

GENERAL GUIDELINES FOR CLINICAL EXTERNSHIP

The California Code of Regulations, Title 22, EMT-P Regulations, state that the paramedic intern must be under supervision during the clinical phase of training. Physicians and/or registered nurses or physician's assistant in each of the clinical areas will provide direct supervision. Paramedic instructors may also provide supervision during clinical visits.

In the clinical setting, an EMT-P intern may perform any activity identified in the "basic" scope of practice of an EMT-P as defined in the California code of regulations, and the "expanded" scope of practice approved by the Medical Directors for San Bernardino County and Riverside County EMS Agencies.

If you are asking to do a procedure that you are unfamiliar with notify your preceptor. Ask for help or ask to observe and offer to do it the next time. Ask for help before you approach the patient. If you are asked to do a procedure outside your training (I.E.: foley's, suturing, ABG's, etc.) refuse politely. Explain that it is outside of your scope of practice and therefore it is against Victor Valley Community College policy.

Medications that are not found in the California EMT-P Scope of Practice may be administered in the clinical setting **only** if the paramedic intern is knowledgeable of all information concerning the medication and it is approved by the Hospital policy. Paramedic interns are not to take verbal orders.

When a paramedic intern completes a procedure or administers a medication they should sign the initial of their first name followed by their last name and the initial EMT-PS.

There are required numbers of assessments and skills that must be completed either in the Clinical or Field externship in order to complete the paramedic program. An RN, RRT, PA or Dr. must sign off all assessments and skills. **STATE LAW REQUIRES VERIFICATION OF SKILLS WITH A DATE AND THE PRECEPTOR OR DESIGNEE SIGNING AS A WITNESS.**

Objectives for the Hospital Clinical Rotation

- A. Emergency Department: During his/her experience in the Emergency Department, the student should have the opportunity to practice **under direct supervision** and demonstrate proficiency for each of the following:
- ❖ Perform patient assessment including developing a pertinent medical history and performing a physical examination. Review of the patient's chart, taking vital signs, and auscultation of chest sounds, interpreting cardiac rhythms via cardioscope.
 - ❖ Perform peripheral IV insertion.
 - ❖ Intraosseous insertion
 - ❖ Prepare and administer intramuscular, subcutaneous and IV medications.
 - ❖ Monitor and interpret dysrhythmias and place or change monitor leads.
 - ❖ Draw venous blood samples.
 - ❖ Performed endotracheal or nasotracheal intubation, nasopharyngeal or oropharyngeal suctioning.

- ❖ Assist in cases of cardiac arrest, including the performance of cardiopulmonary resuscitation, emergency drug administration, airway management, assisting with placement or removal of EOA/ET and defibrillation.
- ❖ Assist in the care of traumatized patients: multi-system injuries, chest injuries, abdominal injuries, neurological injuries, pediatric trauma, obstetrical trauma, soft tissue injuries, ENT injuries, orthopedic injuries and the patient in shock. The student should be involved in the following:
 - (a). Assessment
 - (b). Management/treatment of injuries
 - (c). Identifying positive approaches to assist the patient and the family in dealing with the effects of the crisis.
 - (d). Identifying the behaviors of anxiety for the patient and staff (including the student); it's causes and how the behavior will be revealed.
- ❖ Assist in the care of medical patients with the following emergencies: respiratory, cardiovascular, endocrine, nervous system, acute abdomen, genitourinary/reproductive system, anaphylaxis, toxicology, alcoholism and drug abuse, infectious disease and environmental injuries. The student should be involved in the following:
 - (a). Assessment
 - (b). Management/treatment of patient.
 - (c). Identifying positive approaches to assist the patient and the family in dealing with the effects of the crisis.
 - (d). Identifying the behaviors of anxiety for the patient and staff (including the student); it's causes and how the behavior will be revealed.
- ❖ Assist in the care of a pediatric patient with the following emergencies: respiratory distress, near drowning, cardiopulmonary arrest, poisoning, child abuse/neglect, seizures, meningitis, common communicable diseases, altered level of consciousness and trauma. The student shall be involved in the following:
 - (a). Assessment
 - (b). Management/treatment of patient.
 - (c). Special considerations in relationship to illness and injury such as; growth and development, approach to the pediatric patient and the approach to the parents.
- ❖ Assist in the care of a patient experiencing behavioral emergencies (as the situation allows):
 - (a). Identify the behaviors that indicate:
 - Depression
 - Acute Anxiety reaction
 - Battered victim
 - Hostile patient
 - Rape victim
 - Suicidal patient
 - Suspected substance abuse
 - (b). Identify the methods of treatment, management and legal implications and reporting.
- ❖ Assist in the transport of patients to designated areas, being careful of lifting, moving techniques and proper body mechanics.
- ❖ Monitor communications from field providers to Base Hospitals and /or Receiving Hospitals.
- ❖ Be familiar with the location and operation of all emergency equipment.

- B. Intensive/Respiratory/Coronary Care Unit. During the experience in this rotation the student should have the opportunity to practice **under direct supervision** and demonstrate with proficiency the following:
- ❖ A complete patient assessment including developing a pertinent medical history and performing a physical examination. Review of the patient's chart, taking vital signs, auscultation of chest sounds and interpreting cardiac rhