Palm Beach State College
EMT Program

Student Clinical Book Requirements:

** Outside Cover is the Attestation Page**

1. Front Page – Name Page
2. Clinical Sign In Sheet
3. Final Evaluation
4. Fire Rescue Preceptor Objectives
5. Skills / Interventions Documentation Sheet
6. Patient Care Reports
EMT Clinical Book
Attestation Page

I hereby attest that the reports and documentation contained within this Student Clinical Book for:

Are complete, accurate, have been reviewed by the preceptor and myself, verified with our signatures, and reflect the student’s entries.

TOTAL PATIENT TRANSPORTS: __________

Clinical Instructor Printed Name:
_______________________________________________

Clinical Instructor Signature:
_______________________________________________

Date of Submission:
_______________________________________________
Palm Beach State College
EMT Program

Student Clinical Manual
EMS 1431

Student Name___________________________

Clinical Instructor_______________________

Fire Rescue Preceptor____________________

Classroom Instructor____________________
Excellent student attendance at lecture, lab, and in clinical settings is paramount for success in the EMT program. Assignments will be at the discretion of the Clinical Coordinator.

Per the course syllabus:
Students are expected to attend all courses and course activities for which they are registered. Any class meeting missed, regardless of cause, reduces the opportunity of learning and may adversely affect a student's achievement in the course. Class attendance policies are set by individual professors and/or departments.

Department Policy

Students are allowed to miss 1 day of the scheduled clinicals. Tardiness over 30 min count as a half day absence.

Students are responsible for any/all missed information and/or assignments.


**CLINICAL INSTRUCTOR**

**CLINICAL INSTRUCTOR PHONE #**

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**PALM BEACH STATE COLLEGE**

**EMT STUDENT**

**CLINICAL SIGN IN SHEET**

**STUDENT:** Please fill out this sheet every time you attend a clinical function. Hospital, Fire Rescue, Medical Examiner, etc. Fill out the dates you are absent also.

*Keep this sheet in your Handbook.*

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Date</th>
<th>Time In</th>
<th>Time Out</th>
<th>Site</th>
<th>Instructor Signature</th>
</tr>
</thead>
<tbody>
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</table>
Palm Beach State College
Emergency Medical Technician
EMS 1431

SKILLS/INTERVENTIONS DOCUMENTATION
This form shall be made part of the student’s permanent record.

Student Name Print: ___________________________ Date: __________

<table>
<thead>
<tr>
<th>Skill</th>
<th>Satisfactory</th>
<th>Unsatisfactory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Assessment</td>
<td></td>
<td></td>
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<tr>
<td>Airway Manual</td>
<td></td>
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<tr>
<td>Airway Adjuncts</td>
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<tr>
<td>Suction</td>
<td></td>
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<tr>
<td>Lung Sounds</td>
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<tr>
<td>Oxygen delivery</td>
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<tr>
<td>BVM</td>
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<tr>
<td>Bleeding Control</td>
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<tr>
<td>Spinal Immob: Manual C-Spine</td>
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<tr>
<td>C-Collar Application</td>
<td></td>
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<tr>
<td>Backboard Application</td>
<td></td>
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<tr>
<td>Short board/KED Application</td>
<td></td>
<td></td>
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<tr>
<td>Miller Board</td>
<td></td>
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<tr>
<td>Splinting: Long Bone</td>
<td></td>
<td></td>
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<tr>
<td>Splinting: Sling/Swath</td>
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<td></td>
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<tr>
<td>Splinting (other)</td>
<td></td>
<td></td>
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<tr>
<td>CPR</td>
<td></td>
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</tr>
<tr>
<td>Other/Describe</td>
<td></td>
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</tr>
</tbody>
</table>

**Fire Dept.**
Station# ________________

**OR**

**Hospital:** ____________________________
Unit: ________________

Inst./Preceptor: ________________ Sign: ________________

Student Sign: ____________________________

Proctor Additional Comments: __________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
EMT Student Clinical Objective Worksheet

