

REGION XI PARAMEDIC IN-FIELD CLINICAL EVALUATION

Name _____
Preceptor _____

EVALUATION SCALE: 1=Proficient 2=Satisfactory 3=Unsatisfactory*
(*Any unsatisfactory rating requires written comment by preceptor)

**USE ABOVE SCALE IN EVALUATE COLUMN

PROCEDURE	OBSERVE	ASSIST	COMPLETE	EVALUATE
FLUIDS AND MEDICATIONS				
Set up of IV fluid and tubing				
Venous cannulation Site:				
IM/Subcutaneous injection (list site & drug under comments)				
IV Push medication (list med/bolus/titrate under comments)				
Other routes: (circle) PR sublingual inhale ET tube				
AIRWAY MANAGEMENT				
Oropharyngeal/nasopharyngeal insertion				
Endotracheal intubation				
Bag/Mask resuscitation				
Oropharyngeal suctioning				
Endotracheal suctioning				
Cannula/Mask application				
Combi-Tube				
Pulse oximetry				
Capnography				
CARDIAC CARE				
Attach patient to cardiac monitor				
Arrhythmia identification (attach EKG strips and interpretation)				
Quick-look paddles				
External cardiac compression				
Defibrillation/Cardioversion				
Pacing				
Valsalva Maneuver				
TRAUMA CARE				
HARE traction splint application				
Limb immobilization (list type of splint)				
Bandaging				
Hemorrhage control				
C-Collar application				
Long board application				
KED application				
ON-SCENE PROFESSIONALISM				
Radio communication				
Organization				
Sequence				
Appropriate patient/family interaction				

Comments regarding skills performed/skills performed but not listed:

PRECEPTOR COMMENTS:

Preceptor Signature:

Date:
