OSF
SAINT ANTHONY MEDICAL CENTER

Paramedic
Field Internship Form

Northern Illinois EMS □ 5510 East State Street, Rockford, Illinois 61108 □ Office: (815) 395-5254 □ Fax: (815) 395-4623

Directions: 1) Fill in your data. 2) Enter Fisdap data. 3) Make a copy for your records. 4) Medic does the PCR: write your own narrative and attach to a copy of the ePCR. 4a) Student does the ePCR, copy. 5)Submit at the next class.

Date: _____	Student Name: _____	Agency: _____	Unit: _____
Time of call: _____	Time in service: _____	Total time: _____	
Incident Number# _____	Fisdap shift #: _____	Team lead: Yes / No	

Patient Data

Age: years months	Ethnicity:	□ Asian	□ Hispanic	□ Unspecified
Sex: □ Male □ Female	□ African American	□ Caucasian	□ Native American	□ Other

Assessment

Complaint	□ Altered Mental Status	□ Chest pain	□ Dizziness	□ Mass/lesion	□ Rash/itching
	□ Abdominal pain	□ Choking	□ Drainage/discharge	□ Mental/psych	□ Swelling
	□ Bleeding	□ Death	□ Fever	□ Nausea/vomiting	□ Weakness
	□ Breathing problem	□ Device/equipment problem	□ Headache, blurred vision	□ Pain	□ Wound
	□ Change in responsiveness	□ Diarrhea	□ Malaise	□ Palpitations	
Primary Impression	□ n/a	□ Other medical	Secondary Impression	□ n/a	□ Other medical
	□ Abdominal pain/problems	□ Other neuro		□ Abdominal pain/problems	□ Other neuro
	□ Allergic reaction	□ Overdose/Poison		□ Allergic reaction	□ Overdose/Poison
	□ Altered level of consciousness	□ Respiratory		□ Altered level of consciousness	□ Respiratory
	□ Behavioral/psychiatric	□ Sepsis/infection		□ Behavioral/psychiatric	□ Sepsis/infection
	□ Burns	□ Smoke inhalation		□ Burns	□ Smoke inhalation
	□ Cardiac	□ Stings/venomous bites		□ Cardiac	□ Stings/venomous bites
	□ Cardiac arrest	□ Stroke/CVA		□ Cardiac arrest	□ Stroke/CVA
	□ Diabetic symptoms	□ Syncope/fainting		□ Diabetic symptoms	□ Syncope/fainting
	□ Electrocution	□ Trauma-abdominal		□ Electrocution	□ Trauma-abdominal
	□ Hypervolemia/shock	□ Trauma-chest		□ Hypervolemia/shock	□ Trauma-chest
	□ OB-birth vaginal	□ Trauma-extremities		□ OB-birth vaginal	□ Trauma-extremities
	□ OB-GYN	□ Trauma-head		□ OB-GYN	□ Trauma-head
	□ OB-labor	□ Trauma-multisystem		□ OB-labor	□ Trauma-multisystem
	□ OB-pregnancy problems	□ Trauma-neck/back		□ OB-pregnancy problems	□ Trauma-neck/back
	□ Obvious death			□ Obvious death	

Vitals

Blood pressure:	Pulse: Rate	Respirations: Rate	Lung Sounds
	□ Irregular strong	□ Agonal	□ Clear
	□ Irregular weak	□ Deep	□ Crackles (Rales)
	□ Regular Strong	□ Labored	□ Crowing
	□ Regular weak	□ Noisy	□ Distant
		□ Shallow	□ Gurgling
			□ Rhonchi
			□ Snoring
			□ Stridor
			□ Wheezing
Skin	Temperature:	End-Tital CO2:	Pupils
□ Clammy			Equal? Y/ N
□ Cold			Round?
□ Cyanotic			Reactive to light?
□ Jaundiced			
□ Lividity Pain Scale			
□ Mottled			
□ Normal			
□ Pale			
□ Warm			
SpO2:	Blood Glucose:	APGAR (1-10):	GCS (3-15):

Airway

Procedure:

□ I performed this treatment

□ CPAP	□ Nasopharyngeal airway	
□ Change tracheostomy tube	□ Nasotracheal intubation	□ The patient required airway intervention.
□ Cricothyrotomy	□ Nebulizer treatment	
□ Digital ET Intubation	□ Obstruction cleared (Heimlich or other)	Size: _____
□ Endotracheal suctioning	□ Oropharyngeal airway	
□ Intubation confirmation-CO2	□ Orotracheal intubation	Number of Attempts: _____
□ Intubation confirmation-esophageal bulb	□ Suction	
□ KING Airway		Successful? Yes / No
□ Manual ventilation		

Cardiac

Interpretation:

□ I interpreted this rhythm

□ 1st Deg. Block	□ PEA		**Procedure:**
□ 2nd Deg. Blk. #1	□ Paced Rhythm	□ 12 Lead	
□ 2nd Deg. Blk. #2	□ Pulseless electrical activity	□ PAC	□ I performed this procedure
□ Agonal / indioventricular	□ Right bundle branch block	□ PJC	
□ Anterior ischemia	□ Sinus Arrhythmia	□ PVC	□ Chest Compressions
□ Asystole	□ Sinus Bradycardia		□ Defibrillation
□ Atrial Fibrillation	□ Sinus Pause		□ Pacing
□ Atrial Flutter	□ Sinus Tachycardia		□ Synchronized Cardioversion
□ Atrial Tachycardia	□ Supraventricular tachycardia		□ Valsalva's Maneuver
□ Inferior ischemia	□ Torsades De Pointes		
□ Junctional Rhythm	□ V-Tach no pulse		This procedure was:
□ Junctional Tachycardia	□ V-Tach w/pulse		□ Automated
□ Lateral ischemia	□ Ventricular Standstill		□ Manual
□ Left bundle branch block	□ Wand. Atrial Pacemaker		
□ Normal Sinus Rhythm			

