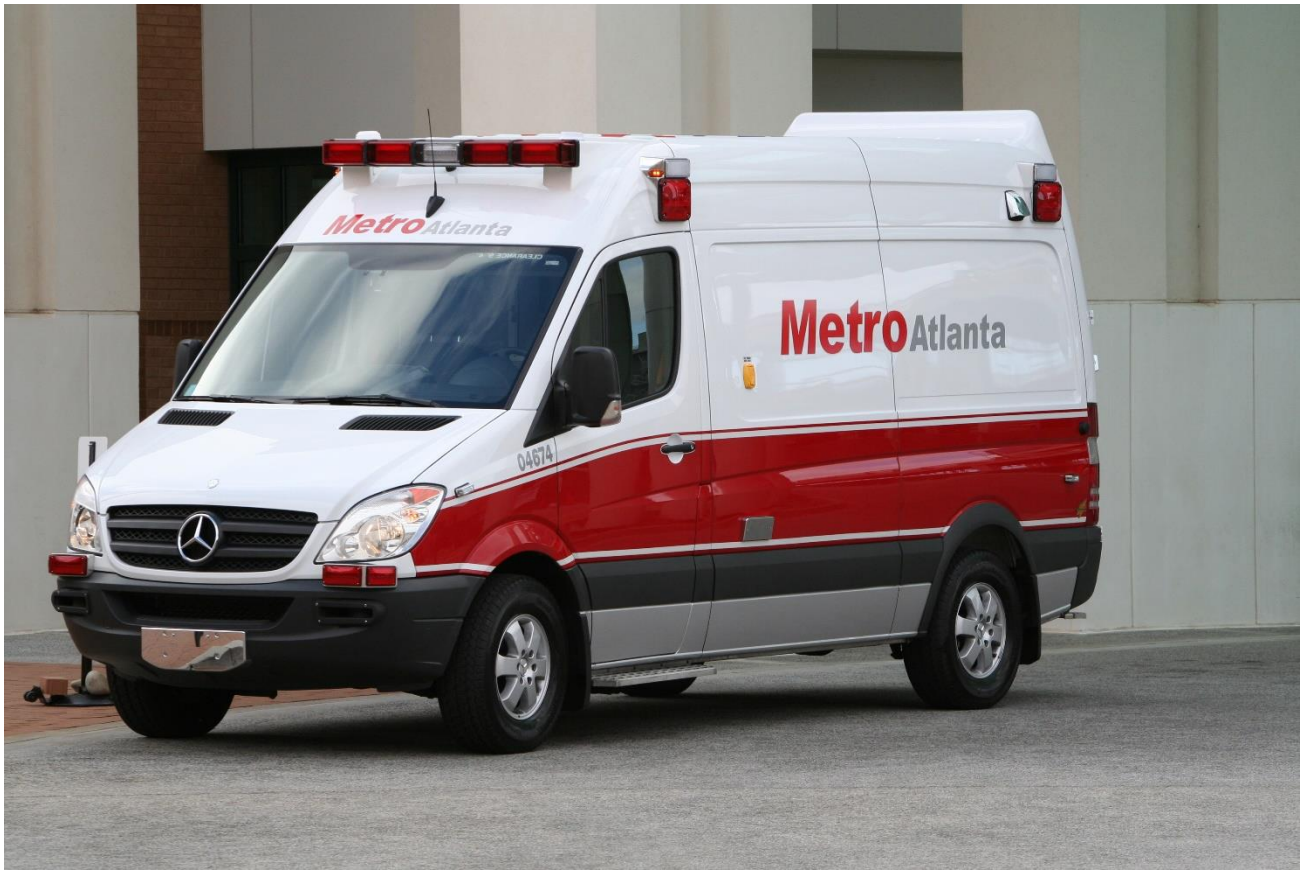
MetroAtlanta

EMS Academy Consortium



EMS Student Clinical Handbook

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www.maas911.com

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Dear EMS Student,

We want to express our sincere best wishes for the journey you are about to begin. The classroom is an invaluable part of your education and growth as an EMS student, but it only gives you part of the picture. To get the complete picture, you need to "get your hands dirty" and actively participate in the physical side of EMS education.

As you enter into the field/clinical extern portion of your program, you will get the chance to put the knowledge you have been acquiring into action. You will get the opportunity to see the sights, smell the smells, and experience the emotions your instructors have been telling you about. You will be exposed to the job and life of an EMS professional. You will start to learn what EMS is genuinely about. Moreover, you will begin the process of becoming the EMS professional you were meant to be.

This handbook has been built to help you in that undertaking and is to serve as part of the Clinical Notebook that you receive as part of your extern orientation. Within, you will find prerequisites, the dress code, and skills and hours requirements, among other things. While no one document can be completely exhaustive, we hope that we answer most of your questions, or at least give you the proper resource to find the answers you require.

We hope that you have a positive experience and that you use this time to reinforce what you learn in the classroom.

Good Luck!

Rob Bozicevich, NRP
Academy Program Manager

Programmatic Information

CODE OF CONDUCT

The Metro Atlanta EMS Academy Consortium (The Academy) is a professional environment. It is expected that students will conduct themselves in a professional manner consistent with the standards of the Institution and the general workplace. The Academy does not tolerate unprofessional behavior or the use of profane language towards fellow students or staff. Any student whose actions interfere with the right of others to gain an education or generally cause disruption will be disciplined, up to and including termination from the Institution. The Academy has a zero-tolerance policy regarding any acts of abuse, violence, harassment, or retaliatory behavior. Those purposefully and willfully involved in such actions are subject to immediate termination. Students who are dismissed for conduct violations may not be eligible for re-admission.

All students are expected to adhere to the general rules about personal appearance and standards of conduct in addition to compliance with specific dress codes as required by each academic department. In the event there is a question as to what is appropriate regarding dress code, conduct, appearance, and behavior, the Dean, Program Manager, or Lead Instructor will clarify the policy and make the final determination. Should the student find this unsatisfactory, the appeals procedure, as stated in the catalog, will be followed.

The following statements define some behaviors that are unacceptable in the Academy environment and will lead to disciplinary action up to and including expulsion (See Student Handbook for complete list):

1. Academic dishonesty such as cheating, plagiarism, or knowingly furnishing false information to the Academy.
2. Theft, damage, forgery, alteration, misuse or mutilation of the institution's documents, records, identification, educational materials, or property.
3. Interfering with the right of others to an education.
4. Disruptive and disrespectful to fellow students, faculty, and staff on or off-campus.
5. Physical or verbal abuse of any person or engaging in conduct, which threatens or endangers the health or safety of others.
6. Unauthorized entry or use of school facilities.
7. Intentional or unauthorized interference with a right of access to school facilities or freedom of movement or speech of any person on the premises.
8. Use or possession of firearms, ammunition, or other dangerous weapons or substances prohibited by law.
9. Disorderly, lewd, indecent, obscene, or sexually harassing conduct or expression.
10. Violation of federal, state or local ordinances including, but not limited to, those covering alcoholic beverages, narcotics, gambling, sex offenses or arson, of which violation occurs on school property or at a school function. (Please refer to the Drug-Free Policy established by the Academy for further information.)
11. Aiding, abetting, encouraging, or participating in a riot.
12. Failure to comply with the verbal or written directions of any Academy official acting within the scope of his/her authority, or resisting a security officer performing his/her duty.
13. Aiding and abetting or inciting others to commit any act of misconduct outlined in #1 through # 12 listed above.

Violation of any of the above may subject the student to the following:

- Reprimand
- Disciplinary probation (further infractions may result in suspension if they occur within the specified probationary period)
- Temporary suspension
- Dismissal

Any other offenses not listed above, which may be construed as detrimental to the staff, students, or graduates of the Academy may result in disciplinary action to be determined by the Dean.

Externship Attendance Policy

The maximum allowable absence on externship is 10% of the scheduled time. A student who is absent more than 5% but not greater than 10% must make up the time to graduate. A student absent more than 10% of the scheduled hours will fail externship and charges for repeating the course will apply. In the event a student is not able to complete all externship hours at the original site, a second externship site is not guaranteed. Each case will be evaluated independently.

Students must attend all clinical rotations as scheduled. Absolutely no changes in the clinical schedule will be allowed without prior authorization. Only under extreme circumstances or an emergency shall a student have cause to reschedule clinical rotations. Failure to attend a scheduled fire department, ambulance service, or hospital clinical internship will result in the following: 1st offense – Student Advisement, 2nd offense – Repeat clinical class, 3rd offense – Removal from EMS/PARA program.