Date:

Student Name:

Semester (EMT):

Preceptor Printed Name:

Fire Department and Station#:

Clinical Instructor Name and Contact Number:

Goals and objectives to be accomplished today (areas of focus):

●

●

●

Preceptor Acknowledgment: _____________________________________

Signature

4200 Congress Avenue MS#60 • Lake Worth, FL 33461 • (561) 868-3418
Palm Beach State College EMS Academy

Recommended Cleaning and Disposal of Contaminated Clothing

**LAUNDRY:**
The appropriate personal protective equipment should be utilized when handling possibly contaminated laundry. Students are encouraged to wash uniforms at the station in order to minimize the potential of spreading infection to their families. Use the following method if the uniform is contaminated with body fluids. While the washing machine is filling with hot water (120–130 degrees) **add 2 cup (4 oz) of color safe bleach and 1 cup of detergent.** The washing machine should be set at its highest water level and after it is full add the garments to be washed. Run items through the rinse cycle twice. Dry items in the dryer on the highest heat setting, do not line dry.

**CLEANING AND DISINFECTING AREAS:**
Used equipment from an emergency incident should be bagged and transported to the designated cleaning area. Red bags designated for contaminated equipment are stored on all emergency medical response vehicles and may be identified by the biohazard symbol. When used, these biohazard bags must be disposed of in an approved biohazard container. Contaminated medical equipment should never be cleaned, disinfected, or stored in the stations living quarters or outside hospital biohazard cleaning room. MSDS sheets for each disinfectant will be posted at a prominent place in the designated cleaning area.
The following is provided to you with the intent of making your clinical experiences amiable. Remember: you are a guest at Fire Rescue and the Hospital. 

*This is your Clinical Code of Conduct*

**DO**

- Use good hygiene
- Study textbook during slow time
- Be part of the team
- Help with patient lifting
- Help with truck washing
- Help with station chores
- Ask questions
- Show enthusiasm
- Be professional
- Thank the crew
- Contribute $$ for food
- Offer to cook & clean
- Ask for help
- Participate in truck checks
- Clean up your mess
- Have safety goggles, HEPA mask, traffic vest

**DON'T**

- Be Late!!
- Sit in a recliner
- Adjust the AC
- Leave work area early
- Be unprofessional
- Use TV remote control
- Use cell phone
- Eat what is not yours
- Go into bunkroom or offices
- Perform medical procedures without preceptor approval
- Falsify any documents or evaluations.
Student Print Name:
Signature:

**Student went “Above & Beyond”** (Check all applicable):

<table>
<thead>
<tr>
<th>Professionalism</th>
<th>EMS Knowledge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participation</td>
<td>Creativity</td>
</tr>
<tr>
<td>Leadership</td>
<td>Initiative</td>
</tr>
<tr>
<td>Teamwork</td>
<td>Other (Describe):</td>
</tr>
</tbody>
</table>

**COMMENTS:**
Detailed documentation must accompany this referral

<table>
<thead>
<tr>
<th>Date:</th>
<th>Instructor:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Print Name:</td>
<td>Signature:</td>
</tr>
</tbody>
</table>

**Group 1 Offense**

<table>
<thead>
<tr>
<th>Offense</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inappropriate language</td>
</tr>
<tr>
<td>Dress Code Violation</td>
</tr>
<tr>
<td>Failure to follow chain of command</td>
</tr>
<tr>
<td>Failure to act in a professional manner</td>
</tr>
<tr>
<td>Absence Non-Notification</td>
</tr>
<tr>
<td>Arrive late without notification</td>
</tr>
<tr>
<td>Smoke or chew tobacco at hospital or fire rescue setting</td>
</tr>
<tr>
<td>Conduct inconsistent to good order and discipline</td>
</tr>
<tr>
<td>Other:</td>
</tr>
</tbody>
</table>

