

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:	_____
		PRECEPTOR:	_____

COMPETENCIES:	REQUIRED:	TOTAL THIS ROTATION:
SKILLS		
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 LEAVE ANY BOXES EMPTY. IF AN ITEM WAS NOT COMPLETED DURING THE ROTATION, PLEASE WRITE "NONE" IN THE BOX AND INITIAL.****

STUDENT SIGNATURE: _____

PRECEPTOR SIGNATURE: _____

