PEORIA AREA EMS

EMT INTERMEDIATE/PARAMEDIC

Intern NAME: _____ **INTRAVENOUS THERAPY FORM** 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					