Intravenous Access

Procedure:

□ I performed this procedure

	Site:	**Size:** _____	
□ IO	□ External Jugular		Number of attmpts:
□ IV / INT	□ Fore Arm	**Fluid Type:**	
□ Discontinue venous access	□ Hand	□ D5W	Successful? Yes / No
□ Existing catheter	□ Humerus (IO)	□ Lactated Ringers	
	□ Lower Extremity	□ Normal Saline	
	□ Other	□ Other	
	□ Scalp	□ Saline Lock	
	□ Tibia (IO)		
	□ Umbilibal		

Medication

Procedure:			Dose:	Route:
	□ Adenosine (Adenocard)	□ Lorazepam (Ativan)		□ Nasal Cannula
	□ Albuterol (Proventil)	□ Midazolam (Versed)		□ Nebulizer
□ I performed this procedure	□ Amiodarone (Cordarone)	□ Morphine Sulfate		□ Ophtalmic
	□ Aspirin (Bayer)	□ Naloxone (Narcan)		□ Oral
	□ Atropine	□ Nitroglycerin		□ Other
	□ Dextrose (D50)	□ Nitrous Oxide (Nitronox)		□ PPV (CPAP)
	□ Diazepam (Valium)	□ Ondansetron (Zofran)		□ Piggyback
	□ Diphenhydramine (Benadryl)	□ Oral Glucose (Glutose)		□ Rebreather mask
	□ Dopamine (Intropin)	□ Other ALS Medication		□ Rectal
	□ Epinephrine 1:10,000	□ Oxygen		□ Subcutaneous
	□ Epinephrine 1:1000	□ Sodium Bicarbonate [NaHCO3]		□ Sublingal
	□ Furosemide (Lasix)	□ Tetracaine [Pontocaine]		□ Topical
	□ Glucagon (GlucaGen)			□ Tracheostomy
	□ Ipratropium (Atrovent)			□ Transdermal
	□ Lidocaine			

Other

Procedure:			
	□ Autopsy	□ Long board	□ Other: _____
	□ Bandaging	□ MD consult	□ Other: _____
□ I performed this procedure	□ C-Spine Immobilization	□ Orthostatic blood pressure	□ Other: _____
	□ Capnography - Capnometry	□ Pulse Oximetry	□ Other: _____
	□ Chest Decompression	□ Rescue	
	□ Chest Tube	□ Restraints - physical	
	□ Decontamination	□ Scoop Stretcher	
	□ Extrication	□ Spider Harness	
	□ Hospital Notify	□ Splinting - basic	
	□ Joint Immobilization	□ Splinting - traction	
	□ Kendrick Extrication Device	□ Thrombolytic screen	
	□ Long Bone Immobilization	□ Wound care	

Paramedic Student comments:

Skills Evaluation - This section to be completed by the Preceptor

X	1	2	3
Observed activity only	Failed to perform, obtain or determine; not knowledgeable	Slow, needed help or coaching inconsistent or incomplete	Competent and consistent, knowledgeable and thorough

BSI Practices	X	1	2	3
Scene Size-up	X	1	2	3
Initial Assessment	X	1	2	3
Focused History	X	1	2	3
Physical Exam	X	1	2	3
Ongoing Assessment	X	1	2	3

Airway

Airway Control	X	1	2	3
Oxygen Administration	X	1	2	3
Airway Adjuncts	X	1	2	3
Ventilation	X	1	2	3
King Airway	X	1	2	3
Intubation	X	1	2	3
Suction	X	1	2	3
Chest Decompression	X	1	2	3

Bleeding Control	X	1	2	3
Spinal Immobilization	X	1	2	3
Skeletal	X	1	2	3
Immobilization	X	1	2	3

Cardiac

AED/EKG/12-Lead	X	1	2	3
Rhythm Interpretation	X	1	2	3
Defibrillation	X	1	2	3
Cardioversion	X	1	2	3
Pacing	X	1	2	3
Chest Compressions	X	1	2	3

IV Access

IV / INT	X	1	2	3
Intraosseous	X	1	2	3

Other

	X	1	2	3
	X	1	2	3

Drug Adminstration

	X	1	2	3
	X	1	2	3
	X	1	2	3
	X	1	2	3
	X	1	2	3

Route of Adminstration

IV Adminsitered	X	1	2	3
SQ Injection	X	1	2	3
IM Ingection	X	1	2	3
MAD	X	1	2	3

Communication

With Patient	X	1	2	3
With Team	X	1	2	3
With Hospital	X	1	2	3
Team Leader	X	1	2	3

Team Leader - This section to be completed by the Preceptor

	Compentency:	Leadership:
□ The Paramedic Student was the Team Leader	□ Competent	□ No leadership shown
	□ Not yet competent	□ Minimal leadership shown
		□ Shared leadership with preceptor
		□ Control of incident with minimal input from preceptor
		□ Complete control of incident

Preceptor comments:

Preceptor Name:_____ Preceptor Credentials: _____
Preceptor Signature: _____
Preceptor Name:_____ Preceptor Credentials: _____
Preceptor Signature: _____
Supervisor Name: _____ Supervisor Credentials: _____
Supervisor Signature: _____