



# CLINICAL EVALUATION FORM - PARAMEDIC

Ambulance	Cath Lab	Surgery/Anesthesia	Extended Care
Emergency	Lab	Pediatric ICU	_____
ICU/CCU/Special Care	Labor & Delivery	Respiratory	_____

Student Name:	Student Signature	
Date:	Sign-In Time:	Sign-Out Time:

INSTRUCTIONS: Please indicate on the chart below what skills the EMT student performed. Evaluators should sign and date at the bottom, and should record any comments on the back of this form.

Skills	1	2	3	4	5	6	7	8	9	10	11	12	13
Administer ALS medications													
Endotracheal intubation (Anesthesia)													
Venous Access													
Ventilate un/intubated patient													
<b>Age Specific</b>													
Assessment of pediatric patient (under 18 yrs)													
Assessment of adult patient (19-64)													
Assessment of geriatric patient (65+)													
<b>Pathologies</b>													
Assessment of the OB patient (one delivery)													
Assessment of the trauma patient (all facets of trauma)													
Assessment of Psychiatric/Behavioral (includes ETOH, OD)													
<b>Complaints: assess, formulate, implement a treatment plan</b>													
Patient with chest pain													
Patient with respiratory distress-adult													
Patient with respiratory distress-pediatric													
Patient with syncope													
Patient with abdominal pain													
Patient with an altered mental status													
<b>Team Leader</b>													
Minimum of ALS prehospital runs (must include decision making skills/activate patient care)													
<b>Other Skills</b>													

The student must demonstrate, under direct supervision, the ability to:

- Safely perform specific psychomotor skills
- Perform/observe a comprehensive assessment on a variety of age groups
- Perform/observe a comprehensive assessment on a variety of pathologies
- Perform/observe a comprehensive assessment, formulate and implement a treatment plan for a variety of patient complaints
- Serve as team leader or active team member in a variety of patient settings

Evaluator's Signature:	Date:
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