

**Assessment/Treatment of Patients**

Certain situations will require a specific type of treatment, while others will depend upon the circumstances. Please explain to your FTO how you would assess and treat the following patients. If it requires a physical action, please show that you can perform said task (i.e. put on a NRB or CPAP mask). If it requires a medication, please demonstrate how to give the medication, the dose, and contraindications.

<b>Patient Type</b>	<b>Satisfactory/Unsatisfactory?</b>	<b>FTO Initials</b>	<b>Date</b>
Chest Pain			
Asthma v. Allergic Reaction			
COPD v. CHF			
Extremity fracture (splint and traction)			
Hip fracture			
Altered Mental Status (AEIOU-TIPS)			
Psych/Combative Patient			
OB			
Pediatric (what are differences from adults)			
CPR			
Trauma-car accident			
Trauma-fall			
When can you clear c-spine?			
Burns			
Hot/Cold Emergency			
Snakes/Spiders			

Drowning/Near Drowning			
Shock (different types)			

**FTOs: Please write a reason for every “unsatisfactory” given.**

FTO Comments: \_\_\_\_\_

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