

**Lincoln Fire & Rescue – Form**  
**Paramedic EMS Field Evaluation (09/02/14)**

Intern: \_\_\_\_\_ Station: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Preceptor: \_\_\_\_\_ Phase: \_\_\_\_\_

Incident #: \_\_\_\_\_ Transport: \_\_\_\_\_

Pt Age: \_\_\_\_\_ Pt Sex: \_\_\_\_\_ CC: \_\_\_\_\_

Pt's Presentation, HPI, MOI:
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**Score: 1=Not Competent (Needs Education) 2=Needs Repetition 3=Field Competent**

**Scene/Multi-Tasking:** Assess scene safety, need for additional personnel, and takes appropriate actions. Document the intern's ability to delegate, multi-task, and make decisions here.

Elapsed Scene Time: _____
Prompt: Safety <input type="checkbox"/> # of patients/personnel <input type="checkbox"/> Task delegation <input type="checkbox"/> Multi-tasking <input type="checkbox"/> Decisions <input type="checkbox"/>

**Initial:** Completes the initial assessment within 30 seconds. Physically intervenes, within 30 seconds, to address problems found during the initial assessment.

Prompt: C-Spine <input type="checkbox"/> Airway/Reposition/Adjunct <input type="checkbox"/> Breathing/O2/BVM <input type="checkbox"/> Circulation/Position/CPR <input type="checkbox"/> Disability (AVPU) <input type="checkbox"/> Expose <input type="checkbox"/>
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**History:** Obtains chief complaint, pertinent history of present illness, and pertinent past medical history.

Prompt: CC <input type="checkbox"/> HPI/PMH <input type="checkbox"/> Initial (O,P,Q,R,S,T/S,A,M,P,L,E) _____ Other (specify): _____
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**Physical Exam:** Completes all pertinent components of physical exam.

Prompt: Stroke Scale <input type="checkbox"/> Blood Sugar <input type="checkbox"/> Rapid Trauma <input type="checkbox"/> HR <input type="checkbox"/> BP <input type="checkbox"/> RR <input type="checkbox"/> Lung Sounds <input type="checkbox"/> Pupils <input type="checkbox"/> Pulse Ox <input type="checkbox"/> EtCO2 <input type="checkbox"/> PMS <input type="checkbox"/> Edema <input type="checkbox"/> Palpate <input type="checkbox"/> Rhythm <input type="checkbox"/> 12-Lead <input type="checkbox"/>
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**Protocols:** Intervenes within the framework of accepted medical standards, protocols, and standing orders. Student must begin appropriate treatment regimen within three (3) minutes.

Prompts: Differential Diagnosis <input type="checkbox"/> Knowledge of Protocols <input type="checkbox"/> Implementation <input type="checkbox"/>
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**Ongoing Assessment:** Reassesses, within five (5) minutes, for a change in patient's condition or presentation.

Prompt: CC <input type="checkbox"/> Initial <input type="checkbox"/> Vital Signs <input type="checkbox"/> LS <input type="checkbox"/> Pulse Ox <input type="checkbox"/> Pupils <input type="checkbox"/> PMS <input type="checkbox"/>
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• Listed times are a guideline and preceptors have the authority to deviate if patient condition requires.

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**Change of Therapy:** Changes course of treatment, within thirty (30) seconds, following change in patient's condition or presentation.

Prompt: Differential Diagnosis  Knowledge of Protocols  Implementation

**Professional/Affective:** Fulfills responsibilities for professional conduct and affective behavior.

Prompt: Honesty  Courtesy  Confidentiality  Accepts Responsibility   
 Accepts Constructive Criticism

**Communications:** Establishes and maintains effective lines of communication.

Prompt: Patient  Family  Witness  EMS Personnel  Other Personnel

**Skills:**

IV:	Satisfactory <input type="checkbox"/>	Unsatisfactory <input type="checkbox"/>	# of attempts _____
Intubation:	Satisfactory <input type="checkbox"/>	Unsatisfactory <input type="checkbox"/>	# of attempts _____
Skill:	Satisfactory <input type="checkbox"/>	Unsatisfactory <input type="checkbox"/>	# of attempts _____

**Verbal Report:**

Radio: Gives concise/organized radio report

Transfer: Gives complete report to appropriate staff member at receiving facility.

Prompt: \_\_\_\_\_

**Written Report:** Provides complete documentation

Prompt: \_\_\_\_\_

**Overall (Official Use Only)**

# of Prompts: \_\_\_\_\_

Were there any repetitive prompts? \_\_\_\_\_ If yes, which prompt? \_\_\_\_\_

If in phase III, was performance unsatisfactory based solely on the severity of one prompt? \_\_\_\_\_

Safety  Task Delegation  C-Spine  ABC Management

Obtaining Vitals  Knowledge/Implementation of Protocols  Equipment Maintenance

Pass  Fail  Reviewer: \_\_\_\_\_

**Additional Comments (comments required for any score of I or II):**

• Listed times are a guideline and preceptors have the authority to deviate if patient condition requires.

Comments (continued):