

Hospital Clinical

Central Georgia Technical College-EMS Dept-Paramedic Hospital Clinical Form 48-Instructor: C. Hobbs-Page#478-751-1518

Shift Documentation (Section A)

Shift Entry (Fill in blanks and circle all that apply)

Student:

DATE	STUDENT NAME		
SITE	DEPARTMENT		
The Medical Center of Central Georgia	MCCG EC MCCG Children's Hospital MCCG-SICU MCCG-CCU MCCG-Neuro MCCG-Resp.		
HCMC	ER ICU's L&D Resp		
Peach Regional	ER		
Oconee Regional Hospital	ER CCU L&D		
SHIFT	Attendance Problem:	Point Loss	
Time:	<input type="checkbox"/> Late <input type="checkbox"/> Absent		

Preceptor Signature (Mark all that apply)

The student reported

on time in uniform and prepared to begin their shift

_____ Clinical site or CGTC staff signature

Skill Performance Requirement (Section B-1)

Course Requirements

Note: All performed assessments must include an interview & appropriate exam

	Required #	Need		Required #	Need
SKILLS			ASSESSMENTS continued		
Medication administration	35		OB*-Birth/Delivery/GYN/Labor	5	
Endotracheal intubation	(5)		Other Medical (includes AMS)	15	
IV attempts	25		Pediatric	20	
Ventilation of unintubated pt	10		Psychiatric	10	
			Respiratory	10	
ASSESSMENTS			Seizure	1	
Abdominal/GI	10		Geriatric	30	
Cardiac	15		Trauma-Abd/Chest/Extrem/Head/	30	
CVA/TIA/Syncope	5		Multisystem/Neck&Back		
Diabetic	1				
			*may be an observed assessment –		
			all others must be a performed assessment		

Student Evaluation (Section C)

Performance Rating

Rating	AREA OF PERFORMANCE
	Professionalism/Attitude: The student's behavior demonstrated integrity, empathy, self-motivation, self-confidence, teamwork, diplomacy, respect, patient advocacy, careful delivery of service, appropriate time management, appropriate appearance and personal hygiene. <i>Preceptor comment:</i>
	Clinical Objectives: Demonstrates good attendance; reported to work on time and in full uniform; seeks-out learning experiences at every opportunity; practices required skills; develops interpersonal skills; and advances the good standing of CGTC EMS Paramedic Program. <i>Preceptor comment:</i>
	Psychomotor Skills: The student accomplishes psychomotor skills and patient assessments completely and proficiently. <i>Preceptor comment:</i>

Skill Performance Requirement (Section B-2)

Required Assessments Log

*performed assessments as Pt. Exam=Student and Interview=Student

*P	Pt	Age	Sex	Ethnicity	Primary Field Impression (Note: select from Section B-1 on other side of this form)	EKG	MOI	LOC-AVPU	Signif BP	Syncopy?	Initials
	1										
	2										
	3										
	4										
	5										
	6										
	7										
	8										
	9										
	10										

Required Psychomotor Skills Log ET under Airway & BVM under Meds>Name=Oxygen>Route=BVM

ET & Vent. of unintubated pt.	1) Demonstrate proper techniques for opening the airway. 2) Identify the indications for using the oropharyngeal and nasopharyngeal airways. 3) Properly insert oral and nasal airways. 4) Assess ventilatory status and identify reasons for assisting ventilations in the prehospital environment. 5) Ventilate patients with BVM device, while demonstrating proper techniques for making a mask seal. 6) Verbalize indications and contraindications for using endotracheal intubation and verbalize the advantages and disadvantages of this procedure. 7) Perform endotracheal intubation: - Ensure proper ventilation/hyperventilation of the patient prior to intubation - Indicate which equipment must be checked and prepared prior to intubation - Identify anatomical structures as they are visualized - Insert the endotracheal tube through the vocal cords and inflate cuff when indicated - Ensure proper tube placement and secure tube in place - Intubation should be completed within 30 seconds or patient should be ventilated with BVM - Identify common errors made during this procedure 8) Demonstrate proper technique for ventilating intubated patient with bag-valve device.											Skill	Initials
												Ventilation of unintubated pt	#
												Successful ET intubation	#1
													#2
												#3	
IV	Site	Fluid	Success	Blood Draw	IV Gauge	# Attemp	Site	Fluid	Success	Blood Draw	IV Gauge	# Attemp	
	-	-	-	-	-	-	-	-	-	-	-	-	
	-	-	-	-	-	-	-	-	-	-	-	-	
	-	-	-	-	-	-	-	-	-	-	-	-	
	-	-	-	-	-	-	-	-	-	-	-	-	
Meds	Med Name				Route		Dose			# Times Given			
	-				-		-			-			
	-				-		-			-			
	-				-		-			-			
	-				-		-			-			