

Peoria Area EMS System - EMT-BASIC
Student Clinical Activity Performance Record
EMERGENCY DEPARTMENT/FIELD CLINICAL FORM

DIRECTIONS FOR STUDENT: Complete ONE form per clinical date/time. Minimum 5 Patient Assessments.
EMT-Basic Student Clinical Requirement: Emergency Dept. = 16 hrs OR ED + Field Experience = 8 hrs each.

| | | | |
|---|---|--|-----------|
| Student Name (PRINT): | | AGENCY or HOSPITAL Name (PRINT): | |
| Student Signature: | | Date of Clinical Experience: | |
| Course Instructor (PRINT): | Location: | Time IN: | Time OUT: |
| | | | |
| Activity | Student <u>Observed</u> Preceptor Demonstration | Student <u>Performed</u> # Times | |
| SAMPLE | IIII III | IIII I | |
| Patient assessment: (min. 5 patients) SAMPLE History | | \ | \ |
| Vital signs | | | |
| Auscultate Breath Sounds | | | |
| Physical Assessment | | | |
| Oral/Nasal Airway Insertion | | | |
| Oral/Tracheal Suctioning | | | |
| CPR | | | |
| Eye and/or skin irrigation | | | |
| Wound Management | | | |
| Dressings and Bandages | | | |
| Spinal Immobilization | | | |
| Musculoskeletal Splinting | | | |
| Medication Administration: | | | |
| Oxygen delivery/Ventilatory support | | | |
| AccuCheck | | | |
| Others - please list: | | | |

ED or FIELD PRECEPTOR(S) COMMENTS:

(1)

Preceptor (1) Signature _____

(2)

Preceptor (2) Signature _____