

SHELBY COUNTY EMERGENCY MEDICAL SERVICES PARAMEDIC REPORT

Name:	Preceptor Signature/Department:	
Date:		
Time In:	Time Out:	Total Hours:

Please use "S" for Satisfactory and "U" for Unsatisfactory.

Skill	Attempts	Successful	S/U
Bandage/Dressing			
Basic Airway			
Bleeding Control			
Blood Glucose			
Burn Care			
Cardiac Pacing			
Cardioversion			
C-Collar Application			
CPR			
Cricothyrotomy			
Defibrillation			
Documentation			
Drug Calculation			
ECG Monitoring			
IM Medication			
Intubation			
IO Access			
IV Access			
IV Medication			
Needle Decompression			
Nasogastric Tube			
Obstetrical Delivery			
Oral Report			
Oxygen Administration			
Patient Assessment			
Pulse Oximetry			
Spinal Immobilization			
Splinting			
SQ Medication			
Suction			
Urinary Catheter			
Ventilation			
Vital Signs			
Other:			