Injuries

All students entering the EMS Program at the Academy must be aware that by the extern nature of the training, in which they will participate in, they may be exposed to infectious disease processes, injury and other inherent risks. Students enrolled in the EMS program are recommended to have their own personal health insurance. While we do not require health insurance as an entrance requirement, the possibility exists that it could be required in the future by our clinical sites. Understand that if the situation arises, you will be responsible for submitting documentation of your health care insurance to attend this clinical site. The Academy and its affiliated clinical/externship sites are not responsible for medical expenses related to disease(s) or injury incurred during their educational programs.

Students who are injured as a direct result of participation in the clinical or field internship/externship areas must report such an injury immediately to the Academy.

The injury procedure is as follows:

1. Any student injured must immediately inform their instructor or field preceptor of the injury, who will then contact the EMS Lead Instructor and/or the Program Director.
2. If at a hospital clinical, they are to report to the Emergency Department Charge Nurse to establish a patient chart for the student.
3. If at a ride-along, the student is to report to the field preceptor, the student is then to be taken to the nearest hospital to establish a patient chart for the student.

4. If on school grounds, the student, if capable, is to transport him/herself to the nearest emergency room to establish a patient chart.
5. The student will complete an incident report (obtained from the Hospital Supervisor or Nurse Manager).
6. An Emergency Department Physician will examine the student, determine the extent of the injury or injuries, expected loss of time and/or work activity, and perform any follow up necessary.
7. The student is to provide the EMS Program Supervisor or EMS Lead Instructor with a written report signed by their physician concerning their recovery status.

Student Professional Liability Coverage

The current policy provided by the Academy for students enrolled in the EMS program is through HPSO. This policy provides professional liability coverage for the student while in the clinical setting. The Academy does not provide health insurance nor is responsible for students who are injured or exposed to infectious exposures.

Policy on Service Work

All components of the clinical, field and field internship must be completed when scheduled as a clinical student. At no time will hours or skills acquired while the student is being paid for service with his/her employer. Also, at no time should a student be substituted for staff in the clinical, field, or field internship setting.

This policy is not in effect for EMT-Recruit students.

Student Clinical Eligibility

Students are eligible to begin their clinical experience after completing the following:

1. Education on Universal/Standard Precautions.
2. Health Screening:
    a. Before scheduling clinical experience, the student must have filed a student health certificate that includes evidence of the following immunizations/health status:
        1. Negative TB skin test for the current school year.
        2. Measles, Mumps, and Rubella immunization or positive titer.
        3. Hepatitis B immunization.
        4. Chicken Pox -- Having had the disease or immunization against the disease.
        5. Influenza (seasonal).
        6. Other immunizations deemed appropriate by a specific site.
    b. Can physically perform at the level of an EMS provider.
3. Information Presentation:
    i. Orientation as required by field/clinical site.
    ii. Injury/exposure during clinical – (students are financially responsible for their care).
    iii. Blood and body fluid exposure.
4. Professional Conduct Information Presentation:
    i. HIPAA.
    ii. Dress Code.
    iii. Signed Professional Conduct Form.
    iv. Patient Bill of Rights.
5. CPR Certification **(Student must carry CPR Card at all times).**
6. Criminal Background Check.
7. Ten (10) Panel Urine Drug Screen.
8. Assessment for proficiency in patient assessment.

EMT Clinical Prerequisites

EMT students should have the following certifications and education before starting field rotations.

1. CPR
2. Background in Anatomy and Physiology
3. Classes in the following
    a. Vital Sign collection
    b. Patient Assessment
    c. Airway and oxygen delivery equipment
    d. Lifting and Moving
    e. Spinal Precautions and Immobilization

AEMT Clinical Prerequisites

AEMT students should have the following certifications and education before starting field rotations.

1. All EMT-Basic Prerequisites
2. Completion of the EMT-Basic Course
3. Classes in the following
    a. Advanced Airway Management (AEMT)
    b. Pharmacology (AEMT)
    c. AEMT Patient Assessment
    d. Shock Management and IV Fluid Administration
    e. Trauma and Medical Assessment

Paramedic Clinical Prerequisites

Paramedic students should have the following certifications and education before starting field rotations.

1. All AEMT Prerequisites
2. Certification as an EMT, EMT-Basic, EMT-Intermediate, or AEMT
3. Classes in the following
    a. Advanced Airway Management (Paramedic)
    b. Pharmacology (Paramedic)
    c. AEMT Patient Assessment
    d. Shock Management & IV Fluid Administration
    e. Trauma and Medical Assessment
4. ACLS – must be completed before Paramedic leadership ride assignment.

EMS Programs Clinical Requirements

1. EMT-Basic students are required to complete 36 hours of clinical experience.
    a. All 36 hours are performed with MetroAtlanta Ambulance Service.
    b. These hours are completed on the weekends of Weeks 6-8.
    c. Specific Psychomotor requirements are listed in Appendix A.

2. Advanced EMT students are required to complete 48-60 hours of clinical experience.
    a. 12 hours will be performed in an Urgent Care Setting.
    b. 36-48 hours will be performed with MetroAtlanta Ambulance Service.
    c. Specific Psychomotor requirements are listed in Appendix A.

3. Paramedic Students are required to perform 360 hours of clinical experience.
    a. The hours will be performed as listed:

EMS	**120 Hours**
ER	**120 Hours**
OR	**24 Hours**
Labor & Delivery	**12 Hours**
Critical Care	**12 Hours**
Pediatric	**12 Hours**
EMS Lead Rides	**60 Hours**
TOTAL	**360 Hours**

    b. These hours to be completed throughout three 120 hour courses; MA 200, MA 201, MA 202. Each of these courses is completed over an 11 week quarter.
    c. The EMS Lead Rides will be completed after all other hourly requirements are met.
    d. Specific Psychomotor requirements are listed in Appendix C.

4. The Lead Instructor will orient the students on the proper use and navigation of the FISDAP website and explain scheduling regulations.
5. All students will arrive on-site AT LEAST 15 minutes early to the proper clinical location.
6. All clinical hours and skills must be completed for a passing grade to be given for the associated course.
7. When circumstances prevent the student from reporting for clinical experience, he/she must give notification. Notify the agency involved or the clinical area and speak to the supervisor. Missed clinicals may be rescheduled through the clinical coordinator. Please remember that clinical hours are often difficult and time-consuming to schedule.
8. Each student must adhere to the EMS Programs dress code found within this document. Improper attire may result in dismissal from the clinical site.
9. Unprofessional conduct in the classroom or clinical area may result in dismissal from the program.
10. All evaluation forms and timesheets are to be submitted to your instructor on the NEXT scheduled day of class. Failure to do so will result in the student receiving zero credit for the clinical performed.
11. Unexcused absences from a clinical, leaving the clinical site early or tardiness are all grounds for termination from the program.

General Guidelines For
Student Clinical Experiences

Field Clinicals

1. EMT, AEMT, and Paramedic students are allowed to do field rotations with the following departments:

Service	Location(s)	Slots/Day	Eligible Level
Metro Atlanta Ambulance	Marietta	Varies	All

2. All EMT and AEMT Field clinicals will be scheduled through the clinical coordinator.
3. All Paramedic field clinicals will be scheduled through FISDAP.
4. All station assignments can be found through accessing the student's FISDAP account.
5. Upon arrival in the filed site, the student should present themselves to the supervisor or officer. This person will provide a preceptor, and the preceptor should be made aware of any specific objectives that the student may have for their clinical experience.
6. Students must arrive on time, and if unable to be present, must notify their instructor or the clinical coordinator at least two hours before their assigned time.
7. Questions are encouraged. However, at no time is a student to question or challenge decisions in front of the patient, patient's family, or bystanders.
8. All procedures that the student may perform in the field are covered in the orientations for that EMS field clinicals. If there are any questions about the performance of a skill, the student should have the preceptor demonstrate or directly supervise the execution of that skill. Some skills are only to be performed under direct supervision. This is a mandatory policy.
9. HIPPA guidelines must be followed at all times.
10. The service and its representatives have the option to dismiss any student from the clinical area at their discretion.
11. EMS lounges and refreshments within are for use by the hospital staff and EMS crews on duty only.
12. Bring appropriate and necessary equipment: stethoscope, watch, pen, trauma shears, penlights, safety vest, etc.
13. Due to the nature of EMS, students are highly encouraged to bring snacks or meals. There may not be a chance for an organized meal time to occur.

General Guidelines For Student Clinical Experiences

Hospital Clinicals

1. All AEMT Urgent Care clinicals will be scheduled through the clinical coordinator.
2. All Paramedic clinicals will be scheduled through FISDAP.
3. Paramedic students are allowed to do clinical rotations in the Emergency Department at Cartersville Medical Center (CMC) and Northside Cherokee (NSC).
4. Paramedic students will also have access to the ICU, NICU, Labor and Delivery, and OR departments at CMC.
5. Shifts for CMC must be scheduled two weeks before the desired shift. Shifts at NSC must be scheduled one month in advance.
6. No more than one student will be scheduled for clinical rotations through the CMC or NSC ED at one time.
7. CMC clinicals may be scheduled by CMC availability.
8. Paramedic students are allowed to do clinical rotations at the affiliated Peachtree Immediate Care Urgent Care facilities.

