr>
<td>NUMBER OF NON-EMERGENCY RESPONSE WITH TRANSPORT:</td>
<td></td>
</tr>
<tr>
<td>NUMBER OF RESPONSE WITHOUT TRANSPORTS:</td>
<td></td>
</tr>
<tr>
<td>TOTAL NUMBER OF PATIENTS EVALUATED:</td>
<td></td>
</tr>
<tr>
<td>[ ] HOSPITAL</td>
<td>[ ] RESCUE</td>
</tr>
</tbody>
</table>

**NUMBER OF TIMES STUDENT HAS DEMONSTRATED THE ABILITY TO PERFORM THE SKILL SUCCESSFULLY**

**Use numeric values only**

<table>
<thead>
<tr>
<th>AGE GROUP</th>
<th>NEWBORN</th>
<th>INFANTS</th>
<th>TODDLER</th>
<th>PRESCHL</th>
<th>SCH AGE</th>
<th>ADOLESCENT</th>
<th>ADULT</th>
<th>GERIATRIC</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- SAFELY ADMINISTERS MEDICATION
- ET INTUBATION (MANIKIN IN LAB)
- LIVE INTUBATIONS
- SAFELY GAINS VENOUS ACCESS
- VENTILATE UNINTUBATED PT

**DEMONSTRATE THE ABILITY TO SERVE AS A TEAM LEADER IN A VARIETY OF EMERGENCY SETTINGS**

<table>
<thead>
<tr>
<th>AGE GROUP</th>
<th>NEWBORN</th>
<th>INFANTS</th>
<th>TODDLER</th>
<th>PRESCHL</th>
<th>SCH AGE</th>
<th>ADOLESCENT</th>
<th>ADULT</th>
<th>GERIATRIC</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PERFORM A COMPREHENSIVE ASSESSMENT ON THE FOLLOWING**

<table>
<thead>
<tr>
<th>AGE GROUP</th>
<th>NEWBORN</th>
<th>INFANTS</th>
<th>TODDLER</th>
<th>PRESCHL</th>
<th>SCH AGE</th>
<th>ADOLESCENT</th>
<th>ADULT</th>
<th>GERIATRIC</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- OBSTETRIC
- TRAUMA ASSESSMENT
- MEDICAL ASSESSMENT
- PSYCHIATRIC
- ASSESS / PLAN RX OF CHEST PAIN
- ASSESS / PLAN RX OF RESPIRATORY
- ASSESS / PLAN RX OF SYNOEPE
- ASSESS / PLAN RX OF ABDOMINAL
- ASSESS / PLAN RX OF ALOC

**KEY TO ABOVE AGE GROUPS**

<table>
<thead>
<tr>
<th>AGE GROUP</th>
<th>NEWBORN</th>
<th>INFANTS</th>
<th>TODDLER</th>
<th>PRESCHL</th>
<th>SCH AGE</th>
<th>ADOLESCENT</th>
<th>ADULT</th>
<th>GERIATRIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 – 1 MO</td>
<td>1 MO - 1 YR</td>
<td>1 – 3 YRS</td>
<td>3 – 5 YRS</td>
<td>6 – 12 YRS</td>
<td>13 – 17 YRS</td>
<td>18 – 64 YRS</td>
<td>65 AND UP</td>
<td></td>
</tr>
</tbody>
</table>
Directions to the Preceptor:

Please use the rating scales below to describe your evaluation of the student today. Please discuss the rationale for your evaluation with the student. There is space provided for additional comments and signatures.

### Affective

<table>
<thead>
<tr>
<th>Preparedness</th>
<th>On Time</th>
<th>1 – 10 min late</th>
<th>&gt; 10 min late</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appearance</td>
<td>Professional</td>
<td>Non-Professional</td>
<td></td>
</tr>
<tr>
<td>Attitude / Behavior</td>
<td>Positive</td>
<td>Negative</td>
<td></td>
</tr>
<tr>
<td>Accepts Feedback Well</td>
<td>Always</td>
<td>Sometimes</td>
<td>Never</td>
</tr>
<tr>
<td>Study Time Use / Self-Motivation</td>
<td>Satisfactory</td>
<td>Needs Improvement</td>
<td>Unsatisfactory</td>
</tr>
<tr>
<td>Safety Precautions</td>
<td>Satisfactory</td>
<td>Needs Improvement</td>
<td>Unsatisfactory</td>
</tr>
<tr>
<td>Involvement with Patient &amp; Communication Preceptor Relationship / Teamwork</td>
<td>Satisfactory</td>
<td>Needs Improvement</td>
<td>Unsatisfactory</td>
</tr>
<tr>
<td>Patient Relationships</td>
<td>Satisfactory</td>
<td>Needs Improvement</td>
<td>Unsatisfactory</td>
</tr>
</tbody>
</table>

### Cognitive

| History of Chief Complaint | Satisfactory | Needs Improvement | Unsatisfactory | N/A |
| Trauma Assessment | Satisfactory | Needs Improvement | Unsatisfactory | N/A |
| Medical Assessment | Satisfactory | Needs Improvement | Unsatisfactory | N/A |
| ALS Treatment Decisions | Satisfactory | Needs Improvement | Unsatisfactory | N/A |
| BLS Treatment Decisions | Satisfactory | Needs Improvement | Unsatisfactory | N/A |
| Telemetry Reports | Satisfactory | Needs Improvement | Unsatisfactory | N/A |
| Verbal Reports to RN | Satisfactory | Needs Improvement | Unsatisfactory | N/A |
| Report Writing | Satisfactory | Needs Improvement | Unsatisfactory | N/A |
| Knowledge of ALS Theory | Satisfactory | Needs Improvement | Unsatisfactory | N/A |
| Knowledge of BLS Theory | Satisfactory | Needs Improvement | Unsatisfactory | N/A |

### Physiomechanics

| BLS Skills Performance | Satisfactory | Needs Improvement | Unsatisfactory | N/A |
| ALS Skills Performance | Satisfactory | Needs Improvement | Unsatisfactory | N/A |

### Evaluator Comments and Suggested Improvements

Preceptor/Evaluator Signature:  
Student Signature:
<table>
<thead>
<tr>
<th>TIME</th>
<th>PATIENT/EVENT</th>
<th>DIAGNOSIS / PROBLEM / COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Use additional sheets if necessary**
**PARAMEDIC – CLINICAL EVALUATION**

**THIS FORM IS TO BE FILLED OUT BY THE STUDENT REGARDING THEIR CLINICAL EXPERIENCE.**

Student Name: ___________________________ Clinical Site: ___________________________ Date: __/__/____

<table>
<thead>
<tr>
<th>STUDY TIME USED WITH STUDENT</th>
<th>EXCELLENT</th>
<th>GOOD</th>
<th>AVERAGE</th>
<th>MARGINAL</th>
<th>POOR</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>INVOLVEMENT WITH STUDENT</td>
<td>EXCELLENT</td>
<td>GOOD</td>
<td>AVERAGE</td>
<td>MARGINAL</td>
<td>POOR</td>
<td>N/A</td>
</tr>
<tr>
<td>ALLOWING STUDENT TO INTERACT WITH PATIENT</td>
<td>EXCELLENT</td>
<td>GOOD</td>
<td>AVERAGE</td>
<td>MARGINAL</td>
<td>POOR</td>
<td>N/A</td>
</tr>
<tr>
<td>GOING OVER EQUIPMENT WITH STUDENT</td>
<td>EXCELLENT</td>
<td>GOOD</td>
<td>AVERAGE</td>
<td>MARGINAL</td>
<td>POOR</td>
<td>N/A</td>
</tr>
<tr>
<td>GOING OVER BLS Tx DECISIONS WITH STUDENT</td>
<td>EXCELLENT</td>
<td>GOOD</td>
<td>AVERAGE</td>
<td>MARGINAL</td>
<td>POOR</td>
<td>N/A</td>
</tr>
<tr>
<td>GOING OVER BLS SKILL PERFORMANCE WITH STUDENT</td>
<td>EXCELLENT</td>
<td>GOOD</td>
<td>AVERAGE</td>
<td>MARGINAL</td>
<td>POOR</td>
<td>N/A</td>
</tr>
<tr>
<td>GOING OVER TELEMETRY REPORTS WITH STUDENT</td>
<td>EXCELLENT</td>
<td>GOOD</td>
<td>AVERAGE</td>
<td>MARGINAL</td>
<td>POOR</td>
<td>N/A</td>
</tr>
<tr>
<td>GOING OVER VERBAL REPORTS TO RN</td>
<td>EXCELLENT</td>
<td>GOOD</td>
<td>AVERAGE</td>
<td>MARGINAL</td>
<td>POOR</td>
<td>N/A</td>
</tr>
<tr>
<td>GOING OVER REPORT WRITING WITH STUDENT</td>
<td>EXCELLENT</td>
<td>GOOD</td>
<td>AVERAGE</td>
<td>MARGINAL</td>
<td>POOR</td>
<td>N/A</td>
</tr>
<tr>
<td>STUDENT RELATIONSHIP</td>
<td>EXCELLENT</td>
<td>GOOD</td>
<td>AVERAGE</td>
<td>MARGINAL</td>
<td>POOR</td>
<td>N/A</td>
</tr>
<tr>
<td>GOING OVER ALS Tx DECISIONS</td>
<td>EXCELLENT</td>
<td>GOOD</td>
<td>AVERAGE</td>
<td>MARGINAL</td>
<td>POOR</td>
<td>N/A</td>
</tr>
<tr>
<td>GOING OVER ALS SKILL PERFORMANCE</td>
<td>EXCELLENT</td>
<td>GOOD</td>
<td>AVERAGE</td>
<td>MARGINAL</td>
<td>POOR</td>
<td>N/A</td>
</tr>
<tr>
<td>GOING OVER PROTOCOL KNOWLEDGE</td>
<td>EXCELLENT</td>
<td>GOOD</td>
<td>AVERAGE</td>
<td>MARGINAL</td>
<td>POOR</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**STUDENT COMMENTS:**

---

**Clinical Coordinator Comments:**

---

*SF College Document / Record*  
*STUDENT - PLEASE COMPLETE BOTH SIDES - PART 2 OF 2*
SHIFT – 14 (Objectives Check-Off)

Objectives:

_____ All objectives listed during previous shift(s).

_____ Complete the final Field Internship evaluation and review the evaluation with preceptor.

_____ Ensure that all Field Internship paperwork is complete and has been reviewed by preceptor for submission with the final evaluation.

Comment(s):
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_____________________________________________________________________________
**Student Name:**

**Evaluator Name:**

**Date:**

**Clinical Site:**

**Time In:**

**Time Out:**

**Total Time:**

**Grade (IF APPLICABLE):**

**NUMBER OF EMERGENCY RESPONSE WITH TRANSPORT:**

**NUMBER OF NON-EMERGENCY RESPONSE WITH TRANSPORT:**

**NUMBER OF RESPONSE WITHOUT TRANSPORTS:**

**TOTAL NUMBER OF PATIENTS EVALUATED:**

**HOSPITAL**

**RESCUE**

**Clinical Coordinator Comments:**

**NUMBER OF TIMES STUDENT HAS DEMONSTRATED THE ABILITY TO PERFORM THE SKILL SUCCESSFULLY**

**USE NUMERIC VALUES ONLY**

<table>
<thead>
<tr>
<th>Newborn</th>
<th>Infants</th>
<th>Toddler</th>
<th>Preschl</th>
<th>Sch Age</th>
<th>Adolescent</th>
<th>Adult</th>
<th>Geriatric</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>SAFELY ADMINISTERS MEDICATION</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>ET INTUBATION (MANIKIN IN LAB)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>LIVE INTUBATIONS</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>SAFELY OBTAINS VENOUS ACCESS</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>VENTILATE UNINTUBATED PATIENT</td>
</tr>
</tbody>
</table>

**DEMONSTRATE THE ABILITY TO SERVE AS A TEAM LEADER IN A VARIETY OF EMERGENCY SETTINGS**

<table>
<thead>
<tr>
<th>Newborn</th>
<th>Infants</th>
<th>Toddler</th>
<th>Preschl</th>
<th>Sch Age</th>
<th>Adolescent</th>
<th>Adult</th>
<th>Geriatric</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PERFORM A COMPREHENSIVE ASSESSMENT ON THE FOLLOWING**

<table>
<thead>
<tr>
<th>Newborn</th>
<th>Infants</th>
<th>Toddler</th>
<th>Preschl</th>
<th>Sch Age</th>
<th>Adolescent</th>
<th>Adult</th>
<th>Geriatric</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>OBSTETRIC</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>TRAUMA ASSESSMENT</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>MEDICAL ASSESSMENT</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>PSYCHIATRIC</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>ASSESS / PLAN RX OF CHEST PAIN</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>ASSESS / PLAN RX OF RESPIRATORY</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>ASSESS / PLAN RX OF SYMPTOMS</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>ASSESS / PLAN RX OF ABDOMINAL</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>ASSESS / PLAN RX OF ALOC</td>
</tr>
</tbody>
</table>

**KEY TO ABOVE AGE GROUPS**

<table>
<thead>
<tr>
<th>Newborn</th>
<th>Infants</th>
<th>Toddler</th>
<th>Preschl</th>
<th>Sch Age</th>
<th>Adolescent</th>
<th>Adult</th>
<th>Geriatric</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 – 1 MO</td>
<td>1 MO - 1 YR</td>
<td>1 YR - 3 YRS</td>
<td>3 – 5 YRS</td>
<td>6 – 12 YRS</td>
<td>13 – 17 YRS</td>
<td>18 – 64 YRS</td>
<td>65 AND UP</td>
</tr>
</tbody>
</table>
Directions to the Preceptor:

Please use the rating scales below to describe your evaluation of the student today. Please discuss the rationale for your evaluation with the student. There is space provided for additional comments and signatures.

### AFFECTIVE

<table>
<thead>
<tr>
<th></th>
<th>On Time</th>
<th>1 – 10 MIN LATE</th>
<th>&gt; 10 MIN LATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>PREPAREDNESS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>APPEARANCE</td>
<td>PROFESSIONAL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ATTITUDE / BEHAVIOR</td>
<td>POSITIVE</td>
<td></td>
<td>NEGATIVE</td>
</tr>
<tr>
<td>ACCEPTS FEEDBACK WELL</td>
<td>ALWAYS</td>
<td></td>
<td>NEVER</td>
</tr>
<tr>
<td>STUDY TIME USE / SELF-MOTIVATION</td>
<td>SATISFACTORY</td>
<td></td>
<td>NEEDS IMPROVEMENT</td>
</tr>
<tr>
<td>SAFETY PRECAUTIONS</td>
<td>SATISFACTORY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>INVOLVEMENT WITH PATIENT &amp; COMMUNICATION</td>
<td>SATISFACTORY</td>
<td></td>
<td>NEEDS IMPROVEMENT</td>
</tr>
<tr>
<td>PRECEPTOR RELATIONSHIP / TEAMWORK</td>
<td>SATISFACTORY</td>
<td></td>
<td>NEEDS IMPROVEMENT</td>
</tr>
</tbody>
</table>

### COGNITIVE

|                                | SATISFACTORY | NEEDS IMPROVEMENT | UNSATISFACTORY | N/A |
|--------------------------------|--------------|-------------------|----------------|
| HISTORY OF CHIEF COMPLAINT     |              |                   |                |
| TRAUMA ASSESSMENT              |              |                   |                |
| MEDICAL ASSESSMENT             |              |                   |                |
| ALS TREATMENT DECISIONS        |              |                   |                |
| BLS TREATMENT DECISIONS        |              |                   |                |
| TELEMETRY REPORTS              |              |                   |                |
| VERBAL REPORTS TO RN           |              |                   |                |
| REPORT WRITING                 |              |                   |                |
| KNOWLEDGE OF ALS THEORY        |              |                   |                |
| KNOWLEDGE OF BLS THEORY        |              |                   |                |

### PHYSCHOMOTOR

|                            | SATISFACTORY | NEEDS IMPROVEMENT | UNSATISFACTORY | N/A |
|---------------------------|--------------|-------------------|----------------|
| BLS SKILLS PERFORMANCE    |              |                   |                |
| ALS SKILLS PERFORMANCE    |              |                   |                |

### EVALUATOR COMMENTS AND SUGGESTED IMPROVEMENTS


Preceptor/Evaluator Signature:  

Student Signature:  

SF College Document / Record

PLEASE COMPLETE BOTH SIDES - PART 2 OF 2
# Daily Time Sheet of Student Clinical Performance

<table>
<thead>
<tr>
<th>TIME</th>
<th>PATIENT/EVENT</th>
<th>DIAGNOSIS / PROBLEM / COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Use additional sheets if necessary**

---

**Student Name:**

**Evaluator Name:**

**Date:**

**Clinical Site:**

**Time In:** ______:____  **Time Out:** ______:____  **Total Time:** ______:____

---

**Check One:**

- [ ] Paramedic Phase I
- [ ] Paramedic Phase II
- [ ] Paramedic Phase III
PARAMEDIC – CLINICAL EVALUATION

THIS FORM IS TO BE FILLED OUT BY THE STUDENT REGARDING THEIR CLINICAL EXPERIENCE.

