

**Peoria Area EMS System**  
**EMT Intermediate 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 456 hours)	Breakdown
Advanced Medical Transport		_____ %
East Peoria Fire Department		_____ %
Fulton County EMA		_____ %
Morton Fire Department		_____ %
Washington Fire Department		_____ %
<b>TOTAL HOURS</b>		<b>100 %</b>

Hospital Clinical	Completion Date
ED: 48 hours.	
OR: Minimum 8 hours and 5 successful intubations	

Skills Performed	Totals			Call Types	Totals	Certifications (attach copies)
Endotracheal Intubation (min. 5 successful)	OR: Success vs Attempts _____/_____ _____ / _____	Field: Success vs Attempts _____/_____ _____ / _____		Abdominal		CPR
IV Therapy - ED (15 min and ≥ 65% Success)	Success:	Attempts:	Percent:	Altered LOC		ACLS
IV Therapy - FIELD (10 min and ≥ 65% Success)	Success:	Attempts:	Percent:	Behavioral		PALS / PEPP
Drug Admin/Meds 15 min. (10-IV)	Total Meds:	Total IV Meds:		Cardiac / Respiratory		ITLS / PHTLS
Participate In Care	Minimum 40 Adult Patients # Required (25 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
<b>Other Skills</b>				Pediatrics		
Arrest Management		EKG Monitoring		Refusals		Protocol Exam Test #3
Capnography		King LTSD Airway		Seizures		
CPAP		Orogastric (OG) Tube		Trauma - ALS		
Defibrillation		Tourniquet		Trauma - BLS		
				<b>Total Calls</b>		

Student Signature: \_\_\_\_\_

Course Coordinator Signature: \_\_\_\_\_

EMS System Coordinator Signature: \_\_\_\_\_

Medical Director Signature: \_\_\_\_\_