Peachtree Immediate Care	Students/Time Slot	Available
Urgent Care	4	8a-8p – Four locations available

9. Upon arrival in the ED/Urgent Care/Department, the student should present themselves to the nurse in charge. The nurse will provide a preceptor, and the preceptor should be made aware of any specific objectives that the student may have for their clinical experience.
10. Students must arrive on time, and if unable to present, must notify the Lead Instructor or Clinical Coordinator at least two hours before their assigned time.
11. Questions are encouraged. However, at no time is a student to question or challenge decisions in front of the patient, patient's family, or bystanders.
12. All procedures that the student may perform in the ED are covered in the specific orientations for that facility. If there are any questions about the performance of a skill, the student should have the preceptor demonstrate or directly supervise the execution of that skill. Some skills are only to be performed under direct supervision. This is a mandatory policy.
13. HIPPA guidelines must be followed at all times.
14. The charge nurse has the option to dismiss any student from the clinical area at his/her discretion.
15. The Nursing and EMS lounges and refreshments within are for use by the hospital staff and EMS crews on duty only.
16. Bring appropriate and necessary equipment: stethoscope, watch, pen, trauma shears, penlights, etc.

At the end of the course, students will be able to perform the psychomotor skills as laid out by the SOEMS Georgia EMS Curricula R-T-04C (incorporated into syllabus). The number of times each skill must be performed has been adopted from the National Standard Curricula for EMS

This main objective will be accomplished by:

1. Allowing the student to observe and participate in the care and assessment of patients in the pre-hospital and hospital settings.
2. Allowing interaction between the student and pre-hospital personnel.
3. Allowing the student under the direct supervision of experienced pre-hospital preceptors or experience hospital personnel to perform various skills that have been taught during the course.
4. Allowing the student to integrate clinical and classroom lessons into the proper application of the student's scope of practice.

Paramedic Specific Filed/Clinical Information

Students will be evaluated throughout their externship for competency across all learning domains, as outlined in the course syllabus. Paramedic course objectives for each Field/Clinical Area can be found in Appendix D.

Each student must document certain patient procedures while in clinicals. The following is a summary of the required procedures, and the minimal number required for each area. For each situation, the student must perform a comprehensive patient assessment, formulate, and implement a treatment plan for the following:

Assessments	Minimum
Pediatrics*	**10**
Adults	**20**
Geriatric	**10**
OB	**5**
Trauma	**20**
Psych	**5**
Chest Pain	**5**
Respiratory Distress	**5**
Altered Mental Status**	**10**
Abdominal	**5**
Team Leader	**20**

**Pediatrics requires a minimum of 2 patients from each age group (Newborn/Infant/Toddler/Preschooler/School-Age/Adolescent).*

*** Altered Mental Status requires a minimum of 5 AMS patients to be stroke/seizure/etc.*

Each student must also document specific skill completions while in clinicals. The following is a summary of the required procedures, and the minimal number needed for each area. For each situation, the student must perform a comprehensive patient assessment, formulate, and implement a treatment plan for the following:

Skills	Minimum
Medication Administration	**25**
IV/IO (Successful Attempts)	**25**
Intubations	**10**

EMS Programs Dress Code

The following dress code is to be followed:

1. **Paramedic** - Academy EMS Uniform Polo Shirts will be worn. If a student wears an undershirt, the shirt should conform to the Metro Atlanta
2. **EMT/AEMT**-Recruits will wear the issued MetroAtlanta Ambulance uniform.
3. EMS Navy Pocket pants with black EMS belt.
4. During inclement weather, students will only wear their issued EMS coats.
5. Black lace-up boots.
6. Watch (with a second hand).
7. Academy issued Name Badge.
8. Proper equipment (penlight, stethoscope, trauma shears, vest).
9. Make-up should be kept to a minimum.
10. Perfumes and colognes are not to be worn in a patient setting.
11. Female students are allowed to have one pair of stud earrings. Earrings should be subtle and professional. No hoop or multiple earrings are allowed. Rings should be restricted to wedding bands (these can be safety hazards). Necklaces may be worn but kept inside the uniform shirts. Except for earrings, no other visible piercings are allowed.
12. Hair coloring should be professional. No bold neon colors are acceptable. Subtle highlights are allowed.
13. Tattoos must be covered during clinical and externship portion of the program.
14. For your safety only authorized head coverings, scarves, hats, or baggie fitting clothing will be permitted in the classroom, clinics, labs, or externship site.
15. Exemplary personal hygiene and grooming are to be followed at all times. Hair is to be combed and consistent with a professional appearance, not to detract from this established standard. Hair no longer than collar length is allowed (males) and no longer than a mid-ear length on the sides. If the hair is longer than collar length (females), it is to be placed in a ponytail or bun riding off the collar. Students are to comply with current MAAS facial hair policies.

Students will wear proper attire at all times. Students arriving at a field or hospital rotation without the proper dress uniform or displaying an inappropriate appearance will be sent home immediately without credit for attendance. It is the responsibility of the student to maintain all Academy issued equipment. If issued equipment is either lost or stolen, the student will be financially responsible for replacement of that equipment.

Non-compliance may be grounds for disciplinary action up to and including dismissal.

EMS Programs Paperwork

The following paperwork is required on all rides and can found at the Clinical Center outside of the EMS Office.

1. Clinical Skills log for the appropriate level and scope.
2. PCR's
3. Clinical Grade Sheet

EMT Internship Shift Log

Metro Atlanta EMS Academy

Student Name: _____ Date: _____

Unit: _____ In: _____
Out: _____

PCR Must be completed for every patient contact

Patient #	Age	Gender	Chief Complaint / MOI	BP	HR	RR	BGL	SpO2	Breath Sounds	O2 Admin	Ventilated Y or N
1				/							
2				/							
3				/							
4				/							
5				/							
6				/							
7				/							
8				/							

Did you Drive the Ambulance?		
Emergency	Yes	No
Non-Emergency	Yes	No

Lifting & Moving (Anytime during shift)		
Patient Tx from Bed	Yes	No
Operated Pt. Loaded Stretcher	Yes	No

Medication Administration			
Pt #	Medication	Route	Dose

Other Skills Performed

Student Name: _____ Signature: _____
Printed

Preceptor Name: _____ Signature: _____
Printed

By signing above I attest that all skills were performed as documented.

AEMT Internship Shift Log

Metro Atlanta EMS Academy

Student Name: _____ Date: _____

Unit: _____ In: _____
Out: _____

PCR Must be completed for every patient contact

Patient #	Age	Gender	Chief Complaint / MOI	BP	HR	RR	BGL	SpO2	Breath Sounds	O2 Admin	Ventilated Y or N
1				/							
2				/							
3				/							
4				/							
5				/							
6				/							
7				/							
8				/							

Were you Team Lead on a Call		
Team Lead	Yes	No
How Many Calls		

Lifting & Moving (Anytime during shift)		
Patient Tx from Bed	Yes	No
Operated Pt. Loaded Stretcher	Yes	No

Medication Administration			
Pt #	Medication	Route	Dose

IV Administration			
Pt #	Gauge	Location	Success?

Student Name: _____ Signature: _____
Printed

Preceptor Name: _____ Signature: _____
Printed

By signing above I attest that all skills were performed as documented.

Metro Atlanta EMS Academy Consortium

Paramedic Internship Shift Log

Student Name: _____ Date: _____ Time In: _____

Time Out: _____

Extern Location: _____ Unit: _____ Total Hours: _____

Was the Student on time, in complete uniform, and had a professional appearance?	Yes	No
Did the student participate in Patient Assessment and management as assigned?	Yes	No
Did the student demonstrate a proper attitude throughout the shift?	Yes	No
Did the student ask appropriate questions at appropriate times?	Yes	No

Preceptor Comments

_____

_____

_____

_____

_____

_____

Student Comments

_____

_____

_____

Airway Management	
Ventilate Unintubated	
ET Intubation	
Head Tilt/Chin Lift	
Modified Jaw Thrust	
OPA	
NPA	
Nasal Cannula	
Non Rebreather	
Combitube	
King Airway	
Other Airway Mgt.	