Student Name: ___________________________ Clinical Site: ___________________________ Date: ____/____/____

<table>
<thead>
<tr>
<th>PARAMEDIC STUDENTS – EVALUATE YOUR CLINICAL EXPERIENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>STUDY TIME USED WITH STUDENT</td>
</tr>
<tr>
<td>INVOLVEMENT WITH STUDENT</td>
</tr>
<tr>
<td>ALLOWING STUDENT TO INTERACT WITH PATIENT</td>
</tr>
<tr>
<td>GOING OVER EQUIPMENT WITH STUDENT</td>
</tr>
<tr>
<td>GOING OVER BLS Tx DECISIONS WITH STUDENT</td>
</tr>
<tr>
<td>GOING OVER BLS SKILL PERFORMANCE WITH STUDENT</td>
</tr>
<tr>
<td>GOING OVER TELEMETRY REPORTS WITH STUDENT</td>
</tr>
<tr>
<td>GOING OVER VERBAL REPORTS TO RN</td>
</tr>
<tr>
<td>GOING OVER REPORT WRITING WITH STUDENT</td>
</tr>
<tr>
<td>STUDENT RELATIONSHIP</td>
</tr>
<tr>
<td>GOING OVER ALS Tx DECISIONS</td>
</tr>
<tr>
<td>GOING OVER ALS SKILL PERFORMANCE</td>
</tr>
<tr>
<td>GOING OVER PROTOCOL KNOWLEDGE</td>
</tr>
</tbody>
</table>

STUDENT COMMENTS:

Clinical Coordinator Comments:
Student Name: __________________________________________________________ Date: ________/_______/__________
Evaluator Name: __________________________________________ Clinical Site: ___________________________________
Shifts Completed: 14 Rating Period- FROM: ________/________/________ TO: ________/________/__________

**RATING CRITERIA:** Refer to Performance Evaluation Standards in the Evaluator Manual. A student must attain a “3” in each category on final evaluation to successfully complete field internship.

1 = Frequently fails to perform procedures in a competent manner
2 = Inconsistent in performing procedures in a competent manner
3 = Consistently performs procedures in a competent manner
N/A = Not Applicable - Did not perform skill

(Skills not observed in the field shall be evaluated in a drill situation prior to the completion of the internship)

<table>
<thead>
<tr>
<th>EVALUATION FACTORS</th>
<th>RATING</th>
<th>COMMENTS (REQUIRED IN EACH MAJOR CATEGORY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCENE MANAGEMENT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Safety and work environment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Universal precautions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Crowd control</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Additional assistance and equipment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ASSESSMENT / TREATMENT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Primary assessment and intervention</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Patient information</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Physical examination</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Assessment interpretation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Chest auscultation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Cardiac rhythms</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Patient management</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Patient response to therapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COMMUNICATION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Rapport with patient, family, and bystanders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Team members</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Radio report</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Documentation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Working relationship with team members</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LEADERSHIP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. Leadership</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. Professionalism</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. Feedback and guidance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EQUIPMENT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21. Inventory maintenance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22. Equipment operation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AIRWAY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23. Airway management/Oxygen therapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24. Advanced techniques</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25. Plural decompression</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Emergency Medical Services Programs
## Paramedic Field Internship Major Evaluation

**PLEASE COMPLETE BOTH SIDES - PART 2 OF 4**

<table>
<thead>
<tr>
<th>EVALUATION FACTORS</th>
<th>RATING</th>
<th>COMMENTS (REQUIRED IN EACH MAJOR CATEGORY)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CIRCULATION</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26. Defibrillation/Cardioversion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>27. Intravenous access</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28. Pneumatic antishock garment</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>MUSCULOSKELETAL SKILLS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>29. Bandaging/Splinting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30. Extrication/Patient positioning</td>
<td></td>
<td></td>
</tr>
<tr>
<td>31. Spinal immobilization</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PHARMACOLOGY</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>32. Drug administration technique</td>
<td></td>
<td></td>
</tr>
<tr>
<td>33. Drug knowledge</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>EXPANDED SCOPE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>OTHER SKILLS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### SUMMARY OF PERFORMANCE

Preceptors/Evaluators must provide a written summary of the student’s performance.

In your opinion, is the student ready to perform on their own as an Entry Level Paramedic? □ YES □ NO

Would you feel comfortable allowing this student to administer care to a member of your family? □ YES □ NO

If NO to any of the above - Plan for Improvement:

Evaluator Signature:                     Student Signature:
## AFFECTIVE BEHAVIOR OF THE PARAMEDIC STUDENT

**RATING CRITERIA:** Refer to Performance Evaluation Standards in the Preceptor Manual. A student must attain a “3” in each category on final evaluation to successfully complete field internship.

1. Frequently fails to perform procedures in a competent manner
2. Inconsistent in performing procedures in a competent manner
3. Consistently performs procedures in a competent manner

### EVALUATION FACTORS

<table>
<thead>
<tr>
<th>EVALUATION FACTORS</th>
<th>RATING</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Punctually attends scheduled shifts.</td>
<td></td>
</tr>
<tr>
<td>2. Is mentally and physically prepared for each shift.</td>
<td></td>
</tr>
<tr>
<td>3. Is neat and clean in appearance and dressed according to Program standards.</td>
<td></td>
</tr>
<tr>
<td>4. Takes responsibility to complete a daily inspection of the ambulance, supplies,</td>
<td></td>
</tr>
<tr>
<td>and equipment.</td>
<td></td>
</tr>
<tr>
<td>5. Communicates professionally with patients.</td>
<td></td>
</tr>
<tr>
<td>6. Communicates professionally with the preceptor and other agency personnel.</td>
<td></td>
</tr>
<tr>
<td>7. Accepts constructive criticism and takes personal responsibility for self-</td>
<td></td>
</tr>
<tr>
<td>improvement.</td>
<td></td>
</tr>
<tr>
<td>8. Maintains confidentiality at all times; respects the rights of others.</td>
<td></td>
</tr>
</tbody>
</table>
## Professional Behavior of the Paramedic Student

<table>
<thead>
<tr>
<th>Evaluation Factors</th>
<th>Competent</th>
<th>Not Yet Competent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Integrity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Examples of professional behavior include, but are not limited to: Consistent honesty; being able to be trusted with property of others; can be trusted with confidential information; complete and accurate documentation of patient care and learning activities.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>2. Empathy</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Examples of professional behavior include, but are not limited to: Showing compassion for others; responding appropriately to the emotional response of patients and family members; demonstrating respect for others; demonstrating a calm, compassionate, and helpful demeanor toward those in need; being supportive and reassuring to others.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>3. Self-motivation</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Examples of professional behavior include, but are not limited to: Taking initiative to complete assignments; taking initiative to improve and/or correct behavior; taking on and following through on tasks without constant supervision; showing enthusiasm for learning and improvement; consistently striving for excellence in all aspects of patient care and professional activities; accepting constructive feedback in a positive manner; taking advantage of learning opportunities.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>4. Appearance and Personal Hygiene</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Examples of professional behavior include, but are not limited to: Clothing and uniform is appropriate, neat, clean, and well maintained; good personal hygiene and grooming.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>5. Self-confidence</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Examples of professional behavior include, but are not limited to: Demonstrating the ability to trust personal judgment; demonstrating an awareness of strengths and limitations; exercises good personal judgment.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>6. Communications</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Examples of professional behavior include, but are not limited to: Speaking clearly; writing legibly; listening actively; adjusting communication strategies to various situations.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>7. Time Management</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Examples of professional behavior include, but are not limited to: Consistent punctuality; completing tasks and assignments on time.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>8. Teamwork and Diplomacy</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Examples of professional behavior include, but are not limited to: Placing the success of the team above self-interest; not undermining the team; helping and supporting other team members; showing respect for all team members; remaining flexible and open to change; communicating with others to solve problems.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>9. Respect</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Examples of professional behavior include, but are not limited to: Being polite to others; not using derogatory or demeaning terms; behaving in a manner that brings credit to the profession.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>10. Patient Advocacy</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Examples of professional behavior include, but are not limited to: Not allowing personal bias or feelings to interfere with patient care; placing the needs of patients above self-interest; protecting and respecting patient confidentiality and dignity.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>11. Careful Delivery of Service</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Preceptor Signature:

---

**SF College Document / Record**

PLEASE COMPLETE BOTH SIDES - PART 4 OF 4
Use the supplied ScanTrons for Exercises 1 & 2

- Print your name
- Bubble in
- Your Student Number
- Bubble in
- Exercise Number
1. **The following scenario applies to Items 1 through 4.**

You are called to the scene by the local police department for a potential drug overdose patient at a residence. As you arrive on the scene, you determine that the scene is safe. You enter the scene and find the patient lying supine on the living room couch. You note whiskey bottles, a bottle of Extra Strength Excedrin, and an empty bottle of Darvocet near the patient. As you approach the patient and begin your general impression, you clearly hear sonorous airway sounds. The patient is not alert.

The sonorous sounds indicate:

A. food particle obstruction at the level of the cricoid cartilage  
B. nasal swelling from angioedema and increases in capillary permeability  
C. relaxation of the submandibular muscles that control the tongue  
D. edema and spasm at the level of the larynx

2. Upon identification of the sonorous sounds in the patient, you should immediately:

A. suction the airway and insert an oropharyngeal airway  
B. immediately prepare the patient for intubation  
C. move on and assess breathing since the patient is still moving air  
D. perform a head-tilt chin-lift maneuver to open the airway

3. Upon further assessment of the patient, you note the respirations are approximately 30/minute with a normal tidal volume. No evidence of respiratory distress is obvious. The increase in respirations would most likely be due to:

A. metabolic acidosis  
B. hypocarbia  
C. narcotic overdose  
D. spontaneous pneumothorax

4. Upon completion of the initial assessment, you also find the radial pulse is present and strong with a rate of 122 bpm. The skin is normal color, warm and dry. The pulse oximeter reads 92%. You should immediately:

A. prepare the patient for tracheal intubation  
B. begin positive pressure ventilation  
C. apply a nonrebreather mask at 15 lpm  
D. initiate an intravenous line and administer 0.4 mg of Narcan

5. The mechanics of inspiration is a(n):

A. active process due to relaxation of the respiratory muscles  
B. passive process due to relaxation of respiratory muscles  
C. active process due to contraction of the respiratory muscles  
D. passive because no O2 is required during the cell metabolism
6. You arrive on the scene at a local cardiologist’s office and find a 56-year-old male who just completed a thallium stress test complaining of shortness of breath. You note stridor and see sternocleidomastoid muscle use on your assessment of the airway. This patient is most likely suffering from:

A. an asthma attack
B. an anaphylactoid reaction
C. acute coronary syndrome
D. acute pulmonary edema

7. Which of the following would directly contribute to an increase in cardiac output?

A. an increase in the ventilation side of the V/Q ratio
B. a decrease in the stroke volume
C. an increase in the venous volume
D. an increase in the systemic vascular resistance

8. You have just administered a medication containing beta-adrenergic properties. You would expect which of the following physiologic effects?

A. bronchodilation
B. vasoconstriction
C. negative inotropy
D. negative chronotropy

9. You arrive on the scene of a stabbing and note the patient has lost a significant amount of blood on the ground. He is severely pale, cool, and clammy and has a capillary refill of five seconds. He is not alert and responds only to painful stimuli. Based on the skin sign findings, the patient most likely is suffering from:

A. spinal shock that will resolve in 24 hours
B. neurogenic shock associated with a brain injury
C. cardiogenic shock
D. hypovolemic shock

10. Which of the following is responsible for monitoring the blood pressure and stimulating a response to increases and decreases in the blood pressure?

A. reticular activating system
B. medullary chemoreceptors
C. aortic and carotid baroreceptors
D. myocardial stretch fibers

11. In the compensatory phase of shock, which of the below lead to severe lactic acid buildup and the beginning of metabolic acidosis?

A. an increased heart rate and reduced preload
B. a decreased cardiac output
C. increases in core hepatic circulation with uric acid buildup
D. deprivation of circulation and oxygenation to peripheral tissues
12. You are managing a hypovolemic shock patient whose blood pressure falls from 118/88 mmHg to 86/76 mmHg. Based on this finding, you suspect that the following most likely occurred.

A. the precapillary sphincters opened
B. the postcapillary venule closed
C. the precapillary sphincter closed
D. the capillary bed constricted

13. You arrive on the scene of a patient suffering from multisystem trauma suffered in an automobile crash. The best indicator of the tissue perfusion status in this patient is:

A. a systolic blood pressure below 90 mmHg
B. tachycardia greater than 90/bpm
C. a pulse oximeter reading of 93%
D. skin that is pale, cool, and clammy

14. You arrive on the scene and find a patient experiencing hyperventilation syndrome due to an emotionally charged situation. You would expect this patient to initially be in:

A. respiratory acidosis
B. respiratory alkalosis
C. metabolic acidosis
D. metabolic alkalosis

15. You are assessing the vital signs of a trauma patient. His blood pressure is 96/76 mmHg. The diastolic blood pressure in this patient indicates:

A. a reduction in the capillary vessel size
B. an increase in the heart rate
C. an increase in the contractility of the left ventricle
D. an increase in the systemic vascular resistance

16. The following scenario applies to Items 16 through 19.

You arrive on the scene at the local bar and find a 22-year-old female patient who is agitated and confused. Her airway is open and she is breathing. Her blood pressure is 240/180 mmHg. Her radial pulse is present and bounding and the respiratory rate is 32 breaths per minute. Her blood glucose reading is 82 mg/dl. Her skin is slightly pale, cool, and clammy. Her pupils are equal and reactive but sluggish to respond to light. The pulse oximeter reading is 86%. The monitor shows a sinus tachycardia at 128 bpm.

The agitation and confusion experienced by the patient is most likely due to:

A. hypoglycemia
B. hypotension
C. hypoxia and hypercarbia
D. sympathetic nervous system discharge
17. Your priority treatment for this patient should be:

A. administration of oxygen via a nonrebreather mask
B. administration of 25 grams of 50% Dextrose
C. administration of 0.4 mg of Narcan
D. intubate the patient with a tracheal tube

18. Upon further assessment, you note bilateral rales in all lung fields. The patient is becoming more agitated and confused. It is likely the patient is suffering from:

A. aspiration pneumonitis
B. an acute asthma attack with exacerbation
C. chronic hypertension with cor pulmonale
D. acute pulmonary edema secondary to acute hypertension

19. As you continue your assessment and treatment, one of the bar patrons admits that he and the woman were doing drugs. Which of the following drugs may cause this type of presentation in a patient?

A. Talwin
B. cocaine
C. heroin
D. Ruffanol

20. The primary goal in the management of the traumatic-brain-injured patient in the prehospital environment is to:

A. reduce the intracranial blood pressure as quickly as possible
B. maintain the systolic blood pressure and prevent hypotension
C. decrease hypertensive states
D. reduce the extracellular fluid volume

21. Administration of a catecholamine would result in which of the following effects?

A. increase in heart rate
B. bronchoconstriction
C. pupillary constriction
D. negative inotrope

22. The best method to correct metabolic acidosis in the prehospital setting is to:

A. ensure a patent airway and provide positive ventilation with 100% O2
B. administer sodium bicarbonate every 5 minutes at 1 mEq/kg
C. administer oxygen via a nasal cannula at 4 lpm
D. administer lactated Ringer’s with a buffer agent
23. A decrease in urine output in the hypovolemic shock patient would indicate:

A. an increase in the kidney perfusion  
B. an increase in the release of arginine vasopressin  
C. a decrease in renin-angiotensin production  
D. a decrease in the release of the antidiuretic hormone

24. Adult respiratory distress syndrome (ARDS) is a result of:

A. tracheal destruction  
B. pulmonary capillary destruction with an increased permeability  
C. atelectasis with secondary pulmonary contusion to parenchyma  
D. large pulmonary emboli

25. The amount of air that actually reaches the alveoli (alveolar tidal volume) and is involved in gas exchange in the average-sized adult person is approximately (based on a normal tidal volume):

A. 700 ml  
B. 600 ml  
C. 550 ml  
D. 350 ml

26. You encounter a patient suffering from a significant pneumothorax. You would expect a(n) _________ PaO2 and a(n) _________ PaCO2.

A. decreased, increased  
B. increased, decreased  
C. increased, increased  
D. decreased, decreased

27. You are ordered by medical control to administer oxygen at an FiO2 of 1.0. You would choose to use which oxygen delivery device?