**Group 2 Offense**

<table>
<thead>
<tr>
<th>Offense</th>
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</thead>
<tbody>
<tr>
<td>Commit academic dishonesty.</td>
</tr>
<tr>
<td>“Any student who knowingly helps or is present when another student violates academic behavior standards is also in violation.”</td>
</tr>
<tr>
<td>Behave with intent to detract from the education of another student.</td>
</tr>
<tr>
<td>Leave assigned area (hospital or fire rescue setting) without notifying instructor.</td>
</tr>
<tr>
<td>Perform duties outside the scope of practice.</td>
</tr>
<tr>
<td>Perform as a firefighter while participating in a paramedic student capacity.</td>
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<tr>
<td>Respond to a fire/rescue call while in a PBSC lecture/lab/hospital setting.</td>
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<tr>
<td>Examine a patient without an instructor or preceptor present.</td>
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<tr>
<td>Not properly maintaining BSI and/ or properly utilizing PPE.</td>
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<tr>
<td>Show disrespect or be abusive to any instructor, hospital or fire rescue personnel.</td>
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<tr>
<td>Use a cellular telephone without the consent on an instructor.</td>
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<tr>
<td>Other:</td>
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</tbody>
</table>

**Group 3 Offense**

<table>
<thead>
<tr>
<th>Offense</th>
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<tbody>
<tr>
<td>Possess or be under the influence of controlled substance or alcohol</td>
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<tr>
<td>Perform skills on which s/he has not yet been signed-off in lab</td>
</tr>
<tr>
<td>Failure to comply with HIPAA</td>
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<tr>
<td>Conduct perceived to be sexual harassment</td>
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<tr>
<td>Conduct which threatens the health or safety of others</td>
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<tr>
<td>Other:</td>
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</table>

**Immediate phone call to Clinical Coordinator required**

**Detailed documentation must accompany this referral**
**Significant Exposure or Injury in a Clinical/Lab Setting:**

An exposure can be defined as a percutaneous injury (e.g., needlestick or cut with a sharp object) or contact of mucous membrane or nonintact skin (e.g., exposed skin that is chapped, abraded, or with dermatitis) with blood, saliva, tissue, or other body fluids that are potentially infectious. Exposure incidents might place health care personnel at risk for hepatitis B virus (HBV), hepatitis C virus (HCV), or human immunodeficiency virus (HIV) infection, and therefore should be evaluated immediately following treatment of the exposure site by a qualified health care professional.

*(Centers for Disease Control and Prevention)*

*The following is a recommended approach for student reporting and instructor action should a significant exposure or injury occur during a clinical setting.*

1. Student shall notify Clinical/Lab instructor.

2. Clinical instructor to notify Infection Control Nurse (exposures only)

3. Student proceeds to facility’s Emergency Department, signs in as a patient for treatment. If off site, the student should go to nearest hospital emergency department.

4. Clinical/Lab instructor to notify the Clinical Coordinator / Program Manager via **Voice Mail. 868-3418.**

5. **Clinical/Lab instructor to call Palm Beach State College Security for an incident report to be completed. 561-868-3600, day or night.**


7. (Optional) Clinical instructor to call or page Dr. Landman for student counseling and follow up care for exposures only. 561-969-7900, day or night.

8. Student shall send a detailed e-mail to Clinical Coordinator / Program Manager regarding incident specifics.
DECLINATION OF POST-EXPOSURE EVALUATION

On __________________, I experienced an incident while participating in a Palm Beach State College EMT Program, which may have caused my exposure to bloodborne pathogens. An Accident-incident Report was filed at that time.

I have been advised that I may be evaluated by a physician pursuant to this incident, which may include serologic testing for HIV and HBV, and that there will be no cost to me for this evaluation. However, I choose to decline having the evaluation performed, with the understanding that I may have blood drawn at this time but not tested until a later time of my choosing (up to 90 days following the date of the incident).

