

Peoria Area EMS System
EMT PARAMEDIC Training Program Clinical Instruction Plan:
PEDIATRICS

I. PURPOSE

The purpose of the pediatric rotation is to enable students to observe and participate in the clinical assessment and emergency interventions for acutely ill or injured children. This experience shall be facilitated by a designated preceptor from the hospital. The EMT-P student can maximize this learning experience by (1) observing patient care; (2) asking pertinent questions of the pediatrics' team; (3) correlating EMS assessments and interventions to those initially completed on the patient's physiologic alterations from health; and, (4) assessing and evaluating the patient's physical, mental, emotional and psycho-social well-being with an RN preceptor.

II. SCOPE OF PRACTICE

A student enrolled in an IDPH-approved EMT-P program, while fulfilling the clinical training and in-field supervised experience requirements mandated for licensure or approval by the System and the Department, may perform prescribed procedures under the direct supervision of a physician licensed to practice medicine in all of its branches, a qualified registered professional nurse or a qualified EMT, only when authorized by the EMS Medical Director (EMS Act Section 3.55(d); EMS Rules Section 515.550 (d)).

III. PROCEDURE FOR REPORTING TO UNIT

- A. Report to the unit on the assigned day and time. Inform the charge nurse of your arrival and he or she will provide your preceptor assignment.
- B. Report to the assigned preceptor. Show the Preceptor a copy of this instruction plan to remind them of your objectives, scope of practice, and the System's requests of them as an instructor.
- C. Initiate the paperwork for the PEDS clinical rotation.
- D. Listen to the change of shift report with the unit staff and receive area assignment.

IV. BEHAVIORAL OBJECTIVES: STUDENTS

If the opportunity presents, EMT-P students will

- A. Explain the general goals of management of pediatric patients.
- B. Discuss and demonstrate the general approach to a pediatric patient based on their level of growth and development, including sources of historical information.
- C. For each of the following age groups, discuss: normal growth and development including normal vital signs; personality development; relationship to parents; and common illnesses and injuries:
 - 1. Neonatal
 - 2. 1-5 months
 - 3. 6-12 months
 - 4. 12-36 months
 - 5. 3-5 years
 - 6. 6-12 years
 - 7. 12-17 years
- D. Identify deviances from age-appropriate behavior which could indicate a significant problem in a child.
- E. Describe the pathophysiology, assessment and pre-hospital management of each of the following pediatric emergencies:
 - 1. Obstructed airway
 - 2. Asthma
 - 3. Bronchiolitis
 - 4. Croup
 - 5. Epiglottitis
 - 6. Dehydration
 - 7. Seizures
 - 8. Infectious disease

- F. Assess an infant, toddler, preschooler and school-age child obtaining a SAMPLE history and completing a physical exam consistent with EMS principles. The exam should include estimating size using a length-based tape, taking vital signs, auscultating breath sounds, evaluating mental status, evaluating hydration status, and performing a focused assessment consistent with the child's stage of growth and development.
- G. Observe, assist, and/or perform the following airway access maneuvers:
 - 1. oropharyngeal airway placement.
 - 2. oropharyngeal, tracheal suctioning.
 - 3. endotracheal intubation.
- H. Provide oxygen delivery/ventilatory support via NC, NRM, face tent, or BVM.
- I. Assist with cardiac monitoring/resuscitation: apply leads and interpret a rhythm strip.
- J. Perform peripheral venous cannulation or assist with insertion of an IO line.
- K. Regulate an IV infusing isotonic crystalloid solution (NS, LR).
- L. Attempt hemorrhage control using direct pressure/pressure dressings.
- M. Describe the preparation, correct pediatric doses, administration techniques, expected responses and special considerations in pediatric patients for P.O., Subq., I.M., I.V., E.T., inhaled, sublingual, intraosseous, intrarectal, and/or topical medications approved for peds EMS use including:

1. Albuterol	5. Dopamine
2. Atropine Sulfate	6. Epinephrine
3. Dextrose	7. Valium/Versed
4. Naloxone	8. Lidocaine
- N. Assist with wound management.
- O. Apply dressings and bandages.
- P. Assist with spine immobilization.
- Q. Apply musculoskeletal splinting devices approved for EMS.
- R. Assist in applying restraint devices.
- S. Provide psychological support of patients/significant others.
- T. Assist in patient care with lifting, transporting, etc., as needed.
- U. **Students should not perform any skills that are outside of their scope of practice as defined by the DOT curriculum, Illinois EMS Act or Rules, and system SOPs.**

V. **CASE STUDY REQUIREMENT**

To ensure completion of the objectives, each student is required to complete at least one **Peds Patient Case Study** forms per 8-hour rotation (form attached). The case study must be turned in with the Clinical Activity Record.