A. nasal cannula at 2 lpm  
B. nasal cannula at 6 lpm  
C. simple face mask at 10 lpm  
D. nonrebreather at 15 lpm

28. Failure of the vasomotor center will result in which type of shock?

A. hypovolemic  
B. obstructive  
C. distributive  
D. cardiogenic
29. Loss of the sodium-potassium pump within the cell is directly related to:
   A. anaerobic metabolism
   B. aerobic metabolism
   C. lactic acid buildup
   D. elevated CO2 levels

30. The outer layer of the pleural space is referred to as:
   A. visceral
   B. parietal
   C. humoral
   D. effusional

31. A mechanism of injury associated with axial loading would most likely occur in which of the following?
   A. the shoulder strikes the side window
   B. the head strikes the front windshield
   C. the knee strikes the lower dashboard
   D. the chest strikes the steering wheel

32. Secondary injuries from a blast would most likely include:
   A. extremity fractures
   B. liver lacerations
   C. barotrauma
   D. impaled objects

33. **The following scenario applies to Items 33 through 34.**

   You arrive on the scene to find a 28-year-old construction worker who fell 20 feet from scaffolding to the ground. The patient is alert and oriented to time, place, and person. His BP is 160/82, HR 110, RR 26, left pupil is slightly dilated, with equal strength in his extremities except for the right arm, which is severely angulated and deformed. He has some soft-tissue injuries to the face and neck.

   Which of the following would you suspect the patient is most likely suffering from?
   A. an epidural hematoma
   B. cerebral contusion with increased intracranial pressure
   C. spinal shock
   D. a fractured right arm with a possible eye injury

34. The pupil dilation is most likely due to:
   A. compression of the third cranial nerve from brain herniation
   B. injury or trauma to the eyeball with resultant dilation
   C. severe cerebral edema
   D. brain stem injury
35. **The following scenario applies to Items 35 through 37.**

You arrive on the scene to find a patient involved in an auto accident. The patient does not respond to painful stimuli, has a right fixed and dilated pupil, with muscle flaccidity on the left.

Your initial field diagnosis would be:

A. head injury  
B. spinal cord injury  
C. drug overdose  
D. hypoglycemia

36. After taking the vital signs you find a BP of 82/76, HR 132, RR of 8 and irregular, pale and cool skin, and a capillary refill of 4 seconds. Based on the vital signs, you would suspect the patient is suffering from:

A. Cushing’s reflex  
B. a level one herniation  
C. hemorrhagic shock  
D. spinal shock

37. Your treatment based on priority should include:

A. administer oxygen via a nonrebreather mask at 15 lpm, initiate an intravenous line TKO, and rapidly transport  
B. begin rapid transport, initiate an intravenous line at TKO, and administer 1 gram of Mannitol  
C. begin positive pressure ventilation, initiate an intravenous line at TKO, and administer Diazepam at 5 mg  
D. begin positive pressure ventilation, administer normal saline until you achieve a systolic BP of 90 mmHg, and rapidly transport

38. Jugular vein engorgement that occurs during inspiration is referred to as:

A. Kussmaul's sign  
B. pulsus paradoxus  
C. paradoxical motion  
D. Korsakoff sign

39. You arrive on the scene and find a patient involved in an automobile accident. The physical assessment reveals cool and clammy skin that is diaphoretic and pallor with some cyanosis, no radial pulses, jugular venous distention with the patient positioned at a 45-degree angle, BP 76/58 mmHg, HR 140 bpm, RR 29, equal breath sounds bilaterally. You would most likely suspect the patient is suffering from a(n):

A. tension pneumothorax  
B. hemothorax and hypovolemic  
C. pericardial tamponade  
D. aortic rupture
40. The greatest concern associated with a patient who has suffered a flail segment is:

A. paradoxical motion during inspiration and exhalation
B. carbon dioxide retention associated with the paradoxical movement
C. a possible underlying pulmonary contusion
D. the patient's voluntary chest wall splinting

41. An acute bronchial rupture should be suspected in the field when:

A. hemoptysis is present after blunt injury to chest
B. respiratory distress is evident
C. a tension pneumothorax does not respond to chest decompression
D. one of the first three ribs are fractured and subcutaneous emphysema is present

42. **The following scenario applies to Items 42 through 44.**

You arrive on the scene and find a 45-year-old male patient who was involved in an auto accident. The patient is complaining of chest pain, dyspnea, and dizziness. The patient is cyanotic and has cool clammy skin, a BP of 62/50, HR of 128, and respiratory rate of 30. His jugular veins are flat and breath sounds are present bilaterally.

You should suspect he is suffering from which of the following conditions:

A. hypovolemic shock
B. tension pneumothorax
C. cardiac tamponade
D. spinal shock

43. Indicate your field treatment for this patient according to priority:

1. initiate an intravenous line
2. immobilize the patient to the backboard
3. rapid transport
4. administer oxygen via a nonrebreather mask at 15 lpm

A. 3, 1, 4, 2
B. 4, 2, 1, 3
C. 4, 1, 3, 2
D. 4, 2, 3, 1

44. What intravenous fluid should be administered and at what rate?

A. normal saline with D5W at a TKO rate
B. normal saline at a wide open rate
C. lactated Ringer’s at 10 ml/minute
D. D5W at a wide open rate
45. **The following scenario applies to Items 42 through 44.**

You arrive on the scene to find a 26-year-old male patient who was involved in an auto accident. The patient is cyanotic, responds to deep painful stimuli, is dyspneic, has cool clammy skin, BP 86/74, HR 138, RR 46. Subcutaneous emphysema is present, along with absent breath sounds to the left thorax. JVD is present.

You should suspect the patient is suffering from which of the following conditions?

A. right-sided tension pneumothorax  
B. pericardial tamponade  
C. hemothorax to the left hemithorax  
D. tension pneumothorax to the left hemithorax

46. Your treatment for the patient in sequence of priority would include:

1. assist ventilation with supplemental oxygen attached to the ventilation device  
2. needle decompression of the left thorax  
3. initiate an intravenous line of normal saline  
4. rapid transport

A. 1, 2, 4, 3  
B. 1, 3, 2, 4  
C. 2, 3, 1, 4  
D. 2, 4, 1, 3

47. After you have successfully carried out your treatment, the patient continues to deteriorate and the signs and symptoms remain the same and begin to worsen. You have performed all the procedures correctly. At this point you suspect the patient may be suffering from:

A. a tracheal transection  
B. a rupture of the left bronchus  
C. diaphragmatic rupture  
D. pericardial tamponade

48. Which of the following findings is **not** consistent with a brain herniation syndrome?

A. unequal pupils  
B. a GCS of 13  
C. seizures  
D. motor posturing

49. Which of the following vital signs are most characteristic of Cushing's reflex associated with a head injury patient?

A. BP of 178/80 mmHg, HR 64, RR 30  
B. BP of 78/50 mmHg, HR 130, RR 44  
C. BP of 180/100 mmHg, HR 100, RR 20  
D. BP of 178/78 mmHg, HR 60, RR 6
50. **The following scenario applies to Items 50 through 52.**

You arrive on the scene and find a patient who has been struck in the head with a baseball bat. The bystanders at the scene state that the patient immediately fell to the ground and lost consciousness. Upon your arrival at the scene, he is responding to verbal stimuli but appears to be disoriented and sluggish to respond. Prior to leaving the scene, the patient is alert and responding appropriately. He has vomited twice and can't remember what happened prior to the incident. His BP is 122/72 mmHg, HR is 102 bpm, and RR is 18 with good volume.

Based on the findings, you would suspect he is suffering from which of the following?

A. hypovolemic shock  
B. spinal shock  
C. concussion  
D. cerebral contusion

51. This condition is also known as a:

A. mild diffuse axonal injury  
B. neurogenic shock  
C. contre coup injury  
D. herniation syndrome

52. Based on the patient’s mental status, he is also suffering from:

A. decorticate posturing  
B. retrograde amnesia  
C. anterograde amnesia  
D. Cushing's reflex

53. **The following scenario applies to Items 53 through 57.**

You are called to the scene of a fire at a trailer park. When you arrive, you find the fire department on the scene battling a fully engulfed trailer. The fire officer directs you over to an open area where you find what appears to be a male patient in his fifties lying supine on the ground. The fire officer reports that the patient was burned when he suddenly was awakened by the fire and he stood straight up and tried to get out. The firefighters arrived and removed him from the trailer that he lived in. Upon approaching the patient, you note the skin is reddened and blistered circumferentially to the entire face, neck, upper body, and upper extremities. The hands are brown and charred, with skin sloughing off. The patient is not responding to verbal stimuli. You note stridor on inspiration and soot around his nose and mouth. His respirations are 42/minute with very little chest rise. His radial pulse is present at 132 bpm.

Your first immediate action is to:

A. initiate an intravenous line of normal saline for fluid replacement  
B. administer 2 mg of morphine sulfate for pain control  
C. begin positive pressure ventilation and prepare for tracheal intubation  
D. immobilize the patient to a backboard and begin rapid transport
54. Upon further assessment, you note no other trauma to the patient. His BP is 132/78 mmHg and his skin in the unburned areas is warm and dry. Which of the following fluids would be appropriate to initiate?

A. normal saline  
B. normal saline and D5W  
C. packed red blood cells and lactated Ringer’s  
D. plasmanate and whole blood

55. You are now controlling the airway with a tracheal tube that has been successfully placed. Based on the mechanism of injury and patient presentation, the second most immediate critical concern with the patient’s condition while he is in your care is:

A. fluid loss due to burn shock  
B. effects from toxic inhalation  
C. infection from contamination of the skin  
D. increased intracranial pressure and loss of cerebral perfusion

56. You would estimate the body surface area burned to be:

A. 27%  
B. 36%  
C. 63%  
D. 72%

57. The patient is suffering from what type of burns?

A. superficial burns to the head, neck, arms, and torso, and partial thickness burns to the hands  
B. partial thickness burns to the head, neck, arms, torso, and hands  
C. partial thickness burns to the head, neck, arms, and torso, and full thickness burns to the hands  
D. full thickness burns to the head, neck, arms, and torso, and full thickness burns to the hands

58. **The following scenario applies to Items 58 through 61.**

You are called to the scene by the local fire department first response team for a patient who has burns to his anterior chest, neck, anterior and lateral surfaces of his upper extremities, and circumferentially to his hands. The patient suffered the burns after the tractor he was driving rolled over an embankment. The fuel spilled out of the fuel tank, came into contact with a spark from the engine, and ignited. As you approach the patient, he is screaming and complaining of excruciating pain from the burns to the chest and neck. You can see that the burns to the anterior chest and neck are blistered, red, and moist. The burns to the upper extremities and hands are brown, leathery, and charred.

Your first priority in the management of this patient is to:

A. open the airway and prepare for tracheal intubation  
B. begin positive pressure ventilation with supplemental oxygen attached  
C. determine if a pulse is present in the burned areas of the upper extremities  
D. determine that the scene is safe for you to enter and no other hazards exist
59. As you begin to perform the initial assessment of the patient, you form a general impression. You would next immediately:

A. check the pulse and skin color, condition, and temperature in an unburned area
B. open the airway, assess the breathing status, and apply oxygen via a nonrebreather mask
C. determine the mental status of the patient by doing a sternal rub or pinching the web between the finger and thumb
D. dress the burned areas with a sterile gauze or burn dressing and prepare the patient for immediate transport

60. You assess the vital signs and find that the BP is 78/64 mmHg; heart rate is 132 bpm; respirations are 22 per minute; and the skin is pale, cool, and clammy in the unburned area. You would suspect the patient is likely suffering from:

A. burn shock from the fluid shift out of the vascular space
B. hypovolemic shock from a traumatic injury
C. respiratory compromise and severe hypoxia
D. a head injury with Cushing’s reflex

61. The patient continues to complain of the severe pain to his chest and neck. You should:

A. administer 2 to 4 mg of morphine sulfate intravenous push
B. pour cold water over all of the dressings and keep them wet
C. administer 0.4 mg of nitroglycerin sublingually by tablet or spray
D. not administer any medications and continue to monitor the patient

62. A patient who suffers a spinal cord injury at the level of C5 would likely present with which of the following signs or symptoms?

A. loss of auditory sensation
B. difficulty in breathing
C. a fixed and dilated pupil
D. paradoxical movement of the chest

63. The sympathetic nervous system is contained within what areas of the vertebral column?

A. craniosacral
B. sacral
C. thoracolumbar
D. cervical plexus

64. **The following scenario applies to Items 64 through 68.**

You arrive on the scene of an auto crash and find a 26-year-old patient complaining of severe pain at the level of the clavicles, and difficulty in breathing. The radial pulse is present; however, it is weak. The skin is warm and dry to the touch below the clavicles. The first responder crew gives you the following set of vital signs: BP is 72/66 mmHg, HR is 58, and RR is 24 and somewhat labored.
Your initial impression is that the patient is most likely suffering from:

A. hypovolemic shock  
B. a head injury  
C. a tension pneumothorax  
D. spinal shock

65. What do you suspect the hypotension is a result of?

A. peripheral vasodilation due to a loss of the sympathetic stimulation  
B. loss of whole blood from an injury associated with the crash  
C. vasomotor center failure from herniation of the cerebrum  
D. increase in capillary permeability from parasympathetic stimulation

66. The initial treatment of choice to reverse the hypotension is:

A. administer dopamine at 10 to 20 mg/kg/minute  
B. infuse normal saline at a wide open rate  
C. administer an intravenous bolus of 1 mg of epinephrine  
D. administer 100 mg of dexamethasone intravenous push

67. You have performed the above treatment with no success. The blood pressure remains the same and patient is beginning to show more signs of poor perfusion. You should next:

A. continue to administer normal saline at a wide open rate  
B. administer dopamine at 5 ug/kg/minute and titrate down to a pressure increase  
C. infuse Isuprel at 2 mg/minute until the blood pressure increases to 90 mmHg  
D. continue to administer normal saline and start an infusion of dopamine at 10 ug/kg/minute

68. While at the scene, the patient had no feeling below the level of the clavicles and was unable to move his extremities. However, early the next morning, after bringing in another patient, you stop by to see the patient. You note he has movement and feeling in his extremities. You suspect:

A. the patient was faking at the scene and did not suffer a spinal injury  
B. the cerebral swelling has decreased and allowed the recovery to occur  
C. the dopamine reduced the meningeal edema and restored function  
D. the patient was suffering from spinal shock and recovered

69. A patient complains of double vision, loss of sensation to the supraorbital areas, decreased vision, and exhibits an upward conjugate gaze following a blunt injury to the midface. You would most likely suspect the patient is suffering from:

A. a concussion  
B. an injury to the globes  
C. bilateral orbital fractures  
D. an increased intracranial pressure
70. When immobilizing an extremity, the hand or foot should be:

A. placed in a hyperextended position  
B. immobilized in the position that is most comfortable  
C. flexed and not covered by the splint  
D. splinted in the position of function

71. One of the primary functions of the traction splint is to:

A. reduce the circumferential size of the thigh and the compartment space to reduce bleeding  
B. lengthen the femur and realign the bone ends so that the epiphyseal plates are not damaged  
C. provide support to the knee in case there is a potential knee dislocation or fracture  
D. apply pressure to the head of the femur and reduce the pressure on the acetabulum

72. Which of the below is a more common complication associated with an open fracture as compared to a closed fracture?

A. nerve damage is more likely to occur  
B. there is a higher risk of infection  
C. more severe bleeding may occur  
D. the angulation of bones will occur

73. You arrive on the scene and find a 76-year-old male patient who fell down the steps. As you assess the patient, he complains only of pain when you palpate the right upper quadrant of his abdomen. Otherwise, the patient has no complaints. You would report this as:

A. pain to the RUQ  
B. tenderness to McBurney’s point  
C. peritonitis in the RUQ  
D. tenderness to the RUQ

74. You arrive on the scene and find a patient complaining of dyspnea. The patient is in a tripod position and is able to say a few words and gasp for breath. While questioning the patient during your history taking, you should:

A. ask open-ended questions to gather as much objective information as possible  
B. ask direct rapid-fire questions that can be answered with a yes or no  
C. start with open-ended questions and, as the patient tires, change to direct questions  
D. alternate direct questions with open-ended questions, waiting long periods of time for a response

75. **The following scenario applies to Items 75 through 79.**

You arrive on the scene and find a two-year-old patient sitting in his father’s lap. The child presents with a “seal-type bark” cough and appears to be in mild respiratory distress. The father states, “My son has been sick with a cold over the last few days but seems to get worse at night.”