________________________________________
Printed Name

________________________________________
Signature

________________________________________
Date
**CHIEF COMPLAINT:**

**HISTORY OF PRESENT INJURY / ILLNESS:**
Signs/symptoms:
Allergies:
Medications:
Past medical history:
Last oral intake:
Events leading up to:
Onset (slow, sudden):
Provocation:
Quality:
Radiation:
Severity:
Time:

**ASSESSMENT:**
Skin color/condition/turgor:
cap refill:
temp oral/rectal:
head:
eyes:
ears:
nose:
mouth:
neck:
chest:
lung sounds:
abdomen:
pelvis:
genitalia:
extremities:
back:
Impressions:

**RX / TX:**

**TRANSPORTED TO:** Verbal and written report given to: Time of transfer:

**EXCEPTIONS:**
C.H.A.R.T.E.

Format for a Legally Defensible Report

This information has been developed as an aid for the student for using the CHARTE method of report writing. For further information in writing the assessment portion of this report the student should refer to the rapid trauma, focused exam or the detailed section of their skills sheets on patient assessment.

C: Chief complaint: *(Subjective)* This is generally a statement made by the patient and should therefore be in the patients “OWN” words when possible, using quotation marks.

H: History: *(Subjective)* Of the present illness & any precipitating events.

  S Symptoms:
    - O Onset (slow, acute, time of onset of symptoms)
    - P Provocation (what makes the pain/discomfort better/worse)
    - Q Quality (sharp, heavy, pressure, dull, stabbing)
    - R Radiation (does the pain refer to another area)
    - S Severity (on a scale of 1 to 10)
    - T Time (how long have the symptoms been present)
    - I Interventions (what has been done PTA to relieve the pain)

A: Allergies
M: Medications
P: Past Medical History
L: Last Oral Intake
E: Events Leading up to

Don’t forget the pertinent negatives!

A: Assessment: *(Objective)*


The following information should follow a head-to-toe examination.

Head: eyes, ears, nose, sinuses, mouth, pharynx.

Neck:
Thorax and Lungs:
Cardiovascular System:
Abdomen:
Genitalia:
Anus and Rectum:
Peripheral Vascular System:
Musculoskeletal System:
Nervous System:

Don’t forget the pertinent negatives!
R: Treatment:
   Evaluation: Any treatment that was given prior to the arrival of the rescue unit and any treatment given by the rescue unit.

T: Transport and Transfer:
   Treatment that was given enroute to the hospital.
   T To whom the patient care was transferred.
   T Time of transfer.
   (Patient turned over to ________________ at __:__ with full verbal and written report.)

E: Exceptions:
   When an event or situation takes place that is out of the ordinary and needs to be explained better than the basic format of the report allows.
**PATIENT CARE REPORT**

**Student:** ___________________________  □ EMT  □ Paramedic  

**Time of Call:** ___________  

**Hospital/Agency:** ___________  

**Date:** _____ / _____ / _____

**Instructor Name:** __________________  

**Instructor/Preceptor Signature:** ________________________

**Patient Age:** _____

**Patient Ethnicity:**
- African American
- American Indian
- Asian
- Caucasian
- Hispanic
- Other: _____________________

**Chief Medical Complaint:**
- Abdominal
- Cardiac
- CVA
- Diabetic
- OB/GYN
- OD-Poison
- Psychiatric
- Respiratory
- Seizure
- Sepsis

**Chief Trauma Complaint:**
- Abdomen
- Chest
- Extrem.
- Head/Face
- Muscular
- Neck/Back
- Pelvic
- Multi-system
- Other: _____________________

**Mechanism of Injury:**
- None
- Driver MVA
- Passenger MVA
- Auto-Pedestrian
- Motorcycle
- Fall/Jump
- Airbag
- Seatbelt
- Entrapment
- Ejection
- Rollover
- Blunt
- Penetrating Injury – Type: _____________________

**Allergies:**

**Medications:**

**Past Medical History:**

<table>
<thead>
<tr>
<th>Time</th>
<th>BP</th>
<th>Pulse</th>
<th>Resp</th>
<th>AVPU</th>
<th>Pupils</th>
<th>Lungs</th>
<th>Drug/Tx</th>
<th>Dose</th>
<th>Route</th>
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</table>