Medical Administration	
SQ	
IM	
IV Bolus	
IV Drip	
Nebulized	
Oral	
Rectal	
SL	
Transdermal	
Nasal	
IV Access	

Total by Age Group	
Pediatrics Total	
Newborn (0 - 1 Mon)	
Infant (1 Mon - 1 Yr)	
Toddler (1-3 Yrs)	
Preschool (4-5 Yrs)	
School Age (6-12 Yrs)	
Adolescent (13-17 Yrs)	
Adult (18-64 yrs)	
Geriatric (65+yrs)	
Total Pt Leads	

Total by Pathophysiology	
OB	
Trauma	
Psych	
Cardiac	
Cardiac Arrest	
CVA	
Medical	
Neuro	
Respiratory	
Chest Pain	

Total Assessments by Complaint	
Dyspnea/Resp Distress Total	
Adult/Geriatric	
Pediatric	
AMS/Neuro Total	
AMS (Stroke/Seizure/Etc)	
Syncope	
General Weakness	
Headache/Blurred Vision	
Dizziness	
Abdominal Pain	

Student Name: _____ Signature: _____

Printed

Preceptor Name: _____ Signature: _____

Printed

By signing above I attest that all skills were performed as documented.

Patient Assessment Log - Single Shift

Patient #	Age	Gender	Chief Complaint / MOI	BP	HR	RR	BGL	Breath Sounds Left	Breath Sounds Right	ECG Interpretation	Lead on Call
1				/							Y / N
2				/							Y / N
3				/							Y / N
4				/							Y / N
5				/							Y / N
6				/							Y / N
7				/							Y / N
8				/							Y / N
9				/							Y / N
10				/							Y / N

Medication Administration			
Pt #	Medication	Route	Dose

IV Access			
Pt #	Site	Attempts	Successful
			Y / N
			Y / N
			Y / N
			Y / N
			Y / N
			Y / N
			Y / N
			Y / N
			Y / N
			Y / N

Airway Management			
Pt #	Device	LPM	Successful
			Y / N
			Y / N
			Y / N
			Y / N
			Y / N
			Y / N
			Y / N
			Y / N
			Y / N
			Y / N

Ventilate Unintubated Patients	
Pt #	Did you use a BVM?
	Y / N
	Y / N
	Y / N
	Y / N
	Y / N
	Y / N
	Y / N
	Y / N
	Y / N

ET Intubation			
Pt #	Tube Size	Blade	Successful
			Y / N
			Y / N
			Y / N
			Y / N
			Y / N
			Y / N
			Y / N
			Y / N
			Y / N

Use this area to document skills that do not fit into the log boxes

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Scope of Practice for EMS Personnel

Emergency Medical Personnel are permitted to perform only those skills listed under their licensure level, and only once they have been trained on those skills, and credentialed to perform those skills by the agency Medical Director. Emergency Medical Personnel are permitted to administer only medications listed under their licensure level, and only once they are trained in the pharmacology of that medication, and credentialed to administer that medication by the EMS agency Medical Director.

Key to Provider Levels		
EMT	E	Emergency Medical Technician
EMT-I	I	Emergency Medical Technician-Intermediate/1985
AEMT	A	Advanced Emergency Medical Technician
CT	C	Cardiac Technician
PMDC	P	Paramedic

NOTE: If a provider code (the single letter code from the table above) is listed for a skill, then that level of EMS Provider is permitted to perform the skill. Interpretive guidelines serve to clarify and/or modify the skill listed. If an asterisk (*) appears with the letter code for a specific provider level, then the interpretive guidelines may modify the skill for that provider level.

Airway and Breathing Skills	Levels	Interpretive Guidelines
1. Supplemental oxygen therapy		
a. Oxygen delivery devices	E I A C P	*This would include any type of cannula or mask designed for the delivery of supplemental oxygen.*
b. Humidified oxygen	E I A C P	

Airway and Breathing Skills	Levels	Interpretive Guidelines
2. Basic airway management		
a. Manual maneuvers to open and control the airway	E I A C P	*This would include procedures such as: head-tilt, chin-lift; tongue-jaw lift; modified chin lift; jaw thrust; Sellick's maneuver.*
b. Manual maneuvers to remove an airway obstruction	E I A C P	
c. Insertion of airway adjuncts intended to go into the oropharynx	E I A C P	
d. Insertion of airway adjuncts intended to go into the nasopharynx	E I A C P	
3. Ventilation management		
a. mouth to barrier devices	E I A C P	
b. bag-valve-mask	E I A C P	
c. manually triggered ventilators	E I A C P	
d. automatic transport ventilators	E* I* A* C P	*EMTs, EMT-Is and AEMTs are limited to the initiation during resuscitative efforts of ventilators that only adjust rate and tidal volume.*
e. chronic-use home ventilators	E I A C P	
4. Suctioning		
a. Upper airway suctioning	E I A C P	
b. Tracheobronchial suctioning	A* C P	*AEMTs are limited to tracheobronchial suctioning of patients with pre-established airways.*
5. Advanced airway management		
a. CPAP/BiPAP administration and management	I A C P	
b. BIAD (Blind Insertion Airway Device) Insertion	I* A* C P	*This would also permit the removal of a BIAD under medically appropriate circumstances for the specified levels. EMT-Is are limited to insertion of devices not intended to be placed into the trachea. AEMTs are limited to insertion of devices not intended to be placed into the trachea.*
c. Endotracheal intubation	C P	*This includes nasal and oral endotracheal intubation. This would also allow the CT or Paramedic to extubate the patient for medically necessary reasons. This would include the use of PEEP and EtCO2/Capnography as necessary.*
d. Airway obstruction removal by direct laryngoscopy	C P	
e. Percutaneous Cricothyrotomy	P*	*This would include retrograde intubation techniques. Paramedics are not permitted to make a surgical incision of the cricothyroid membrane; paramedics may perform skin incision with a surgical blade for the purpose of the percutaneous cricothyrotomy.*
f. Gastric decompression	P	
g. Pleural decompression via needle thoracostomy	P	
h. Chest tube monitoring	P	

EMT	E	EMT-I	I	AEMT	A	CT	C	PMDC	P

Assessment Skills		Levels	Interpretive Guidelines
1.	Basic assessment skills		
a.	Perform simple patient assessments	E I A C P	
b.	Perform comprehensive patient assessments	E I A C P	
c.	Obtaining vital signs manually	E I A C P	*Includes the use of a manual BP cuff.*
2.	Advanced assessment skills		
a.	Obtaining vital signs with electronic devices	E I A C P	*This would include the use of non-Invasive blood pressure monitoring devices, as well as pulse oximetry measurement and blood glucose monitoring.*
b.	Blood Chemistry Analysis	P	

Pharmacological Intervention Skills		Levels	Interpretive Guidelines
1.	Fundamental pharmacological skills		
a.	Use of unit dose commercially pre-filled containers or auto-injectors for the administration of life saving medications intended for self, peer, or patient rescue in hazardous materials situations	E I A C P	
b.	Assist patients in taking their own prescribed medications as approved by medical direction	E I A C P	
c.	Administration of over-the-counter medications with appropriate medical direction	E I A C P	*Includes oral glucose for hypoglycemia and aspirin for chest pain of suspected ischemic origin.*
2.	Advanced pharmacological skills: venipuncture/vascular access		
a.	Obtaining peripheral venous blood specimens	I A C P	*This is either through direct venipuncture or through an existing peripheral IV catheter.*
b.	Peripheral IV insertion and maintenance (includes removal as needed)	I A C P	*This includes placement of an INT/Saline lock. Peripheral lines include external jugular veins, but does not include placement of umbilical catheters.*
c.	Intraosseus device insertion (includes removal as needed)	I A C P	*This includes placement in both adult and pediatric patients. This also includes both manual and mechanically assisted devices as approved by the local EMS medical director.*
d.	Access indwelling catheters and implanted central IV ports for fluid and medication administration.	C P	
e.	Central line monitoring	C P	