In order to assess the child, you should:
A. distract the child and remove him from the father’s lap  
B. place the child in a supine position on the gurney and strap him tightly  
C. leave the child in the father’s lap and perform the assessment  
D. try to gain the confidence of the child and remove him from the father’s lap

76. Upon completing your initial assessment, you would immediately:

A. Apply humidified oxygen via a nonrebreather mask  
B. Remove the child and prepare for tracheal intubation  
C. Place the patient in a lateral recumbent position on the gurney and prepare for transport  
D. Contact medical direction for an order to administer racemic epinephrine via a nebulizer

77. As you attempt to administer oxygen with a nonrebreather mask, the child becomes very agitated and begins to cry uncontrollably. Each time you apply the mask to the face of the child, he becomes very upset and cries. You should:

A. apply the mask to the child’s face and tighten the straps to ensure that oxygen delivery is as close to 100% as possible  
B. remove the child from the father’s lap, place him on the cot in a papoose restraint, and apply the oxygen via a nonrebreather  
C. have the father carry the child into the ambulance and begin transport immediately  
D. with the child in the father’s lap, have the father hold the nonrebreather mask near the child’s face

78. The child becomes increasingly more agitated as you continue with your treatment. The father continuously attempts to calm the child with no success. This may be an indication that the child is:

A. becoming more hypoxic  
B. beginning to recover and is more aware of his surroundings  
C. having an adverse reaction to the oxygen  
D. acting normally for a two-year-old child

79. The condition this child is suffering from is most likely:

A. epiglottitis  
B. tracheolaryngobronchitis  
C. acute respiratory distress syndrome  
D. bronchiolitis

80. You arrive on the scene of a domestic incident and find the husband lying supine in the bedroom. As you approach the patient you note he has blood coming from his right ear. He is not alert, nor does he respond to verbal stimuli. Pinch the trapezius muscle and the patient becomes rigid with extension, with his arms fully extended and forearms pronated. The patient is most likely suffering from a lesion at the level:

A. above the brainstem  
B. of the lower brainstem  
C. of the corticospinal tract  
D. of the cerebral cortex
81. A patient who has a blockage of the common bile duct is suffering from a condition that involves:

A. the large intestine  
B. the gallbladder  
C. the colorectal junction  
D. the adrenal cortex

82. A patient has suffered a traumatic head injury in which the hypothalamus was destroyed. During the compensatory and decompensatory shock phase in this patient, which of the following hormones would not be released as a result of the injury to the hypothalamus?

A. epinephrine  
B. norepinephrine  
C. antidiuretic hormone  
D. glucagon

83. The following scenario applies to Items 83 through 85.

You arrive on the scene and find a 31-year-old male patient who is complaining of weakness, light-headedness, and extreme dizziness when standing. The patient had one syncopal episode prior to your arrival. Upon assessment, you find the patient is alert when supine, BP 82/68, HR 123 bpm, R 22/minute, skin warm and dry with poor turgor, and dry oral mucosa. Breath sounds are equal and clear bilaterally, abdomen soft with no tenderness, good motor and sensory function in all extremities. Pedal pulses are barely palpable, radial pulses are extremely weak. The monitor shows a sinus tachycardia, SpO2 is 97% on room air, and BGL is 124 mg/dl by glucometer. The patient states he is on no medications and has a history of irritable bowel syndrome, diabetes, and discoid lupus.

You would most likely suspect this patient is suffering from:

A. hyperglycemic hyperosmolar nonketotic coma  
B. diabetic ketoacidosis  
C. cor pulmonale  
D. diabetes insipidus

84. What gland is responsible for precipitating this condition?

A. adrenal cortex  
B. anterior pituitary  
C. adrenal medulla  
D. parathyroid

85. In your management of this patient, you should do which of the following?

A. initiate an intravenous line of normal saline and administer 25 grams of 50% dextrose  
B. initiate an intravenous line of D5W and run it wide open until the patient no longer experiences syncope when standing  
C. initiate an intravenous line of normal saline and run it wide open until the radial pulses are strong or a systolic blood pressure of 100 mmHg is achieved  
D. administer 1 mg of glucagon intramuscularly followed by a second injection if there is no response to the first dose
86. The following scenario applies to Items 86 through 88.

You arrive on the scene and find a 27-year-old female patient in her third trimester of pregnancy. When assessing her, you note she has contractions that are three minutes apart, last 60 to 90 seconds, and are described as a +9 on a scale of 1 to 10. Upon your physical examination, you note that the patient is pushing during the contractions; however, there is no sign of crowning or even bulging of the vaginal opening during the contraction. Based on these findings, you determine that the patient is not dilated enough to proceed with the delivery.

Which of the following would best aid you in possibly delaying the delivery?

A. administering a 25-gram bolus of 50% dextrose
B. beginning an infusion of oxytocin
C. administering a rapid bolus of normal saline
D. administering two 0.4-mg nitroglycerin tablets sublingually

87. As you continue to manage the patient, the contractions become more severe and intense; however, the patient is still not crowning. Which of the following drugs may be administered?

A. nitroglycerin
B. adenosine
C. amiodarone
D. terbutaline

88. When used in this situation, the above drug is classified as a:

A. bronchodilator
B. tocolytic
C. vasopressor
D. antioxytocinogen

89. You are in danger of injuring what gland if you do not correctly identify the landmarks when performing a needle cricothyrotomy?

A. thymus
B. thyroid
C. hypothalamus
D. adrenal cortex

90. The acini tissue in the pancreas:

A. is responsible for secreting the glucoregulatory hormones
B. exocrine tissue that secretes proteolytic enzymes into the digestive tract
C. is part of the alpha cells that secrete glucose inhibitory hormones
D. has both an endocrine and exocrine function and secretes somatostatin
91. Alpha cells in the pancreas are responsible for secreting which of the following hormones?
   A. glucagon  
   B. insulin  
   C. somatostatin  
   D. angiotensin

92. One of insulin’s primary functions when secreted is to:
   A. increase the blood glucose level  
   B. send glucose to the liver to be stored as glycogen  
   C. reduce the uptake of glucose by the cells  
   D. increase the release of epinephrine from the adrenal medulla

93. Somatostatin is responsible for:
   A. regulating the uptake of insulin in the cell  
   B. the rate of removal of insulin from the body by the liver  
   C. inhibiting exocrine activity through a polypeptide enzyme reaction  
   D. controlling the release of glucagon and insulin from the pancreas

94. Glucagon is secreted once the BGL drops below what level?
   A. 120 mg/dl  
   B. 100 mg/dl  
   C. 90 mg/dl  
   D. 70 mg/dl

95. You arrive on the scene and find a 56-year-old male patient with a history of Type I diabetes mellitus. During your assessment, you test the BGL and record it as 195 mg/dl. You would most likely find which of the following signs?
   A. Kussmaul’s respirations  
   B. polyuria  
   C. severe orthostatic hypotension  
   D. abnormal ECG findings

96. The Type I diabetes mellitus patient is more prone to suffering which of the following conditions?
   A. diabetic ketoacidosis  
   B. hyperglycemic hyperosmolar nonketotic syndrome  
   C. diabetes insipidus  
   D. myxedema coma
97. **The following scenario applies to Items 97 through 101.**

You arrive on the scene and find a 26-year-old female patient with a history of Type I diabetes mellitus (DM). Assessment findings are recorded as: unresponsive; patent airway; R 10 per minute and very shallow; skin is pale, cool, and clammy; HR 122 bpm; sinus tachycardia on the monitor; SpO2 85% on room air; BP 128/78 mmHg.

Based on the clinical findings, you would suspect the patient is suffering from which of the following conditions?

A. diabetic ketoacidosis  
B. hyperglycemic hyperosmolar nonketotic syndrome  
C. hypoglycemia  
D. thyrotoxicosis

98. Your treatment in order of priority would consist of which of the following?

1. establish an IV line of NS  
2. administer 25 grams of 50% dextrose  
3. begin PPV via bag-valve-mask  
4. administer 10 units of insulin IM  
5. administer a 500-ml bolus of fluid  
6. test the BGL

A. 1, 2, 3, 6  
B. 3, 6, 1, 5  
C. 4, 1, 5  
D. 3, 1, 6, 2

99. Following the ongoing assessment several minutes later and after the above treatment, the patient begins to respond to verbal stimuli with incomprehensible sounds. You should consider:

A. administering another 25 grams of 50% dextrose  
B. administering a 250-ml bolus of fluid  
C. endotracheal intubation and continued PPV  
D. another 10 units of insulin IV

100. Upon further assessment and while talking with the family members, you note that the patient’s BGL was over 500 mg/dl this morning when she woke up. After taking her regular dose of insulin, she deteriorated rapidly and became unresponsive in about 30 minutes. You would suspect she suffered from:

A. acute DKA  
B. first onset of HHNS  
C. Somogyi phenomenon  
D. diabetes insipidus
101. The pale, cool, and clammy skin and the tachycardia result from:

A. an acidotic state
B. release of epinephrine
C. parasympathetic stimulation
D. circulating insulin

102. **The following scenario applies to Items 102 through 107.**

You arrive on the scene and find a 45-year-old female patient with poor hygiene in the local homeless shelter. Upon your assessment you find the following: unresponsiveness; tachycardia; pale, cool skin; rapid, deep respirations at 34/minute. You note a fruity odor on the breath of the patient. The supervisor at the shelter indicates that she is a regular there. He states that he believes she is an alcoholic; however, he believes that she quit drinking a few days ago. Her medical history reveals no significant chronic diseases or conditions. Her BP is 122/66 mmHg; ECG shows a sinus tachycardia; and SpO₂ is 98% on room air.

Your initial differential diagnosis of this condition is:

A. hypoglycemia
B. diabetic ketoacidosis
C. HHNS
D. Addison’s disease

103. Your initial treatment would consist of:

1. nonrebreather at 15 lpm
2. IV line of normal saline
3. administration of 25 grams of 50% dextrose
4. glucagon injection of 1 mg

A. 1, 2, 3
B. 2 only
C. 2, 4
D. 1, 2

104. Your partner checks the BGL and gets a reading of 48 mg/dl. You would suspect the patient is now suffering from:

A. diabetic ketoacidosis
B. hyperglycemic hyperosmolar nonketotic coma
C. hypoglycemia with alcoholic ketoacidosis
D. Cushing's disease with reflexive hypoglycemia
105. You would continue your treatment by doing which of the following?

1. administering 1 mg glucagon IM  
2. administering 25 grams of 50% dextrose IV  
3. administering 100 mg of thiamine IV  
4. administering 25 mg of propranolol

A. 1, 3, 4  
B. 2, 3  
C. 2, 4  
D. 3 only

106. If you were able to measure the blood gases in this patient, you would suspect the pH to be:

A. less than 7.35 mmHg  
B. 7.35 mmHg to 7.45 mmHg  
C. greater than 7.45 mmHg  
D. equal to 7.40 mmHg

107. The type of respirations the patient is displaying is referred to as:

A. central neurogenic hyperventilation  
B. Kussmaul’s  
C. Cheyne-Stokes  
D. Biot’s

108. The primary goal of prehospital treatment of a DKA and HHNS patient is to:

A. stabilize the blood glucose level  
B. reduce the respiratory drive  
C. rehydrate the patient  
D. provide electrolyte homeostasis

109. Glucagon is the drug of choice in the treatment of which of the following conditions?

A. hypoglycemia  
B. HHNS  
C. beta blocker overdose  
D. diabetic ketoacidosis

110. Which of the following is a primary contraindication to the administration of 50% dextrose?

A. administration in a small vein  
B. administration to a patient with some type of increased intracranial pathology  
C. hypoglycemic alcoholic ketoacidosis with fruity odor on the breath  
D. thiamine deficiency
111. An IgE mediated anaphylactic reaction requires:
   A. only a release of histamine and no other chemical mediators
   B. that the patient was sensitized during a prior exposure to the antigen
   C. that the antigen is ingested
   D. no chemical mediator release

112. In fatal anaphylactic reactions, the most prominent clinical features identified that are related to the fatal episode are:
   A. urticaria, angioedema, and pruritus
   B. bronchoconstriction, vasodilation, and an increase in capillary permeability
   C. bronchodilation, an increase in capillary permeability, and vasoconstriction
   D. laryngeal spasm, a decrease in capillary permeability, and urticaria

113. Which of the following is not a pathophysiologic response to the chemical mediators being released in an anaphylactic reaction?
   A. increased bronchial smooth muscle tone
   B. decreased peripheral vascular resistance
   C. increased capillary permeability
   D. reduction in bronchiole mucosal inflammation

114. The following scenario applies to Items 114 through 118.

You arrive on the scene and find a 23-year-old male patient complaining of weakness, dizziness, chest tightness, and difficulty in breathing. The patient is found in his bedroom sitting in a tripod position at the edge of the bed. His speech is hoarse and interrupted every few words to gasp for breath. As you approach the patient, you note what appears to be facial edema with cyanosis to the trigeminal area of the face. His lips are cyanotic and edematous. You inspect the oral cavity and find the patient's tongue is edematous and severely cyanotic. You hear stridorous respirations at a rate of 32/minute with a reduced tidal volume. The patient appears to be fatiguing quickly. The breath sounds reveal diffuse bilateral wheezing in the upper lobes with minimal sounds with crackles in the lower lobes. Radial pulses are absent. The skin is flushed with urticaria. The BP is 70/58 mmHg, ECG shows a sinus tachycardia at 146/minute with occasional PACs and PVCs, and the SpO2 is 82% on room air.

What condition do you suspect the patient is suffering from?
   A. a mild anaphylactoid reaction
   B. status asthmaticus
   C. epiglottitis with secondary bronchiolitis
   D. a severe anaphylactic reaction

115. Your first immediate action is to:
   A. administer epinephrine SQ at 0.3 mg and initiate an IV line of NS
   B. place the patient on a nonrebreather mask at 15 lpm and initiate an IV line of normal saline
   C. intubate the patient with an endotracheal tube and begin PPV with supplemental O2
D. administer albuterol at 0.5 ml of 0.5% solution in 2.5 ml NS via nebulizer

116. Following the above treatment, your next immediate action is to:

A. administer 50 mg of Benadryl IV push
B. bolus the patient with 250 ml of normal saline
C. administer 0.3 mg of 1:10,000 epinephrine IV push
D. administer 100 mg of Solu-Medrol IV push

117. Upon reassessment of the patient after your treatment, you note the hoarseness and stridor are completely abolished. The skin is less flushed and the urticaria and pruritus seem to be subsiding. You note the diffuse wheezing has worsened and is heard in all lung fields. The patient continues to complain of difficulty breathing and exhibits sternocleidomastoid muscle use, retractions, and nasal flaring. The BP is 98/74 mmHg, ECG shows sinus tachycardia at 118 beats per minute. The SpO2 reading is 90%. Your next immediate action is to administer:

A. epinephrine at 0.3 mg 1:1000 SQ
B. diphenhydramine at 25 mg IV push
C. a 250-ml bolus of normal saline followed by a second bolus after 10 minutes
D. albuterol via nebulizer at 0.5 ml of 0.5% solution diluted in 2.5 ml of normal saline

118. Following the above treatment, the patient becomes less responsive and has to be aroused by verbal stimuli. You quickly reassess the patient and find the airway is open and respirations are 20 and regular with very faint expiratory wheezing in all fields. The tidal volume is adequate. The skin is pale, cool, and clammy and the radial pulses are not palpable. The ECG shows a sinus tachycardia at 128/minute. The BP is 68/56 mmHg. The SpO2 is 97% on an NRB at 15 lpm. Your next immediate treatment would be to:

A. administer 0.5 mg 1:10,000 epinephrine IV push
B. initiate a second IV line wide open and begin a dopamine infusion beginning at 5 mcg/kg/minute
C. administer 100 mg of Solu-Medrol followed by a 250-ml bolus of normal saline
D. administer 50 mg of diphenhydramine with the normal saline IV running wide open

119. A condition that is caused by adrenal insufficiency is:

A. Addison’s disease
B. thyrotoxic storm
C. Grave’s disease
D. Cushing’s syndrome

120. A patient who cannot recall events prior to an incident would be suffering from:

A. confusion
B. anterograde amnesia
C. stupor
D. retrograde amnesia
121. Minute ecchymosis to the abdomen in a comatose patient may provide a clue that the patient may possibly be suffering from:

A. drug overdose  
B. hypoglycemia  
C. meningitis  
D. intraabdominal hemorrhage

122. The salicylate-poisoned patient would most likely present with which of the following signs or symptoms?

A. hypothermia  
B. hypertension  
C. decorticate posturing  
D. tachypnea

123. *The following scenario applies to Items 123 through 125.*

You arrive on the scene and find a patient who presents with hemiplegia, slurred speech, and facial droop. The patient complains of a mild headache and nausea. His blood pressure is 178/108 mmHg, heart rate is 102 beats/minute, respirations are 22/minute with good chest rise with each breath. The SpO2 is 96% on room air.

The patient is most likely suffering from which of the following conditions?

A. a subarachnoid hemorrhage  
B. an intracerebral hemorrhage  
C. an ischemic stroke  
D. a berry aneurysm

124. The treatment you should provide to this patient should include:

A. initiation of an intravenous line and administration of nitroglycerin  
B. administration of oxygen and administration of Procardia  
C. administration of a 325-mg aspirin followed by a Versed bolus  
D. administration of oxygen and initiation of an intravenous line

125. Over the next two days the signs and symptoms continue to worsen. This condition would be classified as:

A. an embolic stroke  
B. a stroke in evolution  
C. a transient ischemic attack  
D. a recurrent stroke

126. Blood flow through the right side of the heart passes through the valves in which order?

A. bicuspid valve, pulmonary semilunar valve  
B. tricuspid valve, mitral valve
C. tricuspid valve, aortic semilunar valve
D. tricuspid valve, pulmonary semilunar valve

127. **The following scenario applies to Items 127 through 131.**

You are treating a patient who is thought to be in left ventricular heart failure with a decreased cardiac output. Medical direction requests that a bolus of fluid be administered to the patient.

