

# PARAMEDIC TRANSCRIPT



Student Name: \_\_\_\_\_

Program and Program Dates: \_\_\_\_\_

## CLINICAL REQUIREMENTS

❖ Obtain full requirements from Clinical Rotation Manual

DEPARTMENT	HOURS REQUIRED	HOURS COMPLETED			
Emergency Department	96				
					<u>Total</u>
Critical Care Units	16				
Labor/Delivery	16				
OR/Anesthesia	16				
Pediatrics	16				
Field Internship	144 [24 hrs observation]				
					<u>Total</u>

# PARAMEDIC TRANSCRIPT



Student Name: \_\_\_\_\_

Program and Program Dates: \_\_\_\_\_

## PSYCHOMOTOR SKILLS

SKILL	REQUIRED	PEDIATRICS 0-17	ADULT 18-64	GERIATRICS 65+	TOTAL
<b>Med Administration</b> <i>*minimum of 1 Med per age group</i>	60				
<b>IV Access</b> <i>*minimum of 1 IV per age group</i>	25				
<b>Airway Management</b> <b>50 [20]</b>  <b>50 Total across all age groups</b> <b>Last 20 have to be 100% successful</b>	Live Patients				
	High Fidelity Simulations (ie: Sim man)				
	Low Fidelity Simulations (ie: Laerdal, Simulaids, etc)				
<b>Ventilate Non-Intubated Patient</b>  <b>20</b>	Live Patients				
	High Fidelity Simulations (ie: Sim man)				
	Low Fidelity Simulations (ie: Laerdal, Simulaids, etc)				
<b>Endotracheal Intubation</b> <i>* 1 real patient; any age group</i>	1				
<b>OTHER SKILLS</b>					
<b>Combitube/King/LMA</b>					
<b>IO</b>					
<b>Blood Draw</b>					
<b>CPR</b>					
<b>Defibrillation</b>					
<b>Cardioversion</b>					
<b>Pacing</b>					
<b>Chest Decompression</b>					
<b>Spinal Immobilization</b>					
<b>Suction</b>					



# PARAMEDIC TRANSCRIPT

Student Name: \_\_\_\_\_

Program and Program Dates: \_\_\_\_\_

## ADVANCED ASSESSMENTS

AGE GROUP	# REQUIRED	# COMPLETED	TOTAL
Neonate (0 up to 1 month)	2		
Infant (over 1 month to 1 year)	4		
Toddler (over 1 year to 3 years)	4		
Preschooler (4 years to 5 years)	4		
School age (6 years to 12 years)	8		
Adolescent (13 years to 17 years)	8		
Adult (18 years to 64 years)	60		
Geriatric (65 years and older)	30		



# PARAMEDIC TRANSCRIPT

Student Name: \_\_\_\_\_

Program and Program Dates: \_\_\_\_\_

## COMPETENCIES

PATIENT TYPE	# REQUIRED	# COMPLETED	TOTAL
Trauma Assessment	<b>30 Total</b>		
Trauma Assessment, pediatric	10		
Trauma Assessment, adult	10		
Trauma Assessment, geriatric	10		
Medical Assessment	<b>50 Total</b>		
Medical Assessment, pediatric	10		
Medical Assessment, adult	10		
Medical Assessment, geriatric	10		
Cardiovascular Distress <i>* Cardiac Arrest, Chest Pain/Pressure, STEMI, Dysrhythmia, etc.</i>	20		
Respiratory Distress	20		
Altered Mental Status	20		
Obstetrics Assessment	10		
Neonate Assessment/Care	2		
Obstetrics; delivery	2		

TYPE	# REQUIRED	# COMPLETED	TOTAL
Team Leader/Field Internship Contacts	<b>50 Total [Only 20 BLS]</b>		
	<b>BLS</b>		
	<b>ALS</b>		