Pharmacological Intervention Skills	Levels	Interpretive Guidelines
3. Administration of medications/fluids		
a. Crystalloid IV solutions	I* A* C P	*This includes hypotonic, isotonic, and hypertonic solutions as approved by medical direction. This also includes combination solutions (i.e. D5LR, D5NS, etc.). EMT-Is are limited to the initiation of crystalloid solutions that do not have added pharmacological agents. AEMTs are limited to the initiation of crystalloid solutions that do not have added pharmacological agents.*
b. Administration of hypertonic dextrose solutions for hypoglycemia	I A C P	*Hypertonic dextrose solutions may be given IV/IO.*
c. Administration of glucagon for hypoglycemia	A C P	*Glucagon may be administered via IM, SC, IV, IO or intranasal routes as approved by the local EMS medical director.*
d. Administration of SL nitroglycerine to a patient experiencing chest pain of suspected ischemic origin	A C P	
e. Parenteral administration of epinephrine for anaphylaxis	E* I* A* C P	*EMTs may only administer epinephrine via an auto-injector. EMT-Is may only administer epinephrine via an auto-injector. AEMTs may prepare and administer epinephrine only via the IM and SC routes.*
f. Inhaled (nebulized) medications to patients with difficulty breathing and/or wheezing	E* I* A C P	*Inhaled (nebulized) means atomization of the medication through an oxygen/air delivery device with a medication chamber, or through use of a metered-dose inhaler. EMTs may only administer pre-measured unit doses of nebulized medications. EMT-Is may only administer pre-measured unit doses of nebulized medications.*
g. Administration of a narcotic antagonist to a patient suspected of narcotic overdose	A C P	*Administration may be via IM, SC, IV, IO, or Intranasal routes as approved by the local EMS medical director.*
h. Administration of nitrous oxide (50% nitrous oxide, 50% oxygen mix) for pain relief	A C P	
i. Vaccine administration	I* A* C* P	*EMT-Is, AEMTs and CTs are allowed to administer vaccinations only during designated events such as mass vaccination clinics or in the event of a declared public health emergency, and only after training through an OEMST training course.*
j. Paralytic administration	P*	*Administration of paralytics for the purposes of RSI (Rapid Sequence Induction/Intubation) is not permitted unless the EMS Agency has met RSI requirements promulgated by the OEMST, and has received approval for RSI use from the OEMST. Paramedics are allowed to use paralytics to maintain the paralysis of an already intubated patient, if approved by medical direction.*
k. Administration of other physician approved medications	C* P*	*CTs are only permitted to give the following: anti-arrhythmics, vagolytic agents, chronotropic agents, alkalizing agents, analgesic agents, and vasopressor agents. Paramedics are allowed to give any medication via any enteral or parenteral route, as approved by medical direction (see RSI note above).*
l. Maintain an infusion of blood or blood products	P	

Cardiac/Medical Skills	Levels	Interpretive Guidelines
1. Fundamental cardiac skills		
a. Manual external CPR	E I A C P	
b. Use of an automated external defibrillator	E I A C P	

EMT	E	EMT-I	I	AEMT	A	CT	C	PMDC	P

Cardiac/Medical Skills		Levels					Interpretive Guidelines
2.	Advanced cardiac skills						
	a. Use of mechanical CPR assist devices	E	I	A	C	P	
	b. ECG monitoring and interpretation				C	P	*This includes obtaining and interpreting 12-Lead ECGs.*
	c. Manual cardiac defibrillation				C*	P	*CTs may only defibrillate a pulseless and apneic patient.*
	d. Emergency cardioversion, including vagal maneuvers				C	P	
	e. Transcutaneous cardiac pacing				C	P	
3.	Emergency childbirth management						
	a. Assist in the normal delivery of a newborn	E	I	A	C	P	
	b. Assist in the complicated delivery of a newborn	E	I	A	C	P	*This includes external fundal massage for post-partum bleeding, but does NOT include internal fundal massage.*
4.	Behavioral emergency skills						
	a. Manual and mechanical patient restraints for behavioral emergencies	E	I	A	C	P	*Includes soft disposable restraints and leather restraints, as approved by the local EMS medical director, and with appropriate patient monitoring.*
	b. Chemical restraint of combative patients					P	*See pharmacological skills.*

Trauma Care Skills		Levels					Interpretive Guidelines
1.	Managing injuries, including, but not limited to:						
	a. Manual cervical stabilization and cervical collar use	E	I	A	C	P	
	b. Manual stabilization of orthopedic trauma	E	I	A	C	P	
	c. Spinal motion restriction	E	I	A	C	P	*Includes the use of commercial spinal motion restriction devices such as the KED®.*
	d. Splinting	E	I	A	C	P	*This includes the use of traction splints.*
	e. MAST/PASG Use (no longer approved for use in Georgia)						
2.	Managing other traumatic injuries, including, but not limited to:						
	a. Fundamental bleeding control	E	I	A	C	P	*Includes direct pressure and bandaging.*
	b. Progressive bleeding control	E	I	A	C	P	*Includes the use of tourniquets and hemostatic agents as approved by the local EMS medical director.*
	c. Fundamental eye irrigation	E	I	A	C	P	
	d. Complex eye irrigation with the Morgan® lens					P	
	e. Fundamental management of soft-tissue injuries	E	I	A	C	P	
	f. Complex management of soft-tissue injuries	E	I	A	C	P	
3.	Movement/extrication of patients, including, but not limited to:						
	a. Emergency moves for endangered patients	E	I	A	C	P	
	b. Rapid extrication of patients	E	I	A	C	P	

EMT	E	EMT-I	I	AEMT	A	CT	C	PMDC	P

Appendix A

Georgia State Office of EMS and Trauma
Psychomotor Requirements

EMT

Division of Health Protection **Office of Emergency Medical Services & Trauma**	INDEX	
	EFFECTIVE	01/01/2012
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SUBJECT: EMT Clinical/Field Requirements - File Review Form

Student Name:	
Course Approval Number:	
Course Location/Site Code:	
Course Coordinator:	
Date of Course Completion:	
Date of File Review:	
Date for Practical Exam:	

Proof of Completion and Current Certification of Healthcare Provider CPR	☐ YES	☐ NO
Proof of High School Graduation or GED	☐ YES	☐ NO
Proof of 18 years of Age Type:	☐ YES	☐ NO

	Clinical/Field Area		Minimum	Completed
CLINICAL/FIELD HOURS	Emergency Medical Services		>0	
	Clinical		*	SUM:
		Emergency Room	*	
		Urgent Care Clinic	*	
		Nursing Home	*	
		Doctor's Office	*	
		Other:_____	*	
	TOTAL HOURS COMPLETED (EMS + CLINICAL)		**16**	TOTAL:

Did the student observe emergency department operations for a period of time sufficient to gain an appreciation for the continuum of care (either with ER clinicals or by transporting patients to the ER)?	☐ YES ☐ NO

	Area Where Assessment Was Done	Minimum	Completed
ASSESSMENTS BY AREA	Emergency Medical Services	**5**	
	Clinical	*	
	TOTAL PATIENT ASSESSMENTS (EMS + CLINICAL)	**10**	TOTAL:

	Age Group		Minimum	Completed
COMPREHENSIVE ASSESSMENTS OF PATIENTS BY AGE	Pediatrics		*	SUM:
		Newborn (0-1 month)	*	
		Infant (1 month-under 1 year)	*	
		Toddler (1-3 years)	*	
		Preschooler (4-5 years)	*	
		School-age child (6-12 years)	*	
		Adolescent (13-17 years)	*	
	Adults (18-64 years)		*	
	Geriatrics (65+ years)		*	

	Comprehensive Assessment of Patients in these Categories	Minimum	Completed
ASSESSMENTS OF VARIOUS PATHOLOGIES	Obstetrics	*	
	Trauma	*	
	Psychiatric	*	
	Cardiac	*	
	Cardiac Arrest	*	
	CVA	*	
	Medical	*	
	Neuro	*	
	Respiratory	*	

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SUBJECT: EMT Clinical/Field Requirements - File Review Form

Student Name:				
ASSESSMENTS OF VARIOUS COMPLAINTS	Comprehensive Assessment of Patients with these Complaints		Minimum	Completed
	Chest Pain		*	
	Dyspnea/Respiratory Distress		*	SUM:
		Dyspnea/Respiratory Distress (Adult/Geriatric)	*	
		Dyspnea/Respiratory Distress (Pediatric)	*	
	Altered mental status/Neurological Complaints		*	SUM:
		Altered mental status (stroke, seizure, etc)	*	
		Syncope	*	
		General Weakness	*	
		Headache/Blurred Vision	*	
		Dizziness	*	
	Abdominal (for example: abdominal pain, nausea/vomiting, GI bleeding, gynecological complaint, etc.).		*	
**** Indicates no minimum number needed for that category, but the number must be tracked and reported for each student.***				
SUM indicates that data is obtained by totalling the indicated categories below it.				

I hereby attest that I have completed the above hours, skills, and patient assessments during the field/clinical portion of the EMT program.

Student Name (printed):	
Student Signature:	Date:

This file has been reviewed for verification of documentation for successful EMT course completion and required documentation to partially meet the requirements for EMT Licensure in Georgia.

Course Coordinator Name (printed):	
Course Coordinator Signature:	Date:

One copy of this document should be given to the student, with the original retained by the Course Coordinator. The Course Coordinator/Program Director will enter the data from this form into the SENDSS system prior to the student being allowed to take the NREMT EMT level exam. This document will be made available to the regional EMS office upon request.

Appendix B

Georgia State Office of EMS and Trauma
Psychomotor Requirements

AEMT

SUBJECT: 2011 Georgia EMS Education Standards – AEMT Student Clinical Requirements

This document lists the clinical requirements for an AEMT student attending an approved AEMT initial education program in Georgia. All clinical/field/leadership hours and skills must be completed during a scheduled clinical/field shift with the EMS program, and may NOT occur while the student is working as a required member of an ambulance or is a paid staff member at a clinical site.

