

Peoria Area EMS System
EMT I/P Student Field Internship – Phase ONE, TWO, THREE
PCR/Run Critique

STUDENT DIRECTIONS: Complete this Run Critique/PCR Report on EACH patient. Retain with your Internship Records.

Instructions: ECG strips obtained are to be attached to this form and submitted to the Course Coordinator. This information is obtained under the auspices of Continuous Quality Improvement and is therefore protected against discovery by the Medical Studies Act.

BLS _____ **ILS/ALS** _____ **BLS refusal** _____ **ILS/ALS refusal** _____ **Dead at scene** _____

Student Name (print):	Preceptor Agency:
Patient's initials: Age: Sex: M F	Date of call:
Reason Dispatched:	ECG rhythm (if applicable) – Attach

CHIEF COMPLAINT (what the patient stated or was told to you):

HISTORY OF PRESENT ILLNESS (OPQRST):

PAST MEDICAL/SURGICAL HISTORY:

MEDICATIONS:

ALLERGIES:

PHYSICAL EXAM (ABC's, Mental Status, Head to Toe Exam):

ASSESSMENT:

TREATMENT PLAN (may also be indicated below):

TIME	BP	P	R	GCS	GLUC	RHYTHM	TREATMENT	DOSE	ROUTE	02 SAT	COMMENTS/REASSESSMENT

STUDENT NAME (print): _____ **Documentation Reviewed by FTO (initial):** _____

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SKILLS EVALUATION

COMPLETE FOR EACH PATIENT:

- 1) **Student:** Evaluate your performance in 'S' column below for each skill performed.
 2) **FTI:** Evaluate Student performance in 'FTO' column below. Discuss evaluation and comments; Sign below.

(4) Performs competently without coaching	(3) Performs at entry level criteria without coaching	(2) Performs hesitantly; skills inadequate must be prompted to intervene	(1) Does not perform to standards; recommend further practice
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SKILLS Performed									
Rating	Skill	Rating	Skill	Rating	Skill				
S	FTO	S	FTO	S	FTO				
	Airway Insertion Circle: NPA - OPA				End-tidal CO ₂				Oxygen Delivery via NC/NRM
	Bag-Valve Mask				Extrication				Patient Assessment
	Bandaging/Dressing				Glucose Reading				Pleural Decompression
	Communications: Circle: MERCI - Telemetry				Heat/Cold application				Pulse Oximetry
	CPAP				Hemorrhage control				Restraints
	CPR				Intubation Circle: S - U				Spinal Immobilization/KED
	Defib/Cardioversion				IV/IO Access Circle: S - U				Suctioning
	ECG Rhythm Interpretation				Limb Splints				Transcutaneous Pacing
	ECG 12-Lead				OB Delivery				Completion: PCR/Run Critique
	Drug Administration – List: 1.				3.				5.
	2.				4.				6.

FTO: Indicate level of student's participation at this PHASE: [] Team Member [] Team Leader

FTO Comments:

FTI signature (print): _____ FTI signature: _____ Date: _____