

Peoria Area EMS System
EMT-Basic to Paramedic Student Field Internship
END OF PHASE THREE: FINAL STATUS REPORT

Complete this report **PRIOR** to the final meeting with the **PAEMS** Medical Director. Retain with your internship records.

Student Name (print): _____ Medical Director Meeting Date: _____

Course Start Date: _____ Course End Date (didactic): _____ Internship End Date: _____

Course Coordinator (print): _____ Course Location: _____

Field Clinical Site	Hours to Date (minimum 564 hours)	Breakdown
Advanced Medical Transport		_____ %
East Peoria Fire Department		_____ %
Fulton County EMA		_____ %
Morton Fire Department		_____ %
Washington Fire Department		_____ %
TOTAL HOURS		100 %

Hospital Clinical	Completion Date
ED: 120 hours.	
OR: Minimum 16 hours and 8 successful intubations	
Pulmonary: 8 hours (ICU 4 hrs. and general floor 4 hrs.)	
CCU: 8 hours	
MICU: 8 hours	
Labor & Delivery: 16 hours (must witness 3 live births)	
Pediatric Unit: 8 hours	

Skills Performed	Totals			Call Types	Totals	Certifications (attach copies)
Endotracheal Intubation (min. 8 successful)	OR: Success vs Attempts _____/_____ _____ / _____	Field: Success vs Attempts _____/_____ _____ / _____		Abdominal		CPR
IV Therapy - ED (30 min. and ≥ 65% Success)	Success: _____	Attempts: _____	Percent: _____	Altered LOC		ACLS
IV Therapy - FIELD (20 min. and ≥ 65% Success)	Success: _____	Attempts: _____	Percent: _____	Behavioral		PALS / PEPP
Drug Admin/Meds 25 min. (10-IV)	Total Meds: _____	Total IV Meds: _____		Cardiac / Respiratory		ITLS / PHTLS
Participate In Care	Minimum 50 Adult Patients # Required (35 ALS, 15 BLS, 5 Pediatric)			DAS		
FIELD	ALS = _____	BLS = _____	PEDS = _____	Medical- Other		Protocol Exam Test #1
Team Leader (min. 90% in Phase 3)	ALS = _____	BLS = _____	Percent _____	OB/GYN		
# Call-Ins	Telemetry: _____		MERCI: _____	OD/Poison		Protocol Exam Test #2
Other Skills				Pediatrics		
Arrest Management		EKG Monitoring		Refusals		Protocol Exam Test #3
Capnography		External Jugular Access		Seizures		
Cardioversion		Intraosseous Access		Trauma - ALS		
CPAP		Orogastric (OG) Tube		Trauma - BLS		
Defibrillation		Transcutaneous Pacing		Total Calls		

Student Signature: _____

Course Coordinator Signature: _____

EMS System Coordinator Signature: _____

Medical Director Signature: _____