NOTE: This is for the AEMT portion only – if a program provides an EMT/AEMT combined program, then both sets of clinical requirements must be met, and hours/skills/assessments may not count twice. See also R-T-11-EMT-C EMT Clinical Requirements.

AEMT Clinical/Field Requirements:

I. AEMT students must perform a minimum of 32 hours of clinical/field experience.
   a. The hours must be completed in any combination of the following areas:
      i. Required Areas:
         1. EMS
      ii. Optional Areas:
         1. Emergency Room
         2. Clinic
         3. Nursing home
         4. Doctor's Office
         5. Other areas as approved by the medical director and program director.
   b. EMS clinical requires that the AEMT student and AEMT preceptor be in attendance of the patient during treatment AND transport. (i.e. the AEMT preceptor must be in the patient compartment with the AEMT student during the transport)

II. AEMT students must perform the following skills/assessments. These can be performed in an emergency department, ambulance, clinic, nursing home, doctor's office, or other healthcare setting.
   a. Airway/Breathing Skills
      i. The student should demonstrate the ability to effectively ventilate an unintubated patient of any age group (the student should effectively, and while performing all steps of each procedure, ventilate at least 1 live human).
   b. Pharmacological Intervention Skills
      i. The student must demonstrate the ability to safely administer medications other than oxygen, but within the Georgia AEMT Scope of Practice (the student should safely, and while performing all steps of each procedure, properly administer medications at least 10 times to live humans).

ii. The student must demonstrate the ability to safely gain vascular access (the student should safely, and while performing all steps of each procedure, successfully access the venous circulation at least 10 times on live humans of various age groups).

c. Assessment of Various Age Groups

i. The student must demonstrate the ability to perform an adequate assessment on live humans, to include a minimum of the following:
   1. 5 pediatrics (0-17 years)
   2. 5 adults (18-64 years)
   3. 5 geriatrics (65+ years)

d. Assessments and Treatment Plan Formulation for Various Complaints

i. The student must demonstrate the ability to perform an adequate assessment and formulate and implement a treatment plan for at least one (1) patient with chest pain.

ii. The student must demonstrate the ability to perform an adequate assessment and formulate and implement a treatment plan for at least one (1) patient with respiratory distress.

iii. The student must demonstrate the ability to perform an adequate assessment and formulate and implement a treatment plan for at least one (1) patient with altered mental status.

e. Team Leadership

i. The student must participate in and document team leadership in a field experience (approved by the medical director and program director) at least once.

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SUBJECT: AEMT Clinical/Field Requirements - File Review Form

Student Name:		
Student's NREMT # & Exp. Date:	NREMT #:	Expiration Date:
Student GA EMT/EMT-B License:	Georgia License Type/Number:	Expiration Date:
Course Approval Number:		
Course Location/Site Code:		
Course Coordinator:		
Date of Course Completion:		
Date of File Review:		
Date for Practical Exam:		

Proof of Completion and Current Certification of Healthcare Provider CPR	☐ YES	☐ NO
Proof of High School Graduation or GED	☐ YES	☐ NO
Proof of 18 years of Age Type:	☐ YES	☐ NO

	Clinical/Field Area		**Minimum**	**Completed**
CLINICAL/FIELD HOURS	Emergency Medical Services		>0	
	Clinical		*	SUM:
		Emergency Room	*	
		Urgent Care Clinic	*	
		Nursing Home	*	
		Doctor's Office	*	
		Other:_____	*	
	TOTAL HOURS COMPLETED		**32**	TOTAL:

	SKILL	**Minimum**	**Completed**
SKILLS COMPLETION	**Airway/Breathing Skills:** Ventilation of unintubated patients	**1**	
	Pharmacological Skills: Medication Administrations (other than O_2)	**10**	
	Pharmacological Skills: Successfully Access Venous Circulation (i.e. IV)	**10**	

	Age Group		**Minimum**	**Completed**
COMPREHENSIVE ASSESSMENTS OF PATIENTS BY AGE	Pediatrics		**5**	SUM:
		Newborn (0-1 month)	*	
		Infant (1 month-under 1 year)	*	
		Toddler (1-3 years)	*	
		Preschooler (4-5 years)	*	
		School-age child (6-12 years)	*	
		Adolescent (13-17 years)	*	
	Adults (18-64 years)		**5**	
	Geriatrics (65+ years)		**5**	

	Comprehensive Assessment of Patients in these Categories	**Minimum**	**Completed**
ASSESSMENTS OF VARIOUS PATHOLOGIES	Obstetrics	*	
	Trauma	*	
	Psychiatric	*	
	Cardiac	*	
	Cardiac Arrest	*	
	CVA	*	
	Medical	*	
	Neuro	*	
	Respiratory	*	

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SUBJECT: AEMT Clinical/Field Requirements - File Review Form

Student Name:				
ASSESSMENTS OF VARIOUS COMPLAINTS	**Assessments and Treatment Plan Formulation for These Complaints**		**Minimum**	**Completed**
	Chest Pain		1	
	Dyspnea/Respiratory Distress		1	SUM:
		Dyspnea/Respiratory Distress (Adult/Geriatric)	*	
		Dyspnea/Respiratory Distress (Pediatric)	*	
	Altered mental status/Neurological Complaints		1	SUM:
		Altered mental status (stroke, seizure, etc)	1	
		Syncope	*	
		General Weakness	*	
		Headache/Blurred Vision	*	
		Dizziness	*	
	Abdominal (for example: abdominal pain, nausea/vomiting, GI bleeding, gynecological complaint, etc.).		*	
LDR	**Team Leaderships During Field Experience**		**Minimum**	**Completed**
	Team Leaderships During Field Experience		1	
		Number of those team leaderships that were marked successful by the preceptor.	*	
**** Indicates no minimum number needed for that category, but the number must be tracked and reported for each student.***				
SUM indicates that data is obtained by totalling the indicated categories below it.				

I hereby attest that I have completed the above hours, skills, and patient assessments during the field/clinical portion of the AEMT program.

Student Name (printed):	
Student Signature:	Date:

This file has been reviewed for verification of documentation for successful AEMT course completion and required documentation to partially meet the requirements for AEMT Licensure in Georgia.

Course Coordinator Name (printed):	
Course Coordinator Signature:	Date:

One copy of this document should be given to the student, with the original retained by the Course Coordinator. The Course Coordinator/Program Director will enter the data from this form into the SENDSS system prior to the student being allowed to take the NREMT AEMT level exam. This document will be made available to the regional EMS office upon request.

Appendix C

Georgia State Office of EMS and Trauma Psychomotor Requirements

Paramedic

Office of Emergency Medical Services and Trauma	INDEX	R-T-11-PMDC-C
	EFFECTIVE	7/1/2011
	LAST REVIEW	7/1/2011
	PAGES	3
	VERSION	2011

SUBJECT: 2011 Georgia EMS Education Standards – Paramedic Student Clinical Requirements

This document lists the clinical and leadership requirements for a Paramedic student attending an approved Paramedic initial education program in Georgia. All clinical/field/leadership hours and skills must be completed during a scheduled clinical/field shift with the EMS program, and may not occur while the student is working as a required member of an ambulance or is a paid staff member at a clinical site.

Paramedic Clinical/Field/Leadership Requirements:

I. Paramedic students must perform a minimum of 300 hours clinical/field experience
   a. The hours must be completed in any combination of the following areas:
      i. Required Areas:
         1. EMS
      ii. Optional Areas:
         1. Emergency Room
         2. Critical/Intensive Care
         3. Operating Room
         4. Labor/Delivery
         5. Pediatrics
         6. Psychiatric
         7. Nursing Home
         8. Clinic
         9. Doctor's Office
         10. Other areas as approved by the medical director and program director.
   b. EMS clinical requires that the paramedic student and paramedic preceptor be in attendance of the patient during treatment AND transport. (i.e. the paramedic preceptor must be in the patient compartment with the paramedic student during the transport)

II. Paramedic students must perform a minimum of 48 hours of a field internship experience (Prehospital ALS Team Leadership) (these are in addition to the hours under [Ia] above).
   a. The clinical/field experience hours requirements under [Ia] above must be completed prior to beginning the field internship.
   b. The field internship site/preceptor must be approved by the medical director and program director.
   c. The student must act as the team leader on a minimum of twenty (20) EMS responses during the field internship.

III. Paramedic students must perform the following skills/assessments. These can be performed in an emergency department, ambulance, clinic, nursing home, doctor's office, or other healthcare setting.

a. Airway/Breathing Skills

i. The student should demonstrate the ability to effectively ventilate unintubated patients of various age groups (the student should effectively, and while performing all steps of each procedure, ventilate at least 5 live humans).

ii. The student must demonstrate the ability to safely perform endotracheal intubation (the student should safely, and while performing all steps of each procedure, successfully intubate at least 5 patients).

