HOSPITAL ROTATION FORMS

THESE FORMS ARE TO BE COMPLETED WHEN YOU ATTEND YOUR HOSPITAL ROTATION.



FAUQUIER CO. DEPT OF FIRE, RESCUE, & EMERGENCY SERVICES

TRAINING AND LOGISTICS DIVISION 210 HOSPITAL DRIVE, SUITE 100 WARRENTON, VA 20186 (540) 347-6930



EMT-ENHANCED CLINICAL/FIELD ROTATION SUMMARY REPORT

STUDENT INFORMATION:		
NAME:	DATE:	
UNIT: # HOURS:	PRECE	PTOR:
COMPETENCIES:	REQUIRED:	TOTAL THIS ROTATION:
SKILLS	ILQUILD.	TOTAL THIS ROTATION.
MEDICATION ADMINISTRATION	15	
ORAL INTUBATION	0	
IV ACCESS	10	
VENTILATE NON-INTUBATED PATIENT		
ADULT ASSESSMENT	12	
PEDIATRIC ASSESSMENT	5	
GERIATRIC ASSESSMENT	5	
TRAUMA ASSESSMENT	5	
PSYCHIATRIC ASSESSMENT	2	
CHEST PAIN ASSESSMENT	5	
RESPIRATORY/DYSPNEA ASSESSMENT	5	
ABDOMINAL COMPLAINTS ASSESSMENT	5	(-
ALTERED MENTAL STATUS	5	
TEAM LEADER ON EMS UNIT	5	
*****PRECEPTORS: PLEASE DO NOT LEAV NOT COMPLETED DURING THE ROTATION INITIAL.****		
STUDENT SIGNATURE:		
PRECEPTOR SIGNATURE:		<u> </u>



FAUQUIER CO. DEPT OF FIRE, RESCUE, & EMERGENCY SERVICES

TRAINING AND LOGISTICS DIVISION 210 HOSPITAL DRIVE, SUITE 100 WARRENTON, VA 20186 (540) 422-8811



PATIENT HISTORY & PHYSICAL EXAMINATION FORM

	STUDEN	NT'S 1	NAME			PREC	EPTOR'S N	AME		1	DATE	
TEAM LE	ADER		Y	N	J	TYPE OF CALL:	-					
PAT	IENT II	NFOF	RMATIO	N:								
AGE:			SEX:		F	RACE:			W.	EIGHT:		
S:												
A:				П								
M:												
P:						, U						
L:												
E:												
VITAL SIC	ONS ASS	ESSI	MENT:									
Want order		GCS:		PULSE:	B/P	P: SKIN:	PUPILS:	SaO2	GLUCOSE:	(ATTAC	EKG (ATTACH STRIP TO SHEET)	
TREATMI	Hara Salasa	n te	27/5 AL 31/9	Er Evolute in		ave.			BLOOD	FLUID		
ATTEMPT	TIME:	ОВ	BS/PERF	SUCCESSI	FUL?	LOCATION:	SIZI		DRAWN?:	TYPE:	RATE:	
OXYGEN	TIME:	O	BS/PERF:		ТУР	E OF DEVICE:	FL	OW RATE	te EFF	FECTS ON I	PATIENT:	
THERAPY:		Of Shapes							Also Augusta			
AIRWAY ADJUNCTS:			OBS/PE	ERF:	DEVI	ICE/PROCEDURE:	LEVEL OF DIFFICULTY:			EFFECTS ON PATIENT:		
INTUBATIO ATTEMPT		IME:	OBS/PE	RF: RC	OUTE:	METHOD:	SIZE	3: S	UCCESSFUL?:	CONI	THOD OF FIRMATION:	

TREATMENT:

STUDENT SIGNATURE:

CRICOTHYRODOTOMY	TIME:	OBS/ F	ERF	SURGICAL/NEED	DLE	TUBE SIZE:	SUCC	ESSFUL?	COMMENTS:	
CHEST DECOMPRESSION	TIME:	OBS/P	ERF:	LOCATION:		NEEDL SIZE:	E SUCC	ESSFUL?	COMMENTS:	
MEDICATION ADMINISTRATION:	TIME:	OBS/PERF:		MEDICATION	N:		DOSE:	ROUTE:	EFFECT:	
DEFIBRILLATION CARDIOVERSION PACING	TIME:	OBS/PERF:	ERF: RHYTHM TREATED: ENERGY:		RATE: (PACING) RESI		ULTING RHYTHM:			
OTHER INTERVENTIONS:	TIME: OBS/PER		PERF:	F: ADDITIONAL INFORMATIO			: RE	SULT OF RVENTION:	COMMENTS:	
NARRATIVE:										
					20					

FTO SIGNATURE: