

PEORIA AREA EMS

EMT INTERMEDIATE/PARAMEDIC

INTRAVENOUS THERAPY FORM

Intern NAME: _____

Course Coordinator _____

Date	Pt. Age	Patient Complaint	Success	Attempts	Catheter Size	Site	Agency	Hospital Dept	or Field	FTI Signature
TOTAL										

PEORIA AREA EMS
 EMT INTERMEDIATE/PARAMEDIC
ADVANCED MEDICATION ADMINISTRATION FORM

Intern NAME: _____

Course Coordinator: _____

Date	Pt. Age	Patient Complaint	Medication	Med. Dose	Med Route	Hospital Dept	or Field	FTI Signature
		TOTAL						

PEORIA AREA EMS
 EMT INTERMEDIATE/ PARAMEDIC
ENDOTRACHEAL INTUBATION FORM

Intern NAME: _____

Course Coordinator: _____

Date	Pt. Age	Patient Complaint	Tube Size	Success	Attempts	Hospital Dept	or	Field	FTI Signature
TOTAL									