



EMERGENCY MEDICAL SERVICES ACADEMY

EMT CLINICAL TRAINING FORM



Form # FRD – 732

CLINICAL
OF 5

STUDENT NAME		DATE OF INCIDENT	/ /20
AGENCY		INCIDENT NUMBER	

CHIEF COMPLAINT	MEDICAL HISTORY
ALLERGIES [] NKMA	MEDICATIONS

TIME	L.O.C.	PULSE	RESP	BREATH SOUNDS		B/ P	PUPILS	O2 SAT		DEXI	GCS	SKIN
:	A V P U			RIGHT UPPER	LEFT UPPER	/		ROOM AIR	ON OXYGEN	gm/dl		
				RIGHT LOWER	LEFT LOWER							
:	A V P U			RIGHT UPPER	LEFT UPPER	/		ROOM AIR	ON OXYGEN	gm/dl		
				RIGHT LOWER	LEFT LOWER							
:	A V P U			RIGHT UPPER	LEFT UPPER	/		ROOM AIR	ON OXYGEN	gm/dl		
				RIGHT LOWER	LEFT LOWER							

ALL INFORMATION LISTED BELOW ARE SKILLS PERFORMED BY EMT CANDIDATE ONLY

OXYGEN THERAPY		PROCEDURES		MEDICATION ADMINISTRATION		
NASAL CANNULA	LPM	OBTAINED VITAL SIGNS	SPLINT EXTERMITTY	DRUG	AMOUNT	TIME
NRB MASK	LPM	NASAL AIRWAY	TRACTION SPLINT			:
BVM	LPM	ORAL AIRWAY	CPR			:
CPAP	LPM	KING AIRWAY	DEFIBRILLATION			:
		BACKBOARD	OB CARE			:
		CONTROL BLEEDING	DOCUMENTED INCIDENT			:
			CONTACTED HOSPITAL			:

PATIENT HISTORY OF CURRENT ILLNESS OR INJURY

ONSET		SIGNS/ SYMPTOMS	
PROVOCATION		ALLERGIES	
QUALITY		MEDICATIONS	
RADIATION		PAST MEDICAL HISTORY	
SEVERITY		LAST ORAL INTAKE	
TIME		EVENTS LEADING UP TO INCIDENT	

STUDENT'S EVALUATION OF INCIDENT

Using the following questions and evaluation scale, evaluate your performance during this incident. Please include any comments in the section below.

SCALE KEY	
1	You need remedial training regarding this topic
2	You needed assistance with understanding this topic
3	You performed as expected for this topic
4	You performed without difficulty or instruction for this topic
5	You performed above average for this topic

PRE-INCIDENT	YES	NO	N/A	SCALE				
Assisted with inspection of EMS vehicle(s) prior to incident				1	2	3	4	5
Considered scene safety and evaluated the necessary level of protection prior to patient contact				1	2	3	4	5
Assisted with bringing the proper equipment and supplies into the patient's area				1	2	3	4	5
INCIDENT	YES	NO	N/A	SCALE				
Performed a standard patient assessment, identifying the patient's A-B-C's and checked for any major disability				1	2	3	4	5
Applied the appropriate oxygen level to the patient as needed				1	2	3	4	5
Questioned the patient, using the SAMPLE, OPQRST, or use other appropriate questioning to determine complaint(s)				1	2	3	4	5
Assessed patient vital signs				1	2	3	4	5
Communicated appropriately with the patient and ambulance/ first responder crew				1	2	3	4	5
Assisted with patient packaging and transportation				1	2	3	4	5
Took initiative to complete assigned task(s), showing enthusiasm and accepted constructive criticism				1	2	3	4	5
Provided appropriate and adequate care to the patient according to standard guidelines				1	2	3	4	5
Communicated with hospital communications to reply information on patient transport				1	2	3	4	5
Documented incident				1	2	3	4	5
Communicated with hospital staff about patient's condition, treatments and outcomes				1	2	3	4	5
POST INCIDENT	YES	NO	N/A	SCALE				
Assisted with restocking ambulance and preparing it for the next incident				1	2	3	4	5
Performed on incident without any difficulty				1	2	3	4	5

STUDENT'S COMMENTS:

PRECEPTOR'S EVALUATION OF EMT CANDIDATE

Using the following questions and evaluation scale, determine the candidate's performance during this incident. Please include any comments in the section below.

Student Name	
Date	
Incident Number	

SCALE KEY	
1	Student needs remedial training regarding this topic
2	Student needed assistance with understanding this topic
3	Student performed as expected for this topic
4	Student performed without difficulty or instruction for this topic
5	Student performed above average for this topic

PRE-INCIDENT	YES	NO	N/A	SCALE				
Assisted with inspection of EMS vehicle(s) prior to incident				1	2	3	4	5
Considered scene safety and evaluated the necessary level of protection prior to patient contact				1	2	3	4	5
Assisted with bringing the proper equipment and supplies into the patient's area				1	2	3	4	5
INCIDENT	YES	NO	N/A	SCALE				
Performed a standard patient assessment, identifying the patient's A-B-C's and checked for any major disability				1	2	3	4	5
Applied the appropriate oxygen level to the patient as needed				1	2	3	4	5
Questioned the patient, using the SAMPLE, OPQRST, or use other appropriate questioning to determine complaint(s)				1	2	3	4	5
Assessed patient vital signs				1	2	3	4	5
Communicated appropriately with the patient and ambulance/ first responder crew				1	2	3	4	5
Assisted with patient packaging and transportation				1	2	3	4	5
Took initiative to complete assigned task(s), showing enthusiasm and accepted constructive criticism				1	2	3	4	5
Provided appropriate and adequate care to the patient according to standard guidelines				1	2	3	4	5
Communicated with hospital communications to reply information on patient transport				1	2	3	4	5
Documented incident				1	2	3	4	5
Communicated with hospital staff about patient's condition, treatments and outcomes				1	2	3	4	5
POST INCIDENT	YES	NO	N/A	SCALE				
Assisted with restocking ambulance and preparing it for the next incident				1	2	3	4	5
Performed on incident without any difficulty				1	2	3	4	5

PRECEPTOR'S COMMENTS:

PRECEPTOR'S SIGNATURE _____ DATE / / 20 LEVEL OF CERTIFICATION _____

PRECEPTOR'S NAME (PRINTED) _____