

Charlotte Hungerford Hospital EMT-Intermediate preceptor Form

EMT-Intermediate Name: _____	Cert. Number: _____	Date of Certification: _____
Preceptor Name / Level: _____	Cert. Number: _____	Preceptor Signature: _____
EMS Organization: _____	EMS Chief / Director Signature: _____	

Case Number: _____ Date of Call: _____ Call Type: ALS BLS

<i>Patient Assessment</i>	<i>S</i>	<i>N.I.</i>	<i>U</i>	<i>N/A</i>	<i>Comments – You must include comments for any score of 1 or 2</i>
Primary / Secondary Survey	0	1	2	0	
Vital Signs	0	1	2	0	
ALS Assessment	0	1	2	0	
<i>Patient Care & Treatment</i>					
Appropriateness of Care	0	1	2	0	
Timeliness of Care	0	1	2	0	
Accuracy of Care	0	1	2	0	
<i>Basic Life Support Skills</i>					
Airway Management & Oxygen Therapy	0	1	2	0	
Bleeding Control	0	1	2	0	
Management of Suspected Fracture	0	1	2	0	
Spinal Immobilization / Extrication	0	1	2	0	
Lifting & Moving Technique	0	1	2	0	
<i>Advanced Life Support Skills</i>					
Intravenous Therapy	0	1	2	0	
Medication Administration (PT assist)	0	1	2	0	
Advanced Airway Management (Combitube)	0	1	2	0	
<i>Communication & Documentation</i>					
Radio communications to Hospital	0	1	2	0	
Verbal report to RN or MD at Hospital	0	1	2	0	
Rapport with the patient	0	1	2	0	
Rapport with the patient's family	0	1	2	0	
Completeness of Patient Care Report	0	1	2	0	
Accuracy of Patient Care Report	0	1	2	0	
<i>Rating System – Please add the Total value and rate this person. Total -</i> <input style="width: 50px;" type="text"/>					
<input type="checkbox"/> <i>Excellent – < 2</i>	<input type="checkbox"/> <i>Very Good – 3-5</i>	<input type="checkbox"/> <i>Good – 6-8</i>	<input type="checkbox"/> <i>Needs Improvement – 9-11</i>	<input type="checkbox"/> <i>Unsatisfactory - > 12</i>	
<i>Additional Comments:</i>					