



TEMPLE COLLEGE

Paramedic Third Semester  
Intensive Care Unit

## Rotation Summary Form

Student Name: \_\_\_\_\_ Location: \_\_\_\_\_  
Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_ Total Hours: \_\_\_\_\_  
Date Submitted: \_\_\_\_\_ Received By: \_\_\_\_\_ Date Returned: \_\_\_\_\_ Date Resubmitted: \_\_\_\_\_

### Learning Objectives

#### Purpose

The purpose of this rotation is to expose students to a variety of critically ill patients and injured patients and allow them to practice their assessment skills. Although students may perform technical skills as requested, they should focus on each patient's diagnosis, key assessment findings and treatment plans.

#### Objectives (These experiences must be completed)

At a minimum, students in third semester paramedic clinical rotations in the ICU will be expected to accomplish the following objectives during each rotation:

1. Perform at least 3 patient assessments including recent and past medical history and physical examination. The assessment should include taking and recording vitalsigns, a review of all systems (neuro, cardiovascular, pulmonary, gastrointestinal, and genitourinary), and noting all IV, tubes, drains, and invasive hemodynamic monitoring.
2. Document at least 3 patient assessments to include the pathophysiology of the diagnosis, mechanism of action of any medications given and a SOAP style report.
3. Prepare and administer medications as directed by preceptor.
4. Observe effects of pharmacological agents administered.
5. Identify therapeutic action, use, and major side effects of patient medications.
6. Evaluate and interpret ECGs, especially 12 lead ECGs.
7. Observe complications of complex multiple system injury or illness, including ARDS, renal failure, hepatic failure, DIC, and multiple organ systems failure.

#### Goals (The student should complete as many of these experiences as possible)

It is the goal of the paramedic third semester clinical rotations in the ICU to expose students to as many experiences as possible. This may include but is not limited to:

1. Reviewing all charts, including patient's chart, diagnosis, treatment, progress notes, and nurse's notes.
2. Operating oxygen administration equipment and giving oxygen.
3. Performing peripheral IV insertion.
4. After observation and instruction, drawing blood samples via venipuncture or exiting IV lines
5. Inserting orogastric or nasogastric tubes
6. Assisting in ambulating patients from bed to chair, lifting and turning patients, and with activities of daily living.
7. Assisting in cases of cardiac arrest as directed, including performing CPR, managing the airway, assisting with endotracheal intubation, and electrical arrhythmia therapy.
8. Evaluating results of laboratory tests, and correlating results with patient management.
9. Reviewing operation of mechanical ventilator equipment, noting various settings.
10. Maintaining airway in unconscious patients using manipulation and positioning, oropharyngeal airways, and suctioning.
11. Performing aseptic endotracheal suctioning.
12. Observing and assisting in setting up and maintaining IV infusion pumps.
13. Exposure to critical care diagnostic procedures.
14. Exposure to long term treatment plans and care of patients with multiple organ systems failure.
15. Treatment modalities not normally utilized in prehospital medicine.

#### Competency Checks

During this course, the student must complete hospital competency checks in the following skills:

IM Drug Administration, SC Drug Administration, IV Continuous Drug Administration, ECG Monitoring Lead, 12-Lead ECG

#### Patient Contacts

During third and fourth semester clinical rotations, the student must document contact with the following types of patients.

Chest pain 10; Non-traumatic AMS/neuro deficit 5; Vehicular Trauma 6; Acute Abdomen 2; Cardiac Arrest 1; Hypoglycemia 1; Hyperglycemia 1; Adult breathing difficulty 8; Pediatric breathing difficulty 4; Non-vehicular trauma 6; Vaginal delivery 1; Toxicologic/Poisoning 4; Behavioral 2

Newborns 3; Infants (0 to 1 years) 3; Toddlers (1 to 3 years) 3; Preschoolers (4 to 5 years) 3; School age (6 to 12 years) 3; Adolescents (13 to 17 years) 3; Adults (18 to 60 years) 10; Older adults (> 60 years) 8