**BLS Airway:**
- NC
- NRB
- Nasal airway
- Oral airway
- BVM  @ _____ L/Min

**ALS Airway:**
- Surgical
- Nasal ET
- Oral ET
- Attempts X: _____  
- Success Y N  
- ET size: _____

**Pulse Ox on room air ⇒ _____ % After O2 ⇒ _____ % Glucometer ⇒ _____

**IV / IO**

<table>
<thead>
<tr>
<th>Attempts X</th>
<th>Success: Y N</th>
<th>Site:</th>
<th>Gauge:</th>
<th>Solution:</th>
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</thead>
<tbody>
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</table>

**Electrical Therapy**

<table>
<thead>
<tr>
<th>Levels</th>
<th>Obs.</th>
<th>Perf.</th>
<th>EKG Interpretation</th>
<th>Obs.</th>
<th>Perf.</th>
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<tbody>
<tr>
<td>Manual Defibrillation</td>
<td>☐</td>
<td>☐</td>
<td>Rhythm 1:</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Synchronized Cardioversion</td>
<td>☐</td>
<td>☐</td>
<td>Rhythm 2:</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Transcutaneous Pacing</td>
<td>☐</td>
<td>☐</td>
<td>Rhythm 3:</td>
<td>☐</td>
<td>☐</td>
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</tbody>
</table>

**EKG Interpretation**

- Obs.
- Perf.

**Glasgow Score:**
- Spontaneous 4
- To Voice 3
- To Pain 2
- None 1
- Eyes Open:
- Verbal:
- Motor:
- Glasgow Score =

**OBS:**
- Pulse Ox:
- Pulse Ox on room air ⇒
- % After O2 ⇒
- % Glucometer ⇒

**PERF.:**
- Rhythm 1:
- Rhythm 2:
- Rhythm 3:
### PHTLS CARE

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Obs</th>
<th>Perf</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Interview</td>
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<tr>
<td>Vital Signs</td>
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<tr>
<td>O₂ Administration</td>
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<tr>
<td>Bandaging</td>
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<tr>
<td>Traction Splint</td>
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<tr>
<td>C-Spine Immobilization</td>
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<tr>
<td>Long Backboard</td>
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<tr>
<td>Long Bone Immobilization</td>
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</tr>
<tr>
<td>Student Physically Involved in Lifting Patient</td>
<td>Yes</td>
<td>No</td>
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### BLS CARE

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Obs</th>
<th>Perf</th>
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<tbody>
<tr>
<td>Witnessed Arrest</td>
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<td>Suction</td>
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<td>Chest Compressions</td>
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<tr>
<td>Ventilations</td>
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<tr>
<td>BLS airway adjunct</td>
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### ALS CARE – Other

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Obs</th>
<th>Perf</th>
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<tbody>
<tr>
<td>Chest Decompression</td>
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<tr>
<td>Cricothyroidotomy</td>
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<td>12 Lead ECG</td>
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<tr>
<td>Pulse Oximetry</td>
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<tr>
<td>Blood Glucose</td>
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### CHIEF COMPLAINT:

#### HISTORY OF PRESENT INJURY / ILLNESS:
- Signs/symptoms:
- Allergies:
- Medications:
- Past medical history:
- Last oral intake:
- Events leading up to:
- Onset (slow, sudden):
- Provocation:
- Quality:
- Radiation:
- Severity:
- Time:

#### ASSESSMENT:
- Skin color/condition/turgor:
- Cap refill:
- Temporal/rectal:
- Head:
- Eyes:
- Ears:
- Nose:
- Mouth:
- Neck:
- Chest:
- Lung sounds:
- Abdomen:
- Pelvis:
- Genitalia:
- Extremities:
- Back:
- Impressions:

#### RX/TX:

### TRANSPORTED TO:
- Verbal and written report given to:
- Time of transfer:

### EXCEPTIONS:
EMT STUDENT CLINICALS
HOSPITAL AND FIRE RESCUE

■ All Hospital Clinicals start at 8:30am and end at 6:30pm
All Fire Rescue Clinicals start at 7:30am and end at 5:30pm.

