Health Career Institute

EMT / Paramedic Internship Report

Gender/Age	Race	Origin of Inj/Ill	Type/Disposition	Pt Status	Date
☐ Male ☐ Female ☐☐☐ ☐ Years ☐ Months ☐ Days	☐ Caucasian ☐ African American ☐ American Indian ☐ Hispanic ☐ Asian ☐ Undetermined	☐ Motor Vehicle ☐ Motorcycle ☐ Pedestrian ☐ Home Related ☐ Work Related ☐ Recreational ☐ Natural Disaster ☐ Other	☐ TRAUMA ☐ MEDICAL ☐ CONVALESCENT ☐ Pt Transported ☐ Pt Refused Transport ☐ Pt Treated No Transport ☐ Pt DOA At Scene	ON SCENE ☐ Emergent ☐ Non-emergent FROM SCENE ☐ Emergent ☐ Non-emergent	Month Day Year ☐☐ ☐☐ ☐☐ Arrive Scene ____:____ Departed Scene ____:____

Preliminary Impressions (Check no more than 4)

☐ Seizure	☐ Multi-trauma/Shock	☐ Hemorrhage	☐ Other _____ (Specify)
☐ Diabetic	☐ Head Injury	☐ OB/GYN	
☐ Abrasion/Contusion	☐ Spinal Injury	☐ Cardiac Arrest	
☐ Laceration	☐ CVA/TIA	☐ Gunshot	
☐ Fracture	☐ GI Problems	☐ Alcohol Impairment	
☐ Respiratory Distress	☐ Coronary Problem		

Treatment Procedures

☐ Dressing Applied	☐ Oxygen Given	☐ Cardiac Massage
☐ Limb Splinted	☐ Suction Used	☐ Bleeding Controlled
☐ Spine Immobilized	☐ Anti-shock Trousers	☐ Cold Application
☐ Neck Immobilized	☐ Airway Maintained	☐ Patient Restrained
☐ OB Assistance	☐ Anti-shock Treatment	☐ Pleural Decompression
☐ Oral Airway Used	☐ Artificial Respirations	☐ Other (use comments)

Safety Equip	Injury Mod	Site of Trauma
☐ Seatbelts ☐ Helmets ☐ Airbags ☐ None ☐ Unknown	☐ Fall > 20 ft ☐ High Speed MVA ☐ Ejection/Rollover ☐ Severe Veh. Damage ☐ Motorcycle ☐ Pedestrian ☐ Death in Vehicle ☐ Bicycle vs Auto	☐ Head ☐ Face ☐ Neck ☐ Chest ☐ Back ☐ Upper Extremity ☐ Lower Extremity ☐ Hip/Pelvis ☐ Abdomen

Revised Trauma Score

Glascow Coma Score	Systolic BP	Respiratory Rate	Code Value
13-15	> 89	10-29	4
9-12	76-89	>29	3
6-8	50-75	6-9	2
4-5	1-49	1-5	1
3	0	0	0

GCS Score ☐☐ RTS Score ☐☐

Advanced Procedures

☐ EKG Monitored ☐ First Defib ☐ Second Defib ☐ Third Defib ☐ External Pacing ☐ Pleural Decompression	Rhythm _____ 1st Watt Sec _____ Post Rhythm _____ 2nd Watt Sec _____ Post Rhythm _____ 3rd Watt Sec _____ Post Rhythm _____	☐ Intubation (method) _____ Size _____ ☐ Blood Drawn BGL _____mg/dL ☐ IV Started/Gauge _____ Solution _____ Time _____ Rate _____ ☐ IV Started/Gauge _____ Solution _____ Time _____ Rate _____ Exposure to Pt's Body Fluids? Yes ☐ No ☐

Drugs Used

Drug (name)	Dose	Time	BP	Pulse Rate	Reg	Irreg
_____	_____	_____				
_____	_____	_____	___/___	_____	☐	☐
_____	_____	_____	___/___	_____	☐	☐
_____	_____	_____	___/___	_____	☐	☐
_____	_____	_____	___/___	_____	☐	☐
_____	_____	_____	___/___	_____	☐	☐

Vital Signs

Respiratory Rate	Reg	Irreg
_____	☐	☐
_____	☐	☐
_____	☐	☐
_____	☐	☐
_____	☐	☐

Pupils		Level of Consciousness		Time
E-Equal	____	A-Alert	____	_____
U-Unequal	____	V-Verbal Stim	____	_____
N-No Resp	____	P-Painful Stim	____	_____
C-Const	____	U-Unresponsive	____	_____
D-Dilated	____		____	_____

Comments (Include Chief Complaints, Observations, Treatments, Response to Treatments, History, Meds, Allergies)

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Student Name: _____

Preceptor Evaluation

The preceptor is asked to evaluate the student's performance on this call based on the criteria listed below. The student should be given a score of 1-5 for the skills performed on this patient. The guidelines for the numerical scoring is provided below:

5 = performs skills without instruction and without error
4 = performs skills with minimal instruction and without error
3 = performs skills with close supervision
2 = requires instruction and cannot successfully complete skill
1 = declines to perform skill when delegated
(Do not score if skill not performed on this incident)

Basic Skills

CPR	5 4 3 2 1
Bandaging	5 4 3 2 1
Splinting	5 4 3 2 1
Vital Signs	5 4 3 2 1
Patient Exam	5 4 3 2 1
History	5 4 3 2 1
Oxygen Administration	5 4 3 2 1
Airway Maintenance	5 4 3 2 1
Suctioning	5 4 3 2 1
Patient Handling	5 4 3 2 1

Advanced Skills

MAST	5 4 3 2 1
IV Cannulation	5 4 3 2 1
Blood Specimen	5 4 3 2 1
Endotracheal Intubation	5 4 3 2 1
Dysrhythmia Identification	5 4 3 2 1
Cardioversion/Defibrillation	5 4 3 2 1
Medication Administration (IV, IM, SQ)	5 4 3 2 1
Pleural Decompression	5 4 3 2 1
Endotracheal Suctioning	5 4 3 2 1
Cardiac Monitor Application/Ops	5 4 3 2 1

Preceptor Comments (include skills delegated, strong/weak areas, suggested areas of improvement, etc.)

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Preceptor Name ______________________ Initials ___________ County/Medic Unit ____________________________

For Office Use Only

Basic = ______ of ______ possible   Advanced = ______ of ______ possible   Total skills = ______ of ______ possible

Report Grade = ________   Faculty Initials __________   Date Received ___________   Date Graded ___________

Clinical/Internship Coordinator Comments: ____
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