Administration of a small fluid bolus to the patient would likely:

A. increase the stretch of the myocardial fibers and increase the force of contraction  
B. cause the patient to suffer from frank pulmonary edema from the additional fluid  
C. cause a decrease in the preload and subsequently cause an increase in the afterload  
D. increase the venous volume but decrease the preload and stroke volume, reducing the myocardial workload

128. Which of the following fluids would you use to administer the fluid bolus?

A. 5% dextrose in water  
B. 0.9% normal saline  
C. 0.45% normal saline and 5% dextrose in water  
D. 2.9% normal saline

129. The volume that you would infuse would be:

A. 25 ml  
B. 100 ml  
C. 250 ml  
D. 20 ml/kg

130. At what rate should the fluid bolus be infused?

A. 10 ml/minute  
B. 25 ml/minute  
C. wide open  
D. to keep open

131. As you are infusing the fluid, the patient begins to complain of dyspnea. You should immediately:

A. stop the normal saline infusion and begin a dopamine infusion at 10 mcg/kg/minute  
B. set the normal saline infusion to a wide open rate to infuse a larger amount of fluid at a faster rate  
C. administer oxygen and switch the infusion from normal saline to 5% dextrose in water  
D. assess the breath sounds for crackles (rales) in the lower lobes of the lungs and administer oxygen to the patient
132. The electrolytes that have the most influence on cardiac function are:

A. phosphate, magnesium, and calcium  
B. calcium, sodium, and potassium  
C. calcium, chloride, and potassium  
D. potassium, magnesium, and calcium

133. You are managing a patient complaining of chest pain. You transmit the 12 lead ECG tracing to the medical facility. The physician radios back and states the patient is suffering from a left ventricular inferior wall myocardial infarction. The coronary artery most likely involved in this infarct is the:

A. left anterior descending  
B. right anterior descending  
C. left circumflex  
D. right coronary

134. A patient is connected on the monitor and is displaying an escape rhythm with a narrow QRS complex at a rate of 50/minute. You would expect the escape rhythm is originating at the:

A. SA node  
B. AV node  
C. bundle of His  
D. Purkinje fibers

135. Failure of which of the following valves would most likely lead to pulmonary edema?

A. bicuspid  
B. tricuspid  
C. aortic  
D. pulmonic

136. The majority of coronary artery perfusion takes place during:

A. atrial diastole  
B. atrial systole  
C. ventricular diastole  
D. ventricular systole

137. You arrive on the scene and find a patient complaining of chest pain. Upon assessment, you find the heart rate to be fast. You place the patient on the monitor and find a sinus tachycardia at a rate of 140 beats per minute. The coronary artery perfusion in this patient would likely be:

A. increased due to the shorter diastolic filling time  
B. decreased due to the longer systolic filling time  
C. decreased due to the shorter diastolic filling time  
D. increased due to the longer systolic filling time
138. For ventricular ejection to occur, which of the following must also occur?

A. the ventricular pressure must be lower than aortic and pulmonary arterial pressures
B. the ventricular pressure must be higher than aortic and pulmonary arterial pressures
C. the arterial pressure must be higher than aortic and pulmonary arterial pressures
D. the pulmonary capillary pressure must exceed ventricular pressure

139. You are assessing a patient in right ventricular failure. Which of the following signs would you not expect to find in your assessment?

A. crackles
B. peripheral edema
C. jugular venous engorgement
D. hepatomegaly

140. Morphine sulfate is administered to the patient suffering from a myocardial infarction for which of the following effects?

A. reduce the chest pain
B. increase the stroke volume and increase the cardiac output
C. reduce the inotropic status of the heart
D. provide analgesia and reduce the myocardial workload

141. The following scenario applies to Items 141 through 147.

You are called to the scene for a 56-year-old female patient complaining of chest discomfort. When you arrive on the scene, you find the patient sitting upright on the living room couch. As you approach her, she is diaphoretic and appears anxious. She states, "I have a really bad pressure feeling in my chest and I am having a hard time breathing."

What would you immediately do next?

A. place the patient on a nasal cannula at 4 lpm and initiate an intravenous line
B. place the patient in a supine position and administer one 160-mg aspirin
C. apply the AED and prepare the patient for rapid transport
D. assess the radial pulse, skin color, temperature, and condition

142. As you continue with your assessment, the next priority step you should instruct your partner to perform is to:

A. administer one 160-mg aspirin
B. place the patient on a nonrebreather mask at 15 lpm
C. attach the electrodes for continuous ECG monitoring
D. initiate an intravenous line
143. You continue with your assessment and obtain the following vital signs: BP 186/92 mmHg; R 24/minute; skin is pale, cool, and clammy; SpO2 is 96%. You find the following rhythm on the ECG monitor:

![ECG Monitor](image)

You would interpret this rhythm as:

A. atrial fibrillation  
B. multifocal atrial tachycardia  
C. supraventricular tachycardia  
D. sinus tachycardia

144. Based on the clinical findings, you should consider administration of which of the following medications?

A. adenosine and aspirin  
B. amiodarone and morphine  
C. nitroglycerin, aspirin, and morphine  
D. diazepam, adenosine, and procainamide

145. As you continue with your treatment, the patient suddenly becomes unresponsive. You look down at the monitor and find the following rhythm:

![ECG Monitor](image)

You would interpret this rhythm as:

A. supraventricular tachycardia  
B. multifocal premature ventricular contractions  
C. junctional tachycardia  
D. ventricular tachycardia

146. Your next immediate action is to:

A. administer amiodarone at 300 mg IV push  
B. defibrillate the patient at 200 joules or the equivalent biphasic energy  
C. check for a carotid pulse
D. administer 1 mg of epinephrine

147. You continue your assessment and find the patient is alert, BP is 172/92 mmHg, R are 20 per minute, and the lungs are clear.

You should immediately provide which of the following treatments for the patient?

A. synchronize cardiovert at 100 joules
B. administer sodium bicarbonate 1 meq/kg IVP
C. administer 150 mg of amiodarone over 10 minutes at 15 mg/minute
D. administer 1 to 2 grams of magnesium sulfate over 5 to 60 minutes

148. **The following scenario applies to Items 148 through 152.**

You arrive on the scene of a confirmed cardiac arrest and find the fire department first responder performing chest compressions and ventilation.

Your first immediate action should be to:

A. apply the electrode pads and determine the ECG rhythm
B. perform a quick-look to determine the rhythm
C. stop the CPR and check for a pulse and spontaneous breathing
D. intubate the patient with a tracheal tube

149. You perform a “quick-look” and find the following rhythm:

![ECG rhythm image]

The above rhythm is identified as:

A. ventricular tachycardia
B. ventricular fibrillation
C. atrial fibrillation
D. polymorphic ventricular tachycardia

150. Upon identification of the rhythm, you should immediately:

A. begin ventilation and intubate the patient with a tracheal tube
B. administer 40 units of vasopressin
C. administer 300 mg of amiodarone
D. defibrillate at 200 joules or the biphasic equivalent
151. Which of the following drugs are administered to increase the cerebral and coronary artery perfusion pressures in the patient during the resuscitation?

A. vasopressin and amiodarone  
B. epinephrine and procainamide  
C. vasopressin and epinephrine  
D. lidocaine and magnesium sulfate

152. You have just administered the first dose of amiodarone. You should next:

A. continue CPR for 2 minutes and defibrillate at 360 joules or the biphasic equivalent  
B. wait 3 to 5 minutes and then administer a second dose of amiodarone at 150 mg  
C. administer lidocaine at 1.5 mg/kg every 3 minutes to a total dose of 3 mg/kg  
D. immediately defibrillate at 200 joules followed by a second defibrillation at 300 joules

153. You arrive on the scene and find a patient in a supraventricular tachycardia rhythm at a rate of 196 beats/minute. As you assess the patient, you determine the patient is complaining of chest pain and dyspnea. You note fine crackles (rales) in the base of the lungs. You should immediately:

A. perform a vagal maneuver and prepare to administer 12 mg of adenosine  
B. deliver a synchronized cardioversion at 100 joules or the biphasic equivalent  
C. begin overdrive pacing at a rate of 200 beats/minute  
D. defibrillate at 200 joules followed by the administration of 6 mg of adenosine

154. You are treating a patient complaining of typical type chest pain associated with an acute coronary syndrome. In what order should you administer the following medications?

1. morphine sulfate  
2. aspirin  
3. nitroglycerin  
4. oxygen

A. 1, 4, 3, 2  
B. 2, 4, 3, 1  
C. 3, 2, 1, 4  
D. 4, 2, 3, 1

155. Which of the following should **not** be considered in the management of the patient in asystole?

A. switch the leads to verify the rhythm  
B. turn up the gain on the ECG  
C. deliver a stacked set of defibrillations just in case it is ventricular fibrillation  
D. attempt to determine an underlying cause
156. The following scenario applies to Items 156 through 161.

You are called to the scene of a local factory for a patient who had a syncopal episode. Upon your arrival, you find the patient sitting at the desk in the foreman’s office. He is very diaphoretic and ashen gray. The patient responds to verbal stimuli with incomprehensible sounds.

Your first priority in the assessment and management of the patient is to:

A. perform a “quick look” to determine the patient’s rhythm
B. ensure the patient has a patent airway
C. assess the breath sounds for evidence of rales
D. check the radial and carotid pulses

157. As you continue your assessment of the patient, you determine that he was complaining of chest pain, light-headedness, and shortness of breath shortly prior to your arrival. The vital signs are BP 72/56 mmHg, R 18 with good tidal volume; radial pulses are barely palpable; skin is pale, cool, and diaphoretic. The monitor shows the following:

![ECG Monitor Image]

The patient is in which of the following rhythms?

A. sinus bradycardia
B. first-degree AV block
C. second-degree AV block Type II
D. third-degree AV block

158. You should immediately perform which of the following?

A. administer 1 mg of epinephrine
B. administer oxygen via a nonrebreather at 15 lpm
C. deliver a synchronized cardioversion at 50 joules
D. intubate the patient with a tracheal tube

159. The immediate treatment of choice for this patient is to:

A. apply the transcutaneous pacer and set the HR at 80 beats/minute
B. administer 0.5 mg of Atropine intravenous push
C. begin a dopamine infusion at 5 mcg/kg/minute and titrate to a rate of 60 beats/minute
D. administer amiodarone at 150 mg over a 5-minute period
160. The patient does not respond to the above treatment. You reassess the rhythm and find the following:

You determine the rhythm is:

A. first-degree AV block
B. second-degree AV block Type I
C. second-degree AV block Type II
D. third-degree AV block

161. Since the treatment so far has been ineffective, you should immediately:

A. administer another bolus of atropine at 0.5 mg
B. initiate an infusion of dopamine at 5 mcg/kg/minute and titrate to a heart rate of 60 bpm
C. increase the atropine dose from 0.5 mg to 1.0 mg and repeat the administration
D. initiate an infusion of procainamide at 20 mg/minute until a total of 17 mg/kg has been reached

162. The following scenario applies to Items 162 through 166.

You are at the scene and treating a 47-year-old patient who reports a history of asthma for the last 40 years. His BP is 142/98 mmHg, radial pulse is 136 beats per minute, and respirations are 36 per minute. He is cyanotic and is using his accessory muscles when breathing. When you auscultate his lungs, no wheezing is heard in any lung fields. The SpO2 reading is 78%.

You should suspect that there is no wheezing because:

A. the bronchioles are maximally constricted and there is minimal air movement
B. patients with chronic asthma don't produce much wheezing during an attack
C. medications are keeping the bronchioles open and preventing him from wheezing
D. wheezing will only occur after the attack has been in progress for an extended period of time

163. As you continue your assessment, you note that the blood pressure falls by approximately 18 mmHg as the patient inhales. You would note this as:

A. Kussmaul's sign
B. pulsus paradoxus
C. Kernig's sign
D. pulsus alternans
164. The above sign is an indication that the patient:
   A. is hypovolemic from dehydration associated with the asthma attack
   B. is hypoventilating and hyperoxygenated
   C. has a severe increase in his intrathoracic pressure from air trapping
   D. has taken the maximal amount of his home medications and is suffering from the side effects

165. As part of the patient treatment, you should immediately:
   A. place the patient on a nonrebreather mask at 15 lpm and administer 40 mg of Lasix intravenously
   B. place the patient on a nasal cannula at 6 lpm and administer albuterol via a metered dose inhaler
   C. initiate an intravenous line of normal saline and administer Solu-Medrol as an intravenous infusion
   D. place the patient on a nonrebreather mask at 15 lpm and administer albuterol via a nebulizer as quickly as possible

166. The patient does not respond to the above treatment. He begins to bob his head and appears to be very drowsy. There are still no breath sounds present in any lung fields. Circumoral cyanosis is developing quickly. You should next immediately:
   A. administer amiodarone at 150 mg intravenous push over 5 minutes
   B. administer 0.3 mg of 1:1,000 epinephrine subcutaneously
   C. administer 50 mg of diphenhydramine
   D. administer 10 mg of lorazepam and intubate the patient

167. The following scenario applies to Items 167 through 170.

You arrive on the scene and find a 30-year-old female patient who is in her third trimester of pregnancy complaining of dizziness, weakness, headache, and dyspnea. Upon your assessment, you find the following: BP 196/108 mmHg, HR 124 beats per minute, RR 22 per minute, rales in the lower lobes of the lungs, and peripheral edema. The patient is also complaining of seeing light spots.

The patient is suffering from which of the following conditions?
   A. eclampsia
   B. pulmonary edema
   C. renal failure
   D. preeclampsia

168. In order for you to make the above field diagnosis, which of the following must be present?
   A. CNS abnormalities
   B. pulmonary edema
   C. peripheral edema
   D. hypertension
169. Your treatment of the patient may include all of the following except:

A. initiation of an IV line of normal saline run wide open
B. administration of magnesium sulfate to prevent seizures
C. transport in a nonemergency mode with no lights or siren
D. administration of diazepam for breakthrough seizures

170. During transport of the patient, she begins to suffer a generalized seizure. The drug of choice to manage the patient condition is:

A. Lasix
B. diazepam
C. lorazepam
D. magnesium sulfate

171. **The following scenario applies to Items 171 through 173.**

You arrive on the scene for a patient complaining of syncopal episodes during the night. Upon your arrival the patient is sitting upright and appears to be unremarkable. Upon assessment you find the patient is in the third trimester of her pregnancy and has no other medical history. Vital signs are as follows: BP 124/84 mmHg, HR 92 beats per minute, RR 22 breaths per minute with a good tidal volume.

Which of the following would provide an evaluation of the volume status of the patient?

A. blood glucose level
B. auscultation of the lungs
C. orthostatic tilt test
D. pulse oximeter reading

172. Upon further assessment, nothing is noted as abnormal. You leave the scene without transporting the patient. Approximately one hour later you are summoned to the scene by the husband, who indicates the wife had another syncopal episode after lying down in bed. Which of the following conditions would you suspect the patient is suffering from?

A. toxemia
B. preeclampsia
C. supine-hypotensive syndrome
D. hypovolemia

173. The treatment of choice for this patient is:

A. administer a 250- to 500-ml bolus of normal saline
B. place the patient in a left lateral recumbent position
C. administer 1 gram of magnesium sulfate to prevent seizures
D. place the patient in a prone position to take the weight off the vena cava
174. You arrive on the scene of a patient who calls complaining of lower abdominal pain, nausea, fatigue, pain in the left shoulder, and bloody vaginal discharges. The patient states her last normal menstrual period was approximately 6-8 weeks ago. Upon palpation of the abdomen, the patient complains of tenderness. Orthostatic hypotension is present. You should suspect which of the following?

A. abruptio placentae  
B. placenta previa  
C. ectopic pregnancy  
D. pelvic inflammatory disease

175. Bradycardia in a newborn is considered to be below ____ beats/minute.

A. 60  
B. 100  
C. 120  
D. 140

176. The following scenario applies to Items 176 through 178.

You are called to the scene of a residence and have just delivered a baby. You cut the umbilical cord. As you are assessing the newborn, you note that the heart rate is 82 beats per minute and the core of the body and extremities are cyanotic.

You should immediately:

A. begin chest compressions and positive pressure ventilation  
B. begin positive pressure ventilation  
C. deliver oxygen via a blow-by method  
D. administer epinephrine

177. As you continue with the above treatment, you note that the heart rate is now 58 beats per minute. You should immediately:

A. begin chest compressions and positive pressure ventilation  
B. begin positive pressure ventilation  
C. deliver oxygen via a blow-by method  
D. administer epinephrine

178. After two minutes of the above treatment, the patient does not respond. The heart rate continues to decrease. You should next:

A. begin chest compressions and provide ventilation  
B. continue to ventilate and reassess pulses in 30 to 60 seconds  
C. administer 0.01 mg/kg of epinephrine  
D. defibrillate at 2 joules/kg
179. You arrive on the scene and find a 28-year-old female patient with the umbilical cord protruding from her vaginal opening. Your treatment should consist of:

A. insertion of a gloved hand into vagina to place pressure on the fetal head to reduce the pressure on the cord, elevation of the hips, and rapid transport
B. placing a moist dressing over the cord, pushing the cord back into the vagina, and rapid transport
C. placing the patient in knee-chest or steep Trendelenburg position, administering 2 grams of magnesium sulfate to prevent contractions, and rapid transport
D. providing immediate transport, placing the patient on a nonrebreather mask

180. You are preparing to transport a patient to a psychiatric ward at another hospital. The nurse indicates that the patient is complaining of severe abdominal pain, headaches, and weakness in her extremities. However, the nurse indicates that the patient has no physiological cause for the symptoms. The patient is most likely suffering from which of the following conditions?