1. Patients should be alive or recently expired (Animal laboratory experience may be substituted for human patients).

b. Pharmacological Intervention Skills

i. The student must demonstrate the ability to safely administer medications other than oxygen, but within the Georgia Paramedic Scope of Practice (the student should safely, and while performing all steps of each procedure, properly administer medications at least 25 times to live humans).

1. At least one (1) medication administration must be via the Subcutaneous route.
2. At least one (1) medication administration must be via the Intramuscular route.
3. At least one (1) medication administration must be given as an IV Bolus (other than crystalloid flushes).

ii. The student must demonstrate the ability to safely gain vascular access (the student should safely, and while performing all steps of each procedure, successfully access the venous circulation at least 25 times on live humans of various age groups).

c. Assessment of Various Age Groups

i. The student must demonstrate the ability to perform a comprehensive pediatric (ages 0-17 years) assessment on at least 10 live humans, including at least one (1) comprehensive patient assessment for each of the following age ranges:

1. Newborn (0-1 month)
2. Infant (1 month-under 1 year)
3. Toddler (1-3 years)
4. Preschooler (4-5 years)
5. School-age child (6-12 years)
6. Adolescent (13-17 years)

ii. The student should perform a comprehensive patient assessment on at least 20 adults (18-64 years).
iii. The student should perform a comprehensive patient assessment on at least 10 geriatrics (65+ years).

d. Assessments of Various Pathologies

i. The student should perform a comprehensive patient assessment on at least 5 obstetric patients.
ii. The student should perform a comprehensive patient assessment on at least 20 trauma patients.
iii. The student should perform a comprehensive patient assessment on at least 5 psychiatric patients.

e. Assessments and Treatment Plan Formulation for Various Complaints

i. The student must demonstrate the ability to perform an adequate assessment and formulate and implement a treatment plan for at least five (5) patients with chest pain.
ii. The student must demonstrate the ability to perform an adequate assessment and formulate and implement a treatment plan for at least five (5) patients with dyspnea/respiratory distress.
iii. The student must demonstrate the ability to perform an adequate assessment and formulate and implement a treatment plan for at least five (5) patients with abdominal complaints (for example: abdominal pain, nausea/vomiting, GI bleeding, gynecological complaint, etc.).
iv. The student must demonstrate the ability to perform an adequate assessment and formulate and implement a treatment plan for at least ten (10) patients with altered mental status (for example: syncope, stroke, seizure, overdose, hypoglycemia, electrolyte imbalance, etc).

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SUBJECT: Paramedic Clinical/Field Requirements - File Review Form

Student Name:				
SKILLS COMPLETION	SKILL		Minimum	Completed
	Airway/Breathing Skills:	Ventilation of unintubated patients	5	
		Endotracheal Intubation	5	
	Medication Administrations (other than O_2)		25	SUM:
		Subcutaneous (SQ) route	1	
		Intramuscular (IM) route	1	
		IV Bolus (other than crystalloid flushes)	1	
		IV Drip	*	
		Nebulized	*	
		Oral (PO)	*	
		Rectal (PR)	*	
		Sub-lingual (SL)	*	
		Transdermal	*	
		Other:_____	*	
	Pharmacological Skills: Successfully Access Venous Circulation (i.e. IV)		25	
COMPREHENSIVE ASSESSMENTS OF PATIENTS BY AGE	Age Group		Minimum	Completed
	Pediatrics		10	SUM:
		Newborn (0-1 month)	1	
		Infant (1 month-under 1 year)	1	
		Toddler (1-3 years)	1	
		Preschooler (4-5 years)	1	
		School-age child (6-12 years)	1	
		Adolescent (13-17 years)	1	
	Adults (18-64 years)		20	
	Geriatrics (65+ years)		10	
ASSESSMENTS OF VARIOUS PATHOLOGIES	Comprehensive Assessment of Patients in these Categories		Minimum	Completed
	Obstetrics		5	
	Trauma		20	
	Psychiatric		5	
	Cardiac		*	
	Cardiac Arrest		*	
	CVA		*	
	Medical		*	
	Neuro		*	
	Respiratory		*	

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SUBJECT: Paramedic Clinical/Field Requirements - File Review Form

Student Name:			
ASSESSMENTS OF VARIOUS COMPLAINTS	Assessments and Treatment Plan Formulation for These Complaints	Minimum	Completed
	Chest Pain	5	
	Dyspnea/Respiratory Distress	5	SUM:
	Dyspnea/Respiratory Distress (Adult/Geriatric)	*	
	Dyspnea/Respiratory Distress (Pediatric)	*	
	Altered mental status/Neurological Complaints	10	SUM:
	Altered mental status (stroke, seizure, etc)	10	
	Syncope		
	General Weakness	*	
	Headache/Blurred Vision	*	
	Dizziness	*	
	Abdominal (for example: abdominal pain, nausea/vomiting, GI bleeding, gynecological complaint, etc.).	5	

**** Indicates no minimum number needed for that category, but the number must be tracked and reported for each student.***

SUM indicates that data is obtained by totalling the indicated categories below it.

I hereby attest that I have completed the above hours, skills, and patient assessments during the field/clinical portion of the Paramedic program.

Student Name (printed):	
Student Signature:	Date:

This file has been reviewed for verification of documentation for successful Paramedic course completion and required documentation to partially meet the requirements for Paramedic Licensure in Georgia.

Course Coordinator Name (printed):	
Course Coordinator Signature:	Date:

One copy of this document should be given to the student, with the original retained by the Course Coordinator. The Course Coordinator/Program Director will enter the data from this form into the SENDSS system prior to the student being allowed to take the NREMT Paramedic level exam. This document will be made available to the regional EMS office upon request.

Appendix D

Paramedic Course Clinical Objectives

CLINICAL OBJECTIVES: **EMS Field Rides**

Students Should:

1. Relate the prehospital care given to a patient to his/her presenting signs and symptoms in the emergency department.

2. Perform patient assessment, including developing relevant medical history and doing a physical examination.

3. Assist and review the treatment of trauma cases and medical emergencies, at a minimum:

Multiple trauma	CNS disorders
Obstructive pulmonary disease	Hypertension
Overdose/poisoning	Cardiovascular disorders
Suspected extremity fracture	OB/GYN related emergencies
Massive hemorrhage, any source	Neuro, trauma
Pediatric injury/illness	Dysrhythmias

SUGGESTED ACTIVITIES:

1. Observe and assist with triage and assessment of patients.

2. Observe and assist the preceptors with obtaining histories and performing physical examinations.

3. Assist with respiratory care, including oxygen administration, endotracheal tube intubation, BVM, and others.

4. Monitor vital signs and relate them to the patient's condition (postural changes).

5. Participate in wound care.

6. Listen to heart, bowel, and breath sounds.

7. Observe for arrhythmias and assist with treatments.

8. Observe the patient's emotional response to illness and injury.

9. Observe for the signs and symptoms of specific trauma states such as hypovolemia increased intracranial pressure, hypoxia.

10. Observe for a response to treatment rendered.

11. Performance of peripheral intravenous insertion using an over-the-needle catheter or winged infusion needle. Initiate INT and flush with saline.

12. Draw baseline blood samples.

13. If possible, external jugular IV insertion under the direct supervision of a preceptor.

14. Perform pharmacological procedures as directed by the preceptor.

15. Prepare and administer intramuscular, subcutaneous, and intravenous medications as directed and observed by the preceptor.

16. Observe the effects of pharmacological agents administered.

17. Assist in cases of cardiac arrest as directed by the preceptor, including the performance of cardiopulmonary resuscitation, management of the airway, endotracheal intubation and defibrillation.

18. Apply monitoring electrodes, monitor cardioscope, and interpret ECG noting any irregularities.

19. Assist in trauma cases requiring hemorrhage control, immobilization, and splinting.

20. Participate in any learning activity that may be provided by the clinical facility.

CLINICAL OBJECTIVES: EMERGENCY DEPARTMENT

Upon completion of time in the emergency department, the student will possess the skills necessary for the rapid assessment and management of a victim of acute illness or injury.

Students Should:

1. Relate the prehospital care provided a patient to the presenting signs and symptoms upon arrival in the emergency department.

2. Assist in performing a patient assessment to include developing a relevant medical history and doing a physical examination.