## PRECEPTOR'S EVALUATION OF STUDENT

### AFFECTIVE OBJECTIVES

**Does the student display the following personal behaviors required of an entry-level paramedic?**

INTEGRITY: Consistent honesty; being able to be trusted with the property of others; being able to be trusted with confidential information; complete and accurate documentation of patient care and learning activities	YES	NO	NBE
EMPATHY: Compassion for others; responding appropriately to patient and family member emotions; demonstrating respect for others; demonstrating a calm, compassionate, helpful demeanor; being supportive and reassuring	YES	NO	NBE
SELF-MOTIVATION: Taking initiative to complete assignments or to improve; taking on or following through on tasks without constant supervision; showing enthusiasm; constantly striving for excellence; accepting feedback positively; taking advantage of learning opportunities	YES	NO	NBE
APPEARANCE/PERSONAL HYGIENE: Complying with clinical dress code; practicing good personal hygiene and grooming	YES	NO	NBE
SELF-CONFIDENCE: Demonstrating ability to trust personal judgment; demonstrating awareness of strengths and limitations; exercising good judgment	YES	NO	NBE
COMMUNICATIONS: Speaking clearly; writing clearly; listening actively; adjusting communications strategies to various situations	YES	NO	NBE
TIME MANAGEMENT: Being consistently punctual; Completing work on time	YES	NO	NBE
TEAMWORK AND DIPLOMACY: Placing team success above self; not undermining team; helping, supporting other team members; showing respect; remaining flexible and open to change; communicating with others to resolve problems	YES	NO	NBE
RESPECT: Being polite to others; not using derogatory or demeaning terms; behaving in a manner that brings credit to the profession	YES	NO	NBE
PATIENT ADVOCACY: Not allowing personal bias to interfere with care; placing patient need above self interest; protecting and respecting patient confidentiality and dignity	YES	NO	NBE
CAREFUL SERVICE DELIVERY: Developing and maintaining mastery of knowledge and skills; demonstrating safe, careful, complete attention to duties; following orders and instructions	YES	NO	NBE
PRECEPTOR COMMENTS (All "NOs" require comment including suggestions for improvement)			
STUDENT COMMENTS (All "NOs" require comment including student's planned actions for improvement)			

NBE = No basis for evaluation

## PRECEPTOR'S EVALUATION OF STUDENT

### COGNITIVE AND PSYCHOMOTOR OBJECTIVES

Does the student display the following knowledge and skills required of an entry-level paramedic?

OCCUPATIONAL HEALTH AND SAFETY: Displaying safety consciousness with patients, self, other personnel, equipment; compliance with infection control principles, including appropriate use of standard precautions and aseptic technique; using proper body mechanics when handling patients and equipment; demonstrating understanding of psychological hazards of emergency/critical care environments and of techniques for stress reduction and management	YES	NO	NBE
VASCULAR ACCESS: Ability to safely and effectively access the venous circulation of patients from all age groups.	YES	NO	NBE
MEDICATION ADMINISTRATION: Ability to safely and effectively give medications by the intravenous push, intravenous continuous infusion, intramuscular, subcutaneous, and nebulized routes.	YES	NO	NBE
BAG VALVE MASK VENTILATION: Safely and effectively ventilating unintubated patients from all age groups	YES	NO	NBE
ENDOTRACHEAL INTUBATION: Ability to safely and effectively perform endotracheal intubation.	YES	NO	NBE
PATIENT ASSESSMENT AND MANAGEMENT: Performing an assessment, developing a differential diagnosis, formulating, and implementing a treatment plan demonstrating the knowledge base and professional judgment required of an EMT-Intermediate	YES	NO	NBE
WRITTEN RECORDKEEPING: Documenting patient information, observations, and occurrences accurately, completely, concisely, and legibly	YES	NO	NBE
VERBAL COMMUNICATIONS: Communicating pertinent information understandably, completely, concisely, and accurately	YES	NO	NBE
ECG ACQUISITION AND INTERPRETATION: Demonstrating ability to safely and effectively acquire and interpret both a monitoring lead and 12-lead ECG.	YES	NO	NBE

PRECEPTOR COMMENTS: (All "NOs" require comment including suggestions for improvement)

STUDENT COMMENTS: (All "NOs" require comment including student's planned actions for improvement)

Preceptor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Preceptor's Printed Name: \_\_\_\_\_

**Please call us at 254-298-8562 if you wish to discuss this student's performance directly with a faculty member.**

## Performance Record

Interventions		Conditions	Gender/Age
Vital Signs	CPR	Chest Pain	Male
Assessments	Oxygen	Breathing Difficulty (Adult)	Female
Breath Sounds	Spinal Board/KED	Breathing Difficulty (Pediatric)	< 1 year
Oral Airway	BVM	Vehicular Trauma	1-2
Nasal Airway	Bandage & Splint	Non-Vehicular Trauma	3-4
Oral Suction	Traction Splint	Non-trauma AMS/neuro deficit	5-9
Nebulizer	PASG	Acute Abdomen	10-19
Oral Meds	SAED	Hypoglycemia	20-29
Epi Autoinjector	IV Therapy	Hyperglycemia	30-39
Blood glucose	IV Push Drugs	Toxicologic/Poisoning	40-49
Oral Intubation	IV Piggyback	Behavioral	50-59
Nasal Intubation	IM Drugs	Vaginal Delivery	60-69
NG Tube	SC Drugs	Cardiac Arrest	70-79
Surgical Airway	Chest Decompress		80-89
12 Lead ECG	Defib/Cardiovert		90-99
Monitoring Lead	External Pacing		> 100

### Student Evaluation of Clinical Site

Did the staff make you feel welcome and include you in daily activities and patient care?	YES	NO
Did this site provide you with adequate patient contacts and other experiences to help you complete to objective for the rotation?	YES	NO

### Student Evaluation of Preceptor

Did your preceptor make you feel welcome and include you in patient care activities and non-clinical activities?	YES	NO
Did the preceptor assist your learning by building on your knowledge and relating it to patient care?	YES	NO

COMMENTS: (All "NOs" require comment including suggestions for improvement)

The information in this document and all documents submitted with it is an accurate record of my activities during this clinical assignment:

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date