■ Hospital – Meet in the ER Waiting Room.

■ Fire Rescue – Meet inside the station and ask for the Shift Officer.

■ Must be in full clinical uniform. Uniform must be clean.

■ Must carry current CPR card

■ Write a report on EVERY patient you encounter at Fire Rescue.

■ Write 4 reports during the 10 hour hospital rotation.

■ One student / to one patient for the report.

■ Turn in all of your reports from all your clinicals.

■ Only allowed to wear a watch, wedding ring, and medical alert tag.

■ Wait at the fire station for 1 hour. If the crew does not return – do not go home. Call your Clinical Instructor for instructions.

■ BRING YOUR SKILLS PACKAGE TO CLINICALS EVERY DAY.
Don’t forget!!!

■ BRING ALL YOUR PCR’S (PATIENT CARE REPORTS) BACK TO YOUR CLASSROOM EVERY DAY. YOUR INSTRUCTORS WOULD LIKE TO SEE AND HEAR WHAT YOU HAVE BEEN UP TO IN CLINICALS. Don’t forget!!!
During clinical rotations in this area, the EMT students have the opportunity to gain experience and develop proficiency in the following skills:

- Triage (8-2.17, 8-2.20, 8-2.21)
- Vitals & diagnostic signs- recognition and significance (3-2.6, 3-2.28, 3-2.81)
- Physical assessment, patient history, documentations in compliance with hospital/fire rescue policy for all ages. (3-3, 3-11, 3-6.1)
- Airway management including insertions of airways, suctioning, oxygen therapy. (2-1.100)
- Emotional support of patient & families (1-1.44)
- Recognition of safety hazards to patients: implementations of safety procedures including side rails use and needle safety, (1-2.45, 1-2.46)
- Wound care and bandaging (4-3.31)
- Maintains a professional demeanor throughout this clinical rotations (1-1.39, 1-1.46)