VI. **BEHAVIORAL OBJECTIVES: PRECEPTORS**

During the Peds clinical rotation, the unit preceptor will:

- A. Take the EMT-P student on a brief tour identifying the location of patient assessment areas, diagnostic/treatment supplies and/or equipment, staff lounge, utility rooms, waiting rooms, x-ray, etc., that will facilitate their adaptation to the unit.
- B. Give a brief unit orientation describing the routine patient flow patterns and the responsibilities usually assumed by nurses, physicians, and ancillary personnel.
- C. Review the clinical objectives with the EMT-P student and mutually determine the level of participation level expected of them during the clinical assignment.
- D. Encourage patient contact whenever possible and offering educational coaching while the student observes and/or performs listed skills.
- E. Serve as a source of reference in answering specific questions posed by the student regarding unit policy, evaluation or treatment rendered.
- F. Resolve any potential conflicts in favor of the patient and restrict the student's activities until any incidents can be reviewed and investigated by the Course Coordinator.

VII. EVALUATIONS

- A. Unit preceptors shall complete and sign the **Student Clinical Activity Record**.
1. This form is important for documenting achievement of course objectives.
 2. Note if an intervention was observed and rate the skill level of each intervention performed.
 3. **Rate the student's performance** using the following scale. Please be objective and honest in your evaluations. If any skills are rated as "needs additional practice," enter an explanation of your rationale in the comments section.
 - a. X Observed activity only.
 - b. 4 **Excellent/independently competent.** Is able to perform the skill correctly with no coaching.
 - c. 3 **Average.** Skill level meets entry level criteria. Can perform safely with minimal coaching.
 - d. 2 **Unsatisfactory.** Does not meet entry level criteria. Performs safely with direct supervision and moderate coaching.
 - e. 1 **Needs additional practice.** Student could verbalize critical steps but skill level is not at an entry level of practice without supervision and coaching. Recommend additional clinical experience.
 4. The form must be signed and dated by the preceptor with the times documented to be valid. It will not be accepted for credit without these items completed.
 5. After completion, return the form to the EMT-P student. The only persons with access to these evals are the student, EMT-P Course Coordinator, and EMS Office Staff, as necessary.
- B. EMT-P Students shall complete the Unit/Preceptor evaluation form to critique the unit/preceptor and return it to the Course Coordinator on the next class day.

VIII. PROFESSIONAL BEHAVIOR AND DRESS

- A. Students shall wear their PAEMS uniform consisting of a navy-blue polo with student and System patches appropriately sewn, and dark slacks, and dark socks.
- B. Students shall wear their student name badges at all times while on the in patient care areas.
- C. Hair must be neatly groomed. It should not rest on the collar. Student with shoulder length hair shall pull it back or into ponytail.
- D. Students appearing in inappropriate attire shall be dismissed from the area and must reschedule the rotation based on unit availability.
- E. Each student shall bring their own stethoscope and penlight to the clinical experience.
- F. **General rules of conduct:**
1. Students will be required to observe all rules, regulations and policies imposed by the host hospital on its employees. All instances of inappropriate conduct or potential conflict must be reported to the Course Coordinator as soon as possible.
 2. A student may be required to do additional hours in a clinical site if the preceptor believes that he or she has not met objectives or if there is an insufficient patient population during the shift.
 3. Students must refrain from using tobacco while on hospital premises, except in designated areas.
 4. Students should attempt to schedule their breaks so they coincide with their preceptor's breaks. When leaving the unit at any time during the shift, the student must report off to their preceptor.

X. ATTENDANCE POLICIES

- A. If a student is unable to attend a clinical rotation as scheduled, they must call or page the Course Coordinator at least one hour before the anticipated absence.
 - B. If a student fails to come to a clinical unit as assigned and does not call ahead of time to notify the Course Coordinator of his or her anticipated absence, the student will receive an unexcused absence for that day.
 - C. A student who, through personal error, goes to the wrong clinical unit on the wrong day or time will NOT be allowed to perform the clinical and will be instructed to leave the clinical area. The student will receive an unexcused absence for the day.
 - D. If a student arrives more than fifteen minutes late to the clinical area without calling or paging the EMT-P Course Coordinator, the lateness will be noted as unexcused. If the unit activity the student was to engage in has already been accomplished, i.e., intubations, IV insertions, etc., the student may be sent home and rescheduled based on unit availability.
 - E. Highly unusual or extenuating circumstances occasionally occur, causing a student to be absent or late without opportunity to provide advance notice. We believe these situations are rare. The acceptance of such unusual circumstances as adequate for an "excused absence" is the sole responsibility of the Course Coordinator.
 - F. Two unexcused absences and/or late arrivals will be interpreted as irresponsible behavior violating the course ethics policy and may be grounds for dismissal from the program. The attendance infraction will be evaluated by the EMS Education Coordinator and the EMS Medical Director.
 - G. Rescheduling of clinical rotations can only be done based on unit availability. A student may delay graduating and not be eligible to take the approved licensing exam if they do not finish the clinical component on time.
 - H. No student may leave a clinical unit before completing the assigned shift unless permission is granted by the Course Coordinator or they are dismissed by the preceptor as having completed all objectives and/or there is no continuing opportunity to provide patient care.
 - I. The policies concerning clinical time are very specific and will be consistently enforced throughout the various program locations. It is important that students handle clinical responsibility in a professional manner. The ability to function as a dependable professional will be as important as knowledge in overall success as an EMT-P.
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