

Peoria Area EMS System
EMT I/P Student Field Internship – Phase ONE, TWO, THREE
PCR/Run Critique

STUDENT DIRECTIONS: Complete this Run Critique/PCR Report on EACH patient. Retain with your Internship Records.

Instructions: ECG strip(s), obtained in the field (if applicable), are to be attached to this form and submitted to the Course Coordinator. This information is obtained under the auspices of Continuous Quality Improvement and is therefore protected against discovery by the Medical Studies Act.

BLS _____ ILS/ALS _____ BLS refusal _____ ILS/ALS refusal _____ Dead at scene _____

Student Name (print):	Provider agency:
Pt initials: Age: Sex: M F	Date of call:
Nature of call:	ECG rhythm (if applicable) - Attached

Chief Complaint:	Allergies:
Past Medical History:	Medications:
Narrative:	

TIME	BP	P	R	LS	TEMP	GLUC	RHYTHM	TREATMENT	DOSE	ROUTE	02 SAT	COMMENTS

STUDENT NAME (print): _____ **FTI (initial):** _____ **(Student/FTI: Complete Back Page)**

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SKILLS EVALUATION

COMPLETE FOR EACH PATIENT:

- 1) **Student:** Evaluate your performance in 'S' column below for each skill performed.
- 2) **FTI:** Evaluate Student performance in 'FTI' column below. Discuss evaluation and comments; Sign below.

(4) Performs competently without coaching	(3) Performs competently with minimal coaching	(2) Performs hesitantly; skills adequate but must be prompted to intervene	(1) Does not perform to standards; recommend further practice
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SKILLS Performed					
Rating	Skill	Rating	Skill	Rating	Skill
S	FTI	S	FTI	S	FTI
	Airway Insertion Circle: NPA - OPA				End-tidal CO ₂
	Bag-Valve Mask				Oxygen Delivery via NC/NRM
	Bandaging/Dressing				Extrication
	Communications: Circle: MERCI - Telemetry				Glucose Reading
	CPAP				Heat/Cold application
	CPR				Hemorrhage control
	Defib/Cardioversion				Intubation Circle: S - U
	ECG Rhythm Interpretation				IV/IO Access Circle: S - U
	ECG 12-Lead				Limb Splints
	Drug Administration – List: 1.				OB Delivery
	2.				Completion: PCR/Run Critique
					3.
					4.
					5.
					6.

FTI: Indicate level of student's participation at this PHASE: [] Team Member [] Team Leader

FTI Comments:

FTI signature (print): _____ **FTI signature:** _____ **Date:** _____