**Cardio-Pulmonary Department Objectives**

- Perform oral and sterile endotracheal suctioning (2-1.89)
- Use bag-valve device to ventilate patient (2-1.43)
- Apply and/or monitor oxygen therapy devices such as mask & cannula (2-1.100)
- Identify lung sounds including: normal, wheezing, rales, rhonchi (3-2.28, 5-1.10)
- Identify signs & symptoms of respiratory distress (2-1.26, 5.15)
- Assists in respiratory treatments and use of mechanical ventilators (1-8.38, 2-1.95f, 5-1.7)
- Use of pulse oximetry device. (2-1.81)
- Define, identify and describe a tracheotomy, stoma, and tracheotomy tube. (2-1.52)
- Maintains a professional demeanor throughout this clinical rotations (1-1.39, 1-1.46)
1) Determines safety for self and adequacy of work environment and takes appropriate action (1-1.38, 3-3.64)
2) Initiates appropriate crowd control maneuvers (3-3.64)
3) Establishes and maintains rapport while providing emotional support to patients, family, and bystanders. (1-1.93)
4) Performs primary assessment and intervenes as indicated. (3-3)
5) Obtains relevant and accurate patient history in a systematic manner (3-1.1, 3-1.2, 3-1.5; 3-1.6)
6) Performs an appropriate physical exam (3-3.81)
7) Recognizes patients that need further attention and transports at appropriate point in run. (3-3.28, 3-3.29)
8) Recognizes the need to make hospital contact (1-1.24, 1-4.28, 3-5.23)
9) Obtain vital sign’s quickly and accurately. (2-1.19, 3-2.32, 3-2.81)
10) Interprets assessment information clearly and takes appropriate action (3-4, 7-1.1)
11) Accurately reports all pertinent information in a systematic manner (1-4.28, 3-5.29, 7-1.13)
12) Speaks clearly and concisely and is easily understood. (3-5.5, 7-1.13)
13) Repeats all orders and reports patient response to therapy. (1-4.28, 3-6.18)
14) Keeps accurate, complete and legible written records (1-4.28, 1-4.29, 7-1.13)
15) Anticipates orders, and the needs of other team members (1-1.16)
16) Establishes appropriate working relationships with all team members. (1-1.16)
17) Assumes Leadership role and directs team members appropriately. (1-1.16, 7-1.8, 7-1.18, 7-1.19)
18) Communicates information appropriately to all team members (1-1.16, 7-1.13)
19) Performs well under stress, uses good judgment (1-1.46, 1-2.26, 34.9)
20) Is able to accept constructive criticism and guidance (1-1.1L, .3-4.7)
21) Maintains adequate airway control (2-1.1, 2-1.29, 2-1.42, 2-1.43d, 2-1.58)
22) Properly uses the antishock trousers (4-2.40)
23) Applies splints and bandages appropriately (4-3.35a & b, 4-9.44)
24) Provides proper care to bum patient (4-4.80-.84)
25) Performs CPR correctly and effectively (5-2.125, S-2.20Sa)
26) Safely and effectively performs defibrillation (.205c)
27) Demonstrates knowledge and ability in emergency childbirth (5-14.13)
28) Efficiently performs, EOA procedures (Combitube/ King Airway) (2-1.58, 2-1.69, 2-1.104a-c)
29) Initiates or directs extrication of patient. (8-3.34)
30) Proficiently administers oxygen therapy (2-1A3d, 2-1.51)
31) Spinal immobilizes patient correctly (4-6.15, 4-6.31)
32) Demonstrates ability to suction patient (2-1.88, 2-1.89)
33) Maintains assigned ambulance inventory (8-1.2)
34) Demonstrates the ability to correctly operate all electronic equipment (3-5.29, 2-.31, 2-1.46, 5-1.15, 5-2.199, 5-4.12)
35) Critiques runs with preceptor (1-1.1L, 3-4.7)
36) Maintains a professional demeanor throughout this clinical rotation (1-1.16, 1-1.17, 1-1.39)
Pediatric Department Objectives

- Perform pediatric patient assessment including at a minimum, a review of the patient’s chart, taking vital signs, and auscultations of lung and bowel sounds. (6-2.8, 6-2.94)
- Estimate pediatric ages, weights in kilograms and verify with documented measurements (6-2.95)
- Perform history taking using information from patients and parents. (3-1.1)
- Relate history and assessment to pathological conditions, treatments, and medications (6-2.1)
- Perform isolation procedures (1-2.30, 5-11.59)
- Provide emotional support to patients and families. (6-2.90)
- Assist with nursing care and treatments (including feeding and changing diapers) (6-2.91, 6-2.9)
- Maintains a professional demeanor throughout this clinical rotation. (1-1.39, 1.1-46)
- Observe
  - Spinal tap
  - Oxygen therapy using tents, etc
  - Intraosseous
  - Other procedures performed on pediatrics patients

Students will be in direct supervision by a clinical instructor.
EMS Academy:
The mission of the Palm Beach State College EMS Academy is to provide the community with Paramedic and EMT training of the highest standard. We accomplish this with a completely certified, passionate faculty and staff with expertise in advanced pre-hospital care and emergency medical services. Through our alliance with the PBSC Fire/EMS Partnership Council and the State of Florida EMS Advisory Council, we are on the leading edge of educational and emergency medical developments. Our goal is to have our graduates fully prepared to enter the professional world of EMS.

PBSC:
The mission of Palm Beach State College is to provide an accessible and affordable education through a dedicated and knowledgeable faculty and staff, a responsive curriculum and strong community partnership, which together will enable students to think critically, demonstrate leadership, develop ethical standards and compete effectively in the global workplace.