3. Assist with and review the treatment of trauma cases and medical emergencies in the department. At a minimum, the student should be exposed to:

   - MULTIPLE TRAUMA
   - OVERDOSE/POISONING
   - OB/GYN RELATED EMERGENCIES
   - MASSIVE HEMORRHAGE, ANY SOURCE
   - CARDIOVASCULAR DISORDERS (I.E., AMI, CHF)
   - CNS DISORDERS (I.E., STROKE/TIA)
   - OBSTRUCTIVE PULMONARY DISEASE -
   - HYPERTENSION
   - SUSPECTED EXTREMITY FRACTURE
   - NEURO-TRAUMA
   - PEDIATRIC ILLNESS/INJURY
   - DYSRHYTHMIA

SUGGESTED ACTIVITIES:

1. Observe and assist with triage and assessment of patients.

2. Observe and assist the physicians in obtaining histories and performing physical examinations.

3. Assist with respiratory care, including oxygen administration, endotracheal tube intubation, BVM, and others.

4. Monitor vital signs and relate them to the patient's condition (postural changes).

5. Participate in wound care.

6. Listen to heart, bowel, and breath sounds.

7. Observe for arrhythmias and assist with treatments.

8. Observe the patient's emotional response to illness and injury.

9. Observe for the signs and symptoms of specific trauma states such as hypovolemia, increased intracranial pressure, and hypoxia.

10. Observe for a response to treatment rendered.

11. Performance of peripheral intravenous insertion using an over-the-needle catheter or winged infusion needle. Initiate INT and flush with saline.

12. Draw baseline blood samples.

13. If possible, external jugular IV insertion under the direct supervision of a physician. (Optional skill)

14. Perform pharmacological procedures as directed by the preceptor.

15. Prepare and administer intramuscular, subcutaneous, and intravenous medications as directed and observed by the preceptor.

16. Observe the effects of pharmacological agents administered.

17. Assist in cases of cardiac arrest as directed by the preceptor, including the performance of cardiopulmonary resuscitation, management of the airway, endotracheal intubation, and defibrillation.

18. Apply monitor electrodes, monitor ECG, and interpret ECG noting any irregularities.

19. Assist in trauma cases requiring hemorrhage control, suturing, immobilization, and splinting.

20. Participate in any learning activity that may be provided by the clinical facility.

CLINICAL OBJECTIVES: ICU/CCU

OBJECTIVES:

Upon completion of this rotation, the student will be able to assess the critically injured or ill patient and identify any change in the patient's status. Specifically, you will be able to:

1. Recognize the signs and symptoms of increased intracranial pressure and describe the management of the patient.
2. Recognize the signs, symptoms, and treatment of hypoxia and hypercarbia.
3. Recognize the signs, symptoms and causes, and treatment of hypovolemia.
4. Assist with the maintenance of a patient airway in the unconscious patient.
5. Initiate intravenous therapy utilizing a cannula.
6. Perform patient assessment, including developing a relevant medical history and doing a physical examination. The assessment should include taking and recording vital signs and auscultation of a chest/abdominal sound. Assessment of neurological status and other parameters as indicated.
7. Assist and review the treatment of trauma cases and medical emergencies.
8. Recognize cardiac arrhythmias on a monitor.
9. Participate in the pharmacological and electrical management of complications of acute MI.
10. Identify the signs, symptoms, and treatment for cardiac conditions to include cardiogenic shock and congestive heart failure patients.

SUGGESTED ACTIVITIES:

1. Assess and monitor the vital and neurological signs of all patients with CNS trauma or disease.
2. Assess heart, breath, and bowel sounds.
4. Review all cases, including the patient's chart, diagnosis, and treatment.
5. Assist in the care of patients with endotracheal or tracheostomy tubes and of patients breathing on respirators, including aseptic suctioning.
6. With supervision by your preceptor, administer medications using aseptic techniques.
7.

CLINICAL OBJECTIVES: OPERATING ROOM/RECOVERY

After completion of this rotation in the operating room, the student will have made a minimum of two endotracheal attempts and assist in airway care and oxygen delivery to pre/post-surgical patients.

Student Should:

1. Perform endotracheal intubation in the operating/recovery room.
2. Perform peripheral IV insertion in the operating/recovery room.
3. Administer IV medications and observe their effects on the patient in the operating/recovery room.
4. Maintain a patent airway in an unconscious anesthetized patient without an airway adjunct.
5. Maintain a patent airway utilization an oropharyngeal airway on an anesthetized patient.
6. Perform aseptic endotracheal and orotracheal suctioning.
7. Maintain adequate ventilation with a bag-valve-mask on an anesthetized patient.

CLINICAL OBJECTIVES: **LABOR & DELIVERY**

Upon completion of time in labor and delivery, the student should possess the skills necessary to assess a mother and neonate, deliver an infant, and manage emergency complications of pregnancy, delivery, and birth.

SUGGESTED ACTIVITIES:

1. Assess the signs and symptoms of eclampsia (toxemia).

2. Observe a complicated delivery, such as cesarean deliveries.

3. Observe and assist with the care of the neonate. Calculate the APGAR score.

4. Take and record all vital signs according to the L & D schedule on assigned patients: Vitals to include:

    a. Fetal heart tones
    b. Time of contractions, to include quality and quantity
    c. Observe the placement of epidural anesthesia.
    d. Follow patients to the recovery room after delivery if applicable.
    e. When possible, follow the infant to the nursery. Observe and assist with the neonatal assessment

5. The following are events that the student should observe and assist when possible:

    - Preparation of the patient for delivery in relation to prehospital delivery
    - Normal deliveries
    - Umbilical cord care and cutting post-delivery
    - Delivery of the placenta, disposition, and protection
    - Post-delivery care of the mother
    - Rupture of the intact amniotic sac
    - Assistance of breathing in the apneic infant
    - Prolonged delivery
    - Ectopic pregnancy
    - Breech presentation and deliveries
    - Prolapsed umbilical deliveries
    - Shoulder dystocia
    - Limb presentation
    - Multiple births
    - Premature births
    - Stillborn infants
    - Resuscitation of newborn
    - Umbilical catheterization

CLINICAL OBJECTIVES: NURSERY

Upon completion of time in the Nursery, the student shall be able to demonstrate and advocate appropriate interaction with a newborn/neonate patient.

Students Should:

1. Observe the physical assessment of a neonate/premature infant.
2. Identify common complications found in the premature infant and the treatment modalities for each complication.
3. Observe equipment used regularly in the NICU and gain knowledge of the respective functions of the equipment (i.e., transport isolate, ventilators, temperature monitoring devices, etc.)
4. Recognize the need for neonatal transport and identify personnel responsibilities and protocols for transport.
5. Gain an understanding of the pre-hospital care and treatment required of the neonate/premature infant.
6. Understand the responsibilities of the Paramedic during neonatal transport.
7. Observe routine procedures performed in the NICU (i.e., tube feeding, urinary output recording, suctioning, etc.)
8. Gain familiarization and confidence in caring for infants.

SUGGESTED ACTIVITIES:

1. Obtain vital signs and observe admission assessment procedures, umbilical care, reflex assessment, circumcision etc.
2. Under supervision, administer medications via the appropriate route (IM, IV, SQ, PO, tube)
3. Assist in feeding of infants
4. Assist in IV therapy to include starting and monitoring IV with supervision
5. Assist in the respiratory care of the infant to include suctioning, oxygen administration and monitoring of the respiratory status
6. Assist in tube and bottle feedings

CLINICAL OBJECTIVES: CARDIAC CATH LAB

Upon completion of this rotation in the Cardiac Cath Lab, the student will understand the process of cardiac catheterization.

Student Should:

1. Recognize the signs and symptoms of a possible STEMI/NONSTEMI event and understand why catheterization is being performed.
2. Identify the signs, symptoms, and treatment for cardiac conditions to include cardiogenic shock and congestive heart failure patients.
3. Identify other medical conditions outside of an emergent situation that may require cardiac catheterization.
4. Recognize cardiac arrhythmias on a monitor.
5. Participate in the pharmacological and electrical management of complications of acute MI.
6. Assist with the preparation of a patient for the catheterization procedure.
7. Observe the catheterization procedure to note normal/healthy arterial flow as well as abnormal blockages.
8. Assist and review the treatment for percutaneous coronary interventions.
9. If possible, review the following:
    - Coronary angiogram
    - Right heart catheterization
    - Valve replacement
    - Balloon angioplasty with or without stenting
    - Heart biopsy
    - Repair of heart defects
    - Balloon valvuloplasty
    - Heart ablation

SUGGESTED ACTIVITIES:

1. Assess and monitor the vital and neurological signs of all patients encountered
2. Observe the monitoring of central lines

3. Assess heart, breath, and bowel sounds.
4. Review all cases, including the patient’s chart, diagnosis, and treatment.
5. With supervision by your preceptor, administer medications using aseptic techniques.
6. Each rotation, analyze and explain to the preceptor's satisfaction, the cardiac rhythms of all the patients in the unit.