

Southern Illinois Regional EMS System

EMT-I / EMT-P CLINICAL DOCUMENTATION

Candidate Name _____ Location _____

Date _____ Time In _____ initials _____ Time Out _____ initials _____

PRECEPTORS, PLEASE INITIAL FOR EVERY SKILL PERFORMED.

SKILL/PROCEDURE	ABOVE AVERAGE	SATISFACTORY	UNSATISFACTORY
IV Start			
Blood Draw			
Medication Administration Route: IV			
Medication Administration Route: IM			
Medication Administration Route: SQ			
Medication Administration Route: ET			
Medication Administration Route: Inhalation/Nebulizer			
Medication Administration Route: Rectal			
Medication Administration Route: SL			
Medication Administration Route: Oral			
Medication Administration Route: IO			
Rhythm Interpretation (include strip)			
Transcutaneous Pacing			
Manual Defibrillation			
Endotracheal Intubation			
Overall Performance and Professionalism			
Other			

Comments:

Preceptor Signature _____