A. body dysmorphic disorder
B. manic bipolar state
C. disorganized schizophrenia
D. somatization disorder
1. The triple-layered sac which surrounds and protects the heart is the:
   A. epicardium
   B. pericardium
   C. endocardium
   D. myocardium

2. Blood which has collected carbon dioxide and wastes from the coronary circulation drains into the:
   A. coronary sinus
   B. coronary vein
   C. coronary artery
   D. coronary sulcus

3. Parasympathetic control of the heart occurs through the:
   A. cardiac plexus
   B. thoracic nerve
   C. vagus nerve
   D. trigeminal nerve

4. The functions of estrogen in the female reproductive system include all of the following except:
   A. promoting development of secondary sex characteristics
   B. inhibiting contraction of the uterine muscle
   C. helping to control fluid and electrolyte balance
   D. lowering blood cholesterol

5. The fibers that attach the mitral valve to the papillary muscles and prevent prolapse of the valve are:
   A. trabeculae carneae
   B. chordae tendineae
   C. cruciate ligament
   D. medial meniscus

6. The blood vessel that branches off the right coronary artery and supplies blood to part of the conduction system is:
   A. circumflex artery
   B. left coronary artery
   C. anterior descending artery
   D. posterior descending artery

7. Alveoli resist collapse due to the presence of a chemical that reduces surface tension called:
   A. parenchyma
   B. surfactant
   C. pleural fluid
   D. epithelium
8. During the expiration phase of the respiratory cycle, which physiologic process takes place?
   A. intercostal muscles contract
   B. diaphragm moves downward
   C. thoracic cavity increases in size
   D. intrathoracic pressure increases

9. The narrowest portion of the laryngeal airway in children is the:
   A. thyroid cartilage
   B. cricoid cartilage
   C. tracheal cartilage
   D. pinna cartilage

10. Special fibers known as intercalated discs, which speed electrical impulses from one muscle fiber to the next, are found in the:
    A. uterus
    B. myocardium
    C. gastrocnemius muscle
    D. rectus femoris muscle

11. When a skeletal muscle contracts in a manner that causes a limb to straighten, this movement is known as:
    A. abduction
    B. adduction
    C. extension
    D. flexion

12. Within the pancreas the specialized tissue responsible for the release of glucagon is:
    A. alpha cells
    B. beta cells
    C. delta cells
    D. omega cells

13. The small pea-shaped gland that regulates calcium by producing hormones that cause calcium levels to increase and that, when removed, will cause a hypocalcemic state is the:
    A. parathyroid gland
    B. thyroid gland
    C. pituitary gland
    D. adrenal gland

14. What anatomic feature marks the beginning of the hypopharynx?
    A. epiglottis
    B. esophagus
    C. hyoid bone
    D. tongue
15. What is the relationship between the false vocal cords and the true vocal cords?

A. the true cords are inferior to the false cords  
B. the false cords are medial to the true cords  
C. the true cords are superior to the false cords  
D. the false cords are lateral to the true cords

16. What is the purpose of the second hold in the barrel of an endotracheal tube, known as the Murphy's Eye?

A. it serves no purpose  
B. it enables airflow into the left mainstem bronchus  
C. it enables airflow into the right mainstem bronchus  
D. it enables airflow even if the end of the tube is occluded

17. Tracheal intubation would be initially contraindicated for which of the following patients?

A. 12-year-old female with a respiratory rate of 6 per minute who is unconscious/unresponsive following a fall  
B. 35-year-old male who is apneic and pulseless after being struck by lightning while on a golf course  
C. 55-year-old female who is found unconscious/unresponsive, apneic, and pulseless after complaining of chest pain  
D. 76-year-old male who has ingested a large amount of Darvon pills

18. All of the following are alternatives to endotracheal intubation except:

A. esophageal tracheal combitube  
B. nasogastric tube  
C. needle cricothyrotomy  
D. pharyngeo-tracheal lumen airway

19. Rapid sequence induction would be a helpful adjunct for advanced airway management for which of the following patients?

A. 78-year-old female in cardiopulmonary arrest  
B. 21-year-old combative male with severe head injuries  
C. 8-year-old male who suffered a near drowning incident  
D. 18-year-old female who is in cardiac arrest following a drug overdose

20. In addition to observing the tube pass through the cords, observation of rise and fall of the chest, and auscultation of breath sounds, to verify correct tracheal tube placement, you should:

A. use a syringe to push air down the tube and listen for sounds  
B. look for condensation in the tube  
C. apply a pulse oximeter  
D. apply an end-tidal CO2 monitor
21. You arrive on the scene to find an unresponsive patient being ventilated by two EMTs using a bag-valve-mask. Which of the following statements best describes the best method to deliver ventilation in this situation?

A. one rescuer holds the mask to the patient’s face while the other rescuer compresses the bag, but you observe no chest rise
B. one rescuer uses the jaw thrust technique to open the airway while the other maintains the mask seal and compresses the bag
C. one rescuer maintains a tight mask seal while the other compresses the bag sufficiently to generate bilateral chest rise
D. one rescuer maintains the neck in a neutral position while the other maintains the mask seal and compresses the bag

22. Choose the correct statement that pertains to the epiglottis.

A. the epiglottis lies above (superior) to the larynx
B. the epiglottis closes over the esophagus opening
C. the epiglottis is made up of smooth muscle tissue
D. the epiglottis is attached to the cricoid cartilage

23. Choose the statement that is associated with the use of the straight blade during tracheal intubation.

A. it elevates the epiglottis indirectly by pressing on the glossoepiglottic ligament
B. it provides greater displacement of the tongue, thus it is preferred in treating infants
C. it does not touch the larynx itself and should not stimulate gag reflex sensors
D. the blade position allows for more room for adequate viewing and tube insertion

24. The purpose of the distal cuff on the tracheal tube when inflated with 5 to 10 cc of air is to:

A. secure the tube in place so that it will not become dislodged
B. seal the trachea to prevent air from escaping and aspiration
C. prevent regurgitation of vomitus by blocking the esophagus
D. seal the entire oral nasal pharynx to prevent air from escaping

25. You arrive on the scene and find an adult patient lying supine in bed, breathing with agonal respirations. You should:

A. apply oxygen with the nonrebreather mask
B. perform CPR and intubate the patient
C. immediately begin bag-valve-mask ventilation
D. perform the Heimlich maneuver and ventilate

26. As you attempt to place the tracheal tube using the straight blade, the patient begins to gag and retch. You should immediately:

A. discontinue intubation efforts and ventilate, using the bag-valve-mask
B. remove the tube and apply high-flow oxygen, using a nonrebreather mask
C. change to the curved blade and reattempt to place the tube
D. stop intubation efforts and quickly use the demand valve device and OPA
27. To prevent hypoxia from occurring during intubation attempts, each attempt should be limited to:

   A. 15 seconds  
   B. 30 seconds  
   C. 45 seconds  
   D. 60 seconds

28. To reduce the risk of aspiration from vomiting during neuromuscular blockage and tracheal intubation, you should:

   A. perform a rapid sequence intubation  
   B. apply firm pressure to the abdomen  
   C. place the patient on his or her left lateral side  
   D. administer 5 to 10 mg of diazepam

29. You have just placed a tracheal tube in an unresponsive apneic patient. You should determine correct tube placement by:

   A. observing the absence of phonation by the intubated patient  
   B. viewing the presence of breath condensation in the tube during inhalation  
   C. positioning the tracheal tube through the piriform fossa  
   D. viewing the tube pass the glottic opening during direct observation

30. After successfully placing the endotracheal tube, you should secure the tube in place by:

   A. inflating the distal cuff with air  
   B. applying a commercial tracheal tube holder  
   C. wrapping tape around the tube and across the patient’s mandible  
   D. closing the mouth and taping the lower jaw against the tube

31. You are ventilating an infant with the bag-valve-mask device. At what ventilation rate should the patient be ventilated?

   A. minimum of once every 3 seconds, delivered over 1 to 1.5 seconds  
   B. minimum of once every 3 seconds, delivered over 1.5 to 2 seconds  
   C. minimum of once every 5 seconds, delivered over 1 to 1.5 seconds  
   D. minimum of once every 5 seconds, delivered over 1.5 to 2 seconds

32. When assessing a 14-month-old, you would consider which of the following respiratory rates to be within the normal rate range for this patient?

   A. 50-60 breaths per minute  
   B. 40-50 breaths per minute  
   C. 30-40 breaths per minute  
   D. 20-30 breaths per minute
33. You are treating a patient who has been removed from a burning residential structure by
the fire department. You suspect the patient has smoke inhalation. You note carbonaceous
sputum and singed nasal hair. He has a respiratory rate of 45 per minute. He does not respond to
painful stimuli. You note cyanosis and diaphoresis to the skin. You should immediately:

A. begin positive pressure ventilation with a bag-valve-mask connected to supplemental
oxygen
B. perform a needle cricothyrotomy
C. apply the pulse oximeter to determine if the patient needs to be ventilated
D. insert an oropharyngeal airway and apply a nonrebreather mask at 15 lpm

34. The terminal end and the functional units of the lower airway are the:

A. bronchioles
B. mainstem bronchi
C. alveolar sacs
D. surfactant

35. Your patient experiences difficulty breathing only when lying supine. The difficulty
subsides when the patient is sitting erect. This condition is known as:

A. tachypnea
B. hyperpnea
C. dyspnea
D. orthopnea

36. You find an unresponsive and apneic patient in a local restaurant. You attempt to
ventilate and are unable to move any air. You should immediately:

A. stand behind the patient and perform the Heimlich maneuver
B. perform five chest thrusts and then a blind finger sweep
C. roll the patient toward you and perform four back blows
D. perform a laryngoscopy and remove the object with Magill forceps

37. When administering epinephrine for a respiratory emergency, which of the following
properties would produce the most desirable effect?

A. alpha 1
B. alpha 2
C. beta 1
D. beta 2

38. Which of the following respiratory diseases causes a distortion in the alveolar surface
area and decreases the alveolar-capillary interface?

A. emphysema
B. chronic bronchitis
C. asthma
D. congestive heart failure
39. The atrioventricular valves open to allow ventricular filling when the:
   A. intraventricular pressure exceeds the intraatrial pressure
   B. intraatrial pressure exceeds the intraventricular pressure
   C. intraventricular and intraatrial pressure are equalized
   D. intraventricular pressure is twice that of the intraatrial pressure

40. What causes the signs and symptoms of angina?
   A. lactic acid and carbon dioxide buildup in the ischemic myocardium
   B. stimulation of the vagus nerve due to myocardial ischemia and injury
   C. transmural infarction of the anterior and lateral myocardial walls
   D. irritation of the phrenic nerve due to myocardial ischemia

41. Which of the following is not a modifiable risk factor for atherosclerosis?
   A. high blood cholesterol
   B. high blood pressure
   C. diabetes
   D. obesity

42. How do tachydysrhythmias contribute to the development of left ventricular failure?
   A. by shortening the diastolic period, which reduces ventricular filling and compromises coronary artery filling for oxygenation of the myocardium
   B. by increasing the systolic contraction time and reducing the cardiac output and coronary artery perfusion
   C. the rapid, forceful contractions rapidly deplete energy reserves in the myocardial muscle
   D. by lengthening the diastolic period, which increases ventricular filling as well as coronary artery perfusion

43. What is the clinical significance of atrial fibrillation?
   A. the loss of atrial kick reduces cardiac output by 20-25%
   B. rapid ventricular response always indicates digitalis toxicity
   C. it usually precedes the development of ventricular fibrillation
   D. slow ventricular response is always seen in cardiogenic shock

44. Which of the following is the monophasic defibrillator initial energy setting for defibrillation of a 10-kilogram infant?
   A. 200 joules
   B. 100 joules
   C. 50 joules
   D. 20 joules

45. Which coronary blood vessel does not contain muscle fibers?
   A. circumflex branch
   B. right coronary artery
   C. coronary sinus
   D. circumflex artery
46. Deoxygenated blood from the head and upper extremities empties into the right atrium from which vessel?
   A. superior vena cava
   B. inferior vena cava
   C. pulmonary artery
   D. pulmonary vein

47. The myocardial cells are stimulated, facilitating the action potential, when which ion rushes into the cells?
   A. potassium
   B. calcium
   C. chloride
   D. sodium

48. The sympathetic nervous system has which effect on the cardiac system?
   A. it slows the atrioventricular conduction
   B. it has a positive chronotropic and inotropic effect
   C. it increases the release of the acetylcholine
   D. it slows the cardiac conduction and heart rate

49. Jugular venous distention results directly from:
   A. tachycardias as the body attempts to increase cardiac output
   B. accumulation of body fluids in the serous cavity (effusion)
   C. an increase in the body’s systemic venous pressure
   D. decreased cardiac output and decreased blood pressure

50. Which of the following statements is incorrect when pertaining to carotid artery bruit?
   A. a bruit is a sign of turbulent blood flow through a vessel
   B. detection of a bruit is accomplished by palpating the affected area
   C. a bruit indicates partial blockage of the vessel from atherosclerosis
   D. carotid sinus massage should not be attempted if a bruit is present

51. Your patient presents with severe flank pain, hypotension, decreased femoral pulses, and feels the need to defecate. You suspect the patient is suffering from which of the following conditions?
   A. acute arterial occlusion
   B. abdominal aortic aneurysm
   C. venous thrombophlebitis
   D. right ventricular failure

52. Abnormal spasm of the coronary arteries that results in inadequate blood flow, causing angina pectoris, is known as:
   A. myocardial infarction
   B. Prinzmetal’s angina
   C. claudication
   D. atherosclerosis
53. Your elderly patient presents with severe chest pain that is explained as a tearing sensation that radiates to the back, absent lower extremity pulses, and the patient appears shocky. You should suspect which of the following conditions?

A. thoracic aortic aneurysm  
B. acute arterial occlusion  
C. deep venous thrombosis  
D. hypertensive encephalopathy

54. Which of the following is a hallmark indication of right heart failure?

A. angina pectoris  
B. venous congestion  
C. liver engorgement  
D. tachycardia

55. When administering a benzodiazepine such as diazepam or lorazepam prior to cardioversion, it is important to remember that the benzodiazepine may cause:

A. acute hypertension and tachycardia  
B. respiratory depression and amnesia  
C. increased anxiety and restlessness  
D. motor seizures and status epilepticus

56. You are treating a patient for substernal chest pain. She has been prescribed propranolol by her private physician. You recognize propranolol's action as:

A. an antiarrhythmic agent that exhibits both adrenergic and direct myocardial effects to treat ventricular dysrhythmias  
B. an antiarrhythmic agent to the ester-type local anesthetic which is used to treat ventricular dysrhythmias  
C. a nonselective beta 1 and beta 2 adrenergic blocker which causes negative inotropic and chronotropic effects  
D. a selective beta 1 adrenergic blocker which inhibits tachycardia following an acute myocardial infarction

57. You and your partner are treating an unstable patient who is presenting in a third-degree AV block. Your partner is attempting to secure IV access. You should:

A. wait for the IV access and then administer a dopamine infusion  
B. administer atropine after the IV line has been established  
C. immediately apply the transcutaneous cardiac pacer  
D. administer 0.5 mg of epinephrine subcutaneously

58. The following scenario pertains to Items 58 to 67.

You arrive on the scene and find a 63-year-old male patient sitting outside at the local convenience store. The store clerk indicated that he thought the man didn't look good so he called 911. Upon your arrival, the patient is sitting upright, is alert, and is responding appropriately. He is complaining of general weakness, nausea, and substernal chest discomfort. He denies any shortness of breath.

The next immediate step in the initial assessment is to:

A. assess the radial pulse and skin temperature, color, and condition  
B. administer nitroglycerin and initiate an intravenous line
C. assess the breath sounds and place the patient on the pulse oximeter
D. administer a 160-mg aspirin and begin rapid transport

59. As you continue the assessment, you determine that the vital signs are BP 158/94 mmHg, respirations are 19 with good tidal volume, and the skin is pale, cool, and slightly diaphoretic. You place the patient on the monitor and find the following:

![ECG tracing]

Your interpretation of the ECG tracing is:

A. sinus bradycardia with unifocal PVCs
B. third degree AV block
C. first-degree AV block with multifocal PVCs
D. second-degree Wenckebach rhythm

60. The treatment of choice to manage the above rhythm is to administer:

A. lidocaine at 1 mg/kg intravenous push
B. amiodarone at 150 mg over 30 to 60 minutes
C. oxygen by nonrebreather mask at 15 lpm
D. atropine at 0.5 mg intravenous push

61. As you continue to assess the patient, he indicates that he is feeling pretty good at this point. After a few minutes, he suddenly says that he does not feel as good. He remains alert and has no other complaints. You look at the monitor and find the following rhythm:

![ECG rhythm]

You interpret the ECG rhythm as:

A. monomorphic ventricular tachycardia
B. ventricular fibrillation
C. multifocal atrial tachycardia
D. polymorphic ventricular tachycardia (Torsades de Pointe)

62. The treatment of choice for the patient is to:

A. administer procainamide at 20 mg/minute to a total of 17 mg/kg
B. administer phenytoin at 100 mg over 5 minutes until 1,000 mg is reached
C. defibrillate at 200 joules, repeated in 5 minutes at 360 joules
D. administer magnesium sulfate at 1 to 2 grams IV
63. As you are doing the above treatment, the patient suddenly becomes unresponsive and begins to have gasping-type respirations. You quickly assess the carotid pulse and look at the oscilloscope. The carotid pulse is absent and the monitor shows the following rhythm.

Your interpretation of the ECG rhythm is:

A. monomorphic ventricular tachycardia  
B. ventricular fibrillation  
C. polymorphic ventricular tachycardia  
D. atrial flutter with aberrant conduction

64. Which of the following treatments should be immediately performed?

A. administer magnesium sulfate at 1 to 2 grams  
B. administer epinephrine or vasopressin  
C. begin positive pressure ventilation and prepare to intubate  
D. defibrillate at 360 joules or the equivalent biphasic energy

65. Immediately after performing the above treatment, you should:

A. raise the arm to facilitate drainage to the core circulation  
B. administer a normal saline bolus  
C. defibrillate 360 joules or the biphasic equivalent  
D. Initiate CPR

66. As you continue with the resuscitation, the next treatment of choice is to administer:

A. 1 mg of epinephrine intravenous push  
B. 300 mg of amiodarone intravenous push  
C. 1.5 mg/kg of lidocaine intravenous push  
D. 20 mg/minute procaainamide infusion

67. The above drug should be repeated:

A. only once in 3 to 5 minutes  
B. every 3 to 5 minutes throughout the resuscitation  
C. in 5 minutes to a total of 3 mg/kg  
D. until a maximum of 17 mg/kg is reached

68. The primary role of epinephrine when used in the cardiac-arrest patient is to:

A. relax the bronchioles and provide better oxygenation of the patient  
B. increase vascular resistance and improve cerebral and coronary artery perfusion  
C. dilate the arteries and arterioles and reduce the myocardial workload and oxygen demand  
D. block the parasympathetic nervous system and prevent a negative influence on the SA node
69. The following scenario pertains to Items 69 to 72.

You arrive on the scene and find a 68-year-old female patient complaining of chest discomfort and pain down her left arm. She states the pain radiates to the center of her back between her shoulder blades. She also complains of nausea and weakness. She denies any shortness of breath. Her vital signs are BP 138/86 mmHg, the radial pulse is strong, respirations are 20 per minute with good tidal volume. You attach the ECG monitor and find the following rhythm:

You would interpret the patient’s rhythm as:

A. sinus tachycardia with premature ventricular contractions
B. normal sinus rhythm with premature junctional contractions
C. atrial fibrillation
D. sinus tachycardia with premature junctional contractions

70. The patient denies any shortness of breath. Thus, your oxygen therapy should:

A. consist of a nasal cannula at 2 lpm
B. consist of a nonrebreather mask at 10 lpm
C. be guided by a pulse oximeter reading
D. not be required since the patient has no complaint

71. After initiation of an intravenous line, you should:

A. administer 160 mg of aspirin and 0.4 mg of nitroglycerin
B. administer 2 mg of morphine sulfate and 0.4 mg of nitroglycerin
C. administer 1 mg/kg of lidocaine followed by a 2 mg/minute infusion
D. apply the pacer pads as a precaution for ventricular fibrillation

72. The purpose of aspirin administration in this patient is to:

A. act as an analgesic and assist with the relief of the chest pain
B. assist with the breakup of the fibrin mesh creating the obstruction in the coronary artery
C. dilate the coronary arteries and open up the collateral circulation
D. dilate the peripheral vessels, reduce the afterload, and reduce myocardial workload

73. The indication for vasopressin is:

A. any patient in cardiac arrest
B. pulseless electrical activity
C. cardiac arrest due to ventricular fibrillation
D. severe symptomatic bradycardia
74. The dose for vasopressin is:
   A. 1 mg repeated every 3 to 5 minutes
   B. 40 units repeated every 3 to 5 minutes
   C. 20 mg/kg repeated to 17 mg/kg
   D. one dose of 40 units with no repeat dose

75. The following rhythm is interpreted as:

![ECG Image]

   A. first-degree AV block
   B. second-degree Type I AV block
   C. second-degree Type II AV block
   D. third-degree AV block

76. The treatment of choice for a symptomatic patient in a second-degree Type II AV block is:

   A. transcutaneous pacing
   B. atropine at 0.5 to 1.0 mg
   C. dopamine infusion at 5 mcg/kg/minute
   D. epinephrine at 10 mcg/minute infusion

77. You arrive on the scene and find an unresponsive patient who fell from a 15-foot scaffold. Which of the following statements best describes your focus during the initial assessment of this patient?

   A. determine the status of airway, breathing, and circulation
   B. look for possible medical problems which may have contributed to his fall
   C. ask about past medical history and medication usage as clues to the source of his unconsciousness
   D. assess for possible musculoskeletal injuries which commonly occur from falls

78. Which of the following systems does **not** have organs which are located within the thorax?

   A. cardiovascular
   B. digestive
   C. endocrine
   D. renal

79. Your patient received a blunt trauma injury to his chest wall. What condition may be associated with the finding of distended neck veins during your assessment of his neck?

   A. possible tension pneumothorax
   B. pulmonary edema
   C. hypertensive crisis
   D. right heart failure
80. A patient with a hemothorax will typically present with:
   A. bilateral absent breath sounds
   B. absent breath sounds with a tracheal shift
   C. decreased breath sounds with crackles in the lower lobes
   D. absent breath sounds with signs of shock

81. The bone located on the medial aspect of the forearm is the:
   A. humerus
   B. ulna
   C. radius
   D. carpal

82. The functions of the integumentary system include regulation of body temperature and:
   A. excretion and immunity
   B. protection and sensation
   C. blood reservoir and synthesis of vitamin D
   D. all of the above

83. Burn shock occurs as a result of the shift of protein and fluid out of damaged blood vessels into the burn tissue, resulting in:
   A. a hypotonic interstitial space
   B. an eschar formation
   C. a reduced intravascular oncotic pressure
   D. an increased intravascular hydrostatic pressure

84. Your patient was burned after the gasoline he was using to clean auto parts ignited. He has partial thickness and full thickness burns over both arms and hands, as well as his face, chest, and abdomen. What is the total percentage of body surface area burned?
   A. 30.5%
   B. 35%
   C. 40.5%
   D. 45%

85. The layer of the skin that contains hair, sebaceous glands, and sweat glands is the:
   A. epidermis
   B. dermis
   C. stratum corneum
   D. stratum spinosum

86. An adult patient has sustained burns of the anterior thorax and the entire right leg. Approximately what percentage of the body surface area is affected?
   A. 18%
   B. 27%
   C. 36%
   D. 54%
87. A patient who has sustained a circumferential burn to an extremity is at risk for developing:

A. compartment syndrome from compression
B. burn shock with massive hypovolemia
C. encephalitis with secondary meningitis
D. ascites with secondary peritonitis

88. You arrive on the scene of an automobile accident. Bystanders state that the person driving hit a telephone pole. Upon assessment, the patient responds to painful stimuli, is severely cyanotic, has a respiratory rate of 34 with obvious chest trauma, and a blood pressure of 142/70 mmHg. What would you suspect the etiology of the problem is?

A. hypotension
B. pulmonary injury
C. hypoglycemia
D. anaphylactic shock

89. You arrive at a nursing home and find a patient who has had severe diarrhea for three days. What would you expect the pH to be?

A. above 7.45 torr
B. below 7.35 torr
C. 7.35 to 7.45 torr
D. unobtainable

90. The initial response of the microcirculation in shock is:

A. precapillary sphincters open, arteriovenular shunts close
B. arteriovenular shunts open, precapillary sphincters open
C. precapillary sphincters close, arteriovenular shunts open
D. precapillary sphincters close, arteriovenular shunts close

91. When blood volume is lost, the body's response is mediated through the baroreceptor reflex, which controls:

A. cerebral oxygen consumption
B. cardiac output and systemic vascular resistance
C. basilar temperature
D. coronary artery blood flow

92. The following scenario pertains to Items 92 to 94.

You arrive on the scene and find a 17-year-old female patient who was hit in the left temporal region with a softball. The patient immediately lost consciousness for approximately 5 minutes. She regains consciousness upon your arrival and complains of severe headache, nausea, and dizziness. En route, the patient's level of consciousness begins to deteriorate and she becomes unresponsive to verbal stimuli but responds to painful stimuli with decorticate posturing.

Which of the following conditions do you suspect she is suffering from?

A. concussion
B. subacute subdural hematoma
C. epidural hematoma
D. spinal contusion
93. The sudden and rapid deterioration most likely indicates:
   A. injury to the reticular activating system (RAS)
   B. venous bleeding within the cranium, causing an increased ICP
   C. occult bleeding in the abdomen
   D. brain contusion

94. Which of the following is the preferred intravenous solution and rate in the head-injured patient:
   A. D5W at TKO to provide additional glucose to the neurons
   B. Ringer's lactate at 250 ml/hour to increase CPP to greater than 160 mmHg
   C. normal saline at a rate to maintain a systolic blood pressure of 100 mmHg
   D. normal human serum albumin to reduce the amount of cerebral edema at a TKO rate

95. Indicate the following layers of the meninges in order as they are found from the cerebrum to the skull.
   A. dura mater, pia mater, arachnoid
   B. arachnoid, dura mater, pia mater
   C. dura mater, arachnoid, pia mater
   D. pia mater, arachnoid, dura mater

96. You arrive on the scene and find a head-injured patient. Shortly after your arrival, the patient begins to seize. Indicate the priority of treatment you would provide:
   1. administer a benzodiazepine
   2. open the airway with a jaw thrust
   3. provide positive pressure ventilation with supplemental oxygen
   4. initiate an intravenous line
   5. provide manual spinal immobilization

   A. 2, 4, 3, 1, 5
   B. 5, 3, 2, 1, 4
   C. 2, 3, 4, 1, 5
   D. 5, 2, 3, 4, 1

97. Which of the following signs would indicate the most severe chest injury?
   A. contusions and ecchymosis to the chest wall
   B. lacerations to the intercostal spaces
   C. intercostal retractions, nasal flaring, and cyanosis
   D. pale, cool, skin with increased capillary refill

98. The major danger associated with a cardiac contusion is:
   A. long-term congestive heart failure
   B. lethal dysrhythmias that may occur
   C. left ventricular hypertrophy
   D. pericardial sac rupture
99. A patient has significant neurological dysfunction due to a spinal cord injury but has sacral sparing. This indicates:

A. a complete cord transection has occurred with some regeneration of motor tracts
B. an incomplete cord transection has occurred with the preservation of some spinal motor tracts
C. the prognosis of recovery of neurologic function is poor
D. a spinal contusion has occurred

100. An injury in which a ligament is partially torn is referred to as:

A. a sprain
B. a strain
C. a dislocation
D. an extensor injury

101. Which of the following best describes the most appropriate action you should take with a patient suffering from a dislocation?

A. make one attempt to reduce the dislocation prior to transport
B. administer morphine or Valium prior to reduction
C. transport and apply traction to the extremity en route
D. splint the injury in the position found and transport promptly

102. Which of the following glands will initiate a cascade of physiologic events that is aimed at normalizing the blood pressure if it drops?

A. anterior pituitary
B. adrenal medulla
C. hypothalamus
D. thyroid

103. Which of the following is not a hyperadrenergic sign or symptom of hypoglycemia?

A. pallor
B. confusion
C. weakness
D. tremors

104. Neuroglycopenic signs and symptoms of hypoglycemia are related to:

A. sharp increases in blood glucose levels
B. acidosis and dehydration of the nervous tissue
C. hyperactivity of the brain cells due to glucagon secretion
D. cerebral dysfunction due to inadequate blood glucose levels

105. The following scenario pertains to Items 105 to 107

You arrive on the scene and find a 48-year-old male IDDM patient. The patient suddenly began to act bizarre, slur his speech, and complain of left-sided weakness. Upon your arrival, the patient is responding to verbal stimuli with garbled and slurred speech. He has obvious left-sided hemiplegia. He has a BP of 156/88; HR is 108 (sinus tachycardia with occasional PVCs); respirations are 16 and normal; skin is pale, cool, and clammy. His SpO2 is 98% on a nonrebreather mask at 15 lpm.
One of your first priorities in the continued management of the patient is to:

A. set up the intubation equipment for a possible tracheal intubation  
B. establish a baseline blood glucose level  
C. screen the patient for a stroke for rapid transport  
D. establish an IV line and prepare to administer an aspirin

106. Your partner gets a blood glucose reading of 48 mg/dl. Your first impression is that the signs and symptoms the patient is suffering are from:

A. a stroke associated with the vascular disease of DM  
B. the hyperadrenergic response from the hypoglycemia  
C. elevated metabolic acidosis and dehydration of nervous tissue  
D. a neuroglycopenic response associated with cerebral dysfunction

107. Which of the following is true regarding the administration of 50% dextrose in this particular patient?

A. 25 grams of 50% dextrose should be administered since the signs and symptoms are most likely occurring as a result of the hypoglycemia  
B. no glucose should be administered since it is likely the patient is suffering a stroke and the glucose will worsen the neurologic outcome of the patient  
C. administer only 12.5 grams of 50% dextrose and see what response you get from the patient before administering any more  
D. administer a prophylactic bolus of diazepam to prevent the possibility of secondary seizure activity following the administration of 50% dextrose

108. You are treating a 6-year-old IDDM patient with a blood glucose level of 38 mg/dl. You determine it is necessary to administer dextrose to the patient. You estimate the patient’s weight at 45 lbs. You should administer:

A. 50 grams of 50% dextrose  
B. 20 mg of 25% dextrose  
C. 45 ml of 25% dextrose  
D. 5 grams of 50% dextrose

109. You are managing a patient on whose condition you make a differential diagnosis of confirmed hypoglycemia. Your partner is unable to establish an IV line after three attempts. You should consider:

A. an external jugular IV line  
B. administration of 1 mg of glucagon IM  
C. rectal administration of 25 grams of 50% dextrose  
D. IM administration of 50% dextrose cut with 25 ml of normal saline

110. The primary physiologic causes of neurologic dysfunction in the diabetic ketoacidosis patient are:

A. decreased blood glucose level and dehydration  
B. glycosuria and electrolyte disturbances  
C. decreased glycolysis and glycogen excess  
D. metabolic acidosis and cerebral dehydration
111. The formation of ketoacids in DKA is a direct result of:

A. insulin release from the beta cells of the pancreas
B. partially oxidized free fatty acids in the liver
C. magnesium influx into skeletal muscle
D. osmotic diuresis and glycosuria

112. Which of the following is not a sign or symptom of DKA?

A. abdominal tenderness
B. polyphagia
C. visual blurring
D. systolic hypertension

113. The following scenario pertains to Items 113 to 115.

You arrive on the scene and find an 88-year-old female patient in a nursing home. The nursing home called 911 because the patient did not wake up normally this morning and is not responding to noxious stimuli. Upon your assessment, you find a frail elderly patient lying supine in bed. The nursing home staff states that she has been sick for a few days. The staff states she has had a fever of 101 degrees F for the last two days. Last night the patient was aroused with verbal stimuli and complained of severe weakness to the left side of her body. The staff states she has been deteriorating for a week or so now and have called the family. Upon your assessment you find the following: sonorous respirations, respirations are 12 and shallow, radial pulse is absent, carotid pulse is 132 beats per minute, skin is dry and warm to the touch. You note the left upper extremity has movement typical of a focal motor seizure. The ECG shows atrial fibrillation at a rate of 124 to 140 per minute. The SpO2 reading is 86% on room air. BP is 82/66 mmHg.

From your initial impression you would most likely suspect this patient is suffering from:

A. diabetic ketoacidosis
B. hypoglycemia
C. thrombotic stroke
D. dementia

114. Your initial treatment in order of priority would consist of:

1. IV line of D5W at 100 ml per hour
2. PPV with O2 connected to a reservoir
3. administration of 100 mg of thiamine
4. administration of 1 mg of glucagon
5. administration of 25 grams of 50% dextrose
6. IV line of NS at a TKO rate

A. 1, 2, 5, 3
B. 2, 6, 4, 3
C. 6, 5, 3
D. 2, 6

115. Your partner gets a blood sample while initiating the IV line. He finds the blood glucose level is 782 mg/dl. Your differential diagnosis is:

A. hyperglycemic hyperosmolar nonketotic syndrome
B. diabetic ketoacidosis
116. As a general rule, the sooner the onset of the signs and symptoms of an anaphylactic reaction after exposure, the:

A. less likely the reaction will be severe  
B. more likely the patient will be managed effectively with Benadryl  
C. the more severe the reaction  
D. the greater the chance of respiratory involvement

117. Sensitization is said to have occurred in anaphylaxis once:

A. the IgE antigen is affixed to mast cells and basophils  
B. the antigen is viewed as a foreign substance by the body  
C. histamine is released in a local area in response to the antigen  
D. urticaria is noted on repeat exposure to the antigen

118. Which of the following physiologic actions would be expected from stimulation of an H1 receptor site associated with anaphylaxis?

A. coronary artery vasodilation  
B. bronchiole smooth muscle relaxation  
C. increased capillary permeability  
D. decreased nasal mucus production

119. Which of the following would best describe a metabolic cause of coma?

A. altered mental status associated with heroin intoxication  
B. physical damage occurring to a large portion of cerebral tissue  
C. compression of brain tissue from edema or bleeding  
D. destruction of the ascending reticular activating system

120. Todd’s paralysis is most often seen in:

A. embolic stroke  
B. subarachnoid hemorrhage  
C. postictal states  
D. drug intoxication

121. Cerebral thrombosis is associated with:

A. plaque that develops within an artery over a period of time  
B. rupture of an aneurysm in the circle of Willis  
C. a piece of plaque that breaks off from the left ventricle  
D. adventitia tear in the cerebral artery wall

122. The most common cause of a subarachnoid hemorrhage is:

A. hypertension  
B. an aneurysm  
C. cerebral dissection  
D. clot formation
123. Seizures associated with stroke:

A. are self-limiting and should not be treated with medications
B. should be treated with phenytoin mixed with D5W and infused at 18 mg/minute
C. should be treated immediately with diazepam or lorazepam
D. are an indication of reperfusion and are not dangerous

124. Your 6-year-old female patient has ingested an unknown substance. She is unconscious and unresponsive with respirations at 20 per minute with a good volume and a pulse of 100 per minute. The blood pressure is 96/70 mmHg and the skin is warm and dry. After securing her airway, applying oxygen, initiating an intravenous line, and applying the ECG monitor, your next priority is to:

A. induce vomiting with ipecac
B. attempt to identify the agent ingested
C. obtain a detailed social and medical history
D. administer 50% dextrose and 0.4 mg of Narcan

125. Your patient, a 15-year-old male, is reported to have inhaled freon. Based on your knowledge of this substance, you are most concerned about the:

A. potential for respiratory depression due to CNS ischemia
B. development of pulmonary edema due to lung damage
C. cardiotoxic effects due to catecholamine release
D. combative behavior due to hypoxia

126. What is the primary effect of an exposure to cyanide?

A. CNS depression due to vasodilation
B. cellular asphyxia due to inhibition of cell enzymes
C. necrosis of exposed tissue due to cell wall breakdown
D. pulmonary edema due to alveolar disruption

127. You are treating a firefighter who has inhaled noxious toxins in a fire. The patient presents with confusion and a severe headache and breathing is labored at 38 times a minute. You should first:

A. contact medical or poison control for direction
B. establish venous access using a crystalloid solution
C. apply oxygen at 15 lpm via a nonrebreather mask
D. assist ventilations with a bag-valve-mask and intubate

128. Which of the following signs and symptoms would you **not** commonly see with a patient suffering from carboxyhemoglobin?

A. nausea and vomiting
B. altered mental status
C. Kussmaul’s respirations
D. head injury and confusion
129. Your patient has been bitten by what was described as a coral snake. Which is not an acceptable treatment for coral snake bites?

A. applying a constricting band
B. applying a cold ice pack
C. splinting the affected limb
D. washing the site with water

130. Your patient has taken an overdose of Halcion and Ativan. Which symptoms would you expect to see with this type of overdose?

A. tachycardia and chest pain
B. respiratory depression
C. constricted equal pupils
D. atrial and ventricular blocks

131. You are treating a patient who has smoked a cigarette soaked in phencyclidine. Which is the most appropriate prehospital management for this patient?

A. administer activated charcoal
B. administer sodium bicarbonate
C. speak in a gentle, tranquil voice
D. speak in a firm, authoritative voice

132. The venous pathway which drains the abdominal viscera originates in the capillary networks of the gastrointestinal organs and carries blood to the:

A. inferior vena cava via the mesenteric artery
B. liver via the portal vein
C. superior vena cava via the mesenteric artery
D. spleen via the splenic vein

133. Your 26-year-old male patient complains of testicular swelling, inguinal pain, fever, and chills. Your impression is that this patient has:

A. epididymitis
B. testicular torsion
C. prostatitis
D. urethritis

134. The membrane that lines the abdomen and contains the majority of the organs is the:

A. epigastrium
B. peritoneum
C. peristalsis
D. hematemesis

135. You are examining a 42-year-old male who complains of generalized abdominal pain. After palpating the abdomen, you determine that the patient has positive rebound tenderness. You know this to be associated with:

A. diverticulitis
B. cholecystitis
C. peritonitis
D. hematuria
136. You are treating a 30-year-old male who states he started having intermittent flank pain yesterday. The pain seems to have settled in his testicles today. The patient is also experiencing dysuria. What condition do you suspect this patient is suffering from?

A. kidney stone  
B. renal failure  
C. cholecystitis  
D. pylonephritis

137. The most common cardiac abnormality produced in response to renal dialysis is:

A. ventricular tachycardia  
B. ventricular fibrillation  
C. supraventricular tachycardia  
D. premature ventricular complexes

138. A substance with the ability to provoke an immune response is known as an:

A. antibody  
B. antigen  
C. inflammatory  
D. immune reactor

139. Cell-mediated immune response is directed by lymphocytes which complete their maturation in the:

A. bone marrow  
B. liver  
C. thymus gland  
D. lymph nodes

140. A viral infection which may be transmitted by blood or the fecal-oral route and poses a significant risk to EMS personnel is:

A. mumps  
B. varicella  
C. measles  
D. hepatitis

141. The primary symptom seen in the patient with scabies is:

A. papules  
B. burrows  
C. itching  
D. visible nits

142. You suspect that your 5-year-old patient has rubeola due to the presence of a fever and a diffuse, red blotchy rash all over his body. To further verify your impression, you should:

A. inspect for Koplik’s spots on the buccal mucosa  
B. palpate the inguinal lymph nodes  
C. inspect for evidence of nuchal rigidity  
D. palpate the cervical lymph nodes
143. Which microscopic organism requires the assistance of another organism for survival and accounts for most infections?
   A. fungi
   B. bacteria
   C. virus
   D. parasites

144. Which infectious disease caused by a bacterium affects the lower respiratory tract, is transmitted by airborne water droplets, and may take 4 to 12 weeks to incubate?
   A. meningitis
   B. tuberculosis
   C. hepatitis B
   D. varicella

145. Your patient states she has a burning sensation during intercourse, and she has a yellow vaginal discharge. She also is complaining of lower abdominal pain with rebound tenderness. Which of the following diseases may be causing her condition?
   A. pelvic inflammatory disease
   B. human immunodeficiency virus
   C. herpes simplex type II
   D. Pneumocystis carinii

146. All of the following are compensatory mechanisms for excess thermal gain except:
   A. vasodilation
   B. increased cardiac output
   C. piloerection
   D. perspiration

147. What type of ionizing radiation is associated with high energy levels and penetration which can only be blocked by lead shielding?
   A. alpha particles
   B. beta particles
   C. gamma rays
   D. neutrons

148. Lung overinflation due to a rapid ascent in a diving incident may result in:
   A. pulmonary emphysema
   B. cardiac tamponade
   C. nitrogen deprivation
   D. air embolism

149. The production of internal heat which helps to maintain "steady-state metabolism" is produced by:
   A. thermal gradient
   B. evaporation
   C. thermogenesis
   D. hyperpyrexia
150. You suspect your patient is suffering from heat exhaustion. Which sign or symptoms would you most likely see with heat exhaustion?

A. rapid, shallow respirations, which slow
B. hypotension with absent diastolic reading
C. positive orthostatic vital signs and headache
D. tachycardia followed by bradycardia

151. You are treating a child who has fallen through the ice while skating. The core temperature is 28 degrees C and the heart rate is 40 beats per minute. All of the following are acceptable treatment except:

A. ventilate with mouth-to-mask technique
B. establish an IV of normal saline warmed to 43 degrees C
C. administer atropine to increase the heart rate
D. remove the wet clothing by cutting it off

152. Normally the anterior fontanelle in a young infant should be:

A. closed by four months of age and unidentifiable to gentle palpation
B. deeply sunken below the surface of the skull, with marked pulsations
C. level with the surface of the skull, and it may pulsate
D. bulging above the surface of the skull, without pulsations

153. Which of the following patient situations should raise your index of suspicion for child abuse?

A. 13-year-old with a fractured right forearm reportedly due to a fall while Rollerblading
B. 9-year-old with signs of increased intracranial pressure due to a fall from a tree house
C. 13-month-old with an obvious femur deformity reportedly due to a fall from his crib
D. 9-month-old with a temperature of 105 degrees, a bulging anterior fontanelle, and a two-day history URI

154. Your 5-year-old patient appears acutely ill. He is sitting in a tripod position, is leaning forward, and is drooling. He has dyspnea and a loud inspiratory stridor. His mother reports that he was relatively fine this morning, but he now has a temperature of 104 degrees. You suspect that this child is suffering from:

A. laryngotracheobronchitis
B. epiglottitis
C. foreign body aspiration
D. pneumonia

155. You are preparing to intubate an apneic 12-day-old infant. What size laryngoscope blade and tracheal tube would be appropriate in this situation?

A. size 0 straight blade with a 2.5 ET tube
B. size 1 straight blade with a 3.5 ET tube
C. size 2 curved blade with a 3.5 ET tube
D. size 3 curved blade with a 4.0 ET tube
156. You need to establish an IV in a young child. Which of the following will best prepare the child for the IV?

A. tell the child it will not hurt too badly, hold the extremity down firmly, then proceed
B. tell the child it will not hurt too badly, have the parent distract the child, then proceed
C. be honest, tell the child the IV will hurt, then directly proceed with the procedure
D. be honest, tell the child the IV will hurt, wait until the child is calm, then proceed

157. In the United States, the leading cause of death in infants between the ages of one week and one year is:

A. sudden infant death syndrome
B. congenital heart disease
C. congenital respiratory disease
D. cardiac dysrhythmias

158. You are called to the scene for a 6-year-old unresponsive child with a complete airway obstruction. When you arrive on the scene, you confirm that the airway is completely occluded. Your initial treatment should be:

A. kneel astride the patient's legs and provide five abdominal thrusts
B. standing behind the child, perform the Heimlich maneuver
C. position the child across your arm and deliver five back blows
D. position the child in a supine position and deliver five chest thrusts

159. You are treating a 40-pound-child and medical direction has requested that you administer a bolus of lidocaine for a cardiac dysrhythmia, followed by an infusion. Which dose of lidocaine should this patient receive?

A. 40 milligrams IV push followed by 800 mcg/minute infusion
B. 18 milligrams IV push followed by 360 mcg/minute infusion
C. 36 milligrams IV push followed by 2 mg/minute infusion
D. 54 milligrams IV push followed by 3 mg/minute infusion

160. You are treating a 30-pound 2-year-old patient who is experiencing respiratory difficulty after taking her mother's Nubain medication. You should administer:

A. Narcan 0.01 mg/kg of body weight; if no change, repeat 0.1 mg/kg of body weight
B. Narcan 0.1 mg/kg of body weight; if no change, repeat 0.5 mg/kg of body weight
C. Romazicon 0.2 mg slow IV push; if no change, repeat 1.0 mg slow IV push
D. Romazicon 2.0 mg slow IV push; if no change, repeat 5.0 mg slow IV push

161. A patient in her third trimester of pregnancy presents with vaginal bleeding. In your assessment, you note that the patient has no complaint of abdominal tenderness. You would most likely suspect the patient is suffering from which of the following conditions?

A. abruptio placentae
B. preeclampsia
C. placenta previa
D. uterine inversion
162. Which of the following is the best indication of true labor?

A. discomfort felt in the back and abdomen
B. contractions that are occurring at 30-minute intervals
C. contractions that steadily increase in frequency and intensity
D. contractions that are intense and are relieved by walking

163. The following scenario pertains to Items 163 to 165.

You arrive on the scene and find a 28-year-old pregnant patient who is in her 37th week of pregnancy. The patient states that she began to experience contractions that were intense and then suddenly developed a continuous, severe abdominal pain that progressively worsened. Contractions can no longer be felt by the patient. Upon assessment you find the following: increase of the heart rate by 30 bpm when performing the orthostatic tilt test, abdominal rigidity, abdominal tenderness, absent fetal heart tones by Doppler, and slight vaginal bleeding.

You suspect the patient is suffering from which of the following conditions?

A. postpartum hemorrhage
B. ectopic pregnancy
C. uterine rupture
D. eclampsia

164. Your next immediate action is to:

A. apply a nonrebreather mask and prepare for rapid transport
B. initiate two large-bore intravenous lines and run them wide open
C. pack the vagina with sterile gauze and elevate the right hip
D. place the patient in a reverse Trendelenburg position and transport

165. The next most appropriate action to take with this patient is to:

A. initiate an intravenous line of normal saline
B. start an infusion of oxytocin at 40 units
C. initiate a dopamine infusion beginning at 10 mcg/kg/minute
D. perform uterine massage until there is no vaginal bleeding present

166. Indication of terminal bronchiole and alveolar atelectasis in the neonate may be evident clinically by:

A. seesaw breathing
B. tachycardia
C. grunting on exhalation
D. pleural friction rub upon auscultation

167. A sunken abdomen in a newborn may be an indication of which of the following conditions?

A. gestational diabetes
B. diaphragmatic hernia
C. tension pneumothorax
D. spina bifida
168. Safe patient access at a rescue scene requires:

A. use of appropriate safety equipment
B. trained personnel for special rescue situations
C. preplanning among and between members of the rescue team
D. all of the above

169. During a rescue operation, patient assessment and management activities are focused on rapid identification and care for existing patient problems as well as:

A. immediately removing yourself from danger
B. anticipating changes in patient condition
C. on scene reporting of patient status to medical control
D. initiating definitive treatment prior to proceeding with the rescue

170. To protect the patient's hearing from damaging audible noises encountered during the extrication process, you should:

A. cover the ears with cupped hands
B. apply disposable protective earplugs
C. place a folded blanket over the ears
D. place a turnout coat over the patient's head

171. Assessment of potential scene hazards should first begin:

A. with dispatch information
B. upon arrival on the scene
C. while making patient contact
D. with the first unit on scene

172. Why is a coordinated effort required during the patient removal phase?

A. to facilitate prompt and efficient patient care
B. to reduce potential medical-legal liability
C. to protect you and your service from litigation
D. to ensure that the patient is not injured further

173. Area response planning refers to:

A. preplanning for incidents only in potentially high-risk environments such as factories
B. dividing the incident into components or sectors for more orderly management
C. developing a regional plan jointly with other agencies or jurisdictions based on response times
D. creating a formalized incident response structure which is unique only to the developing agency
174. Which statement best describes the process of transferring command at the scene of a major incident response?

A. transfer of command occurs automatically as soon as a higher-ranking officer arrives on the scene
B. transfer of command takes place only when you are ready to relinquish control of the scene
C. transfer of command is only necessary when the incident requires the involvement of multiple agencies or jurisdictions
D. transfer of command occurs following the completion of a briefing or status report to the arriving officer

175. Which statement is true regarding the use of communications at a mass casualty incident scene?

A. all rescuers at a Level III response should communicate using the same radio channel
B. radio communications with medical control should be detailed and comprehensive
C. radio numeric codes should be used to limit the public’s knowledge of the event
D. all sector officers will be able to communicate directly with the incident commander

176. During a mass casualty incident, which task is **not** the responsibility of the treatment officer?

A. coordinating with other sectors
B. deciding where to triage patients
C. reporting progress to command
D. providing suitable treatment areas

177. During a mass casualty incident, who is ultimately responsible for coordinating efforts at the scene?

A. command officer
B. police officer
C. EMS chief
D. fire chief

178. Which of the following statements is an example of the defense mechanism known as rationalization?

A. I was too “pumped up” to sleep after we ran that train-bus accident.
B. We were only 3 minutes to the hospital, so why bother with the IV?
C. Sure, it was a really gross scene, but I just put it out of my mind.
D. We were mimicking the mannerisms of a patient for the amusement of others.

179. Anxiety is detrimental when it:

A. is disproportionate to the actual danger of a situation
B. helps you focus your attention or hone your performance
C. alerts you to potential dangers in a critical situation
D. helps you develop defense mechanisms to cope with stress
180. When a Do Not Resuscitate order is questionable and you are unsure whether to resuscitate the patient or not, you should:

A. not attempt the resuscitation until the order is clarified
B. begin the resuscitation immediately while you attempt to clarify the order
C. request direction from dispatch on whether to resuscitate or not
D. contact the attending physician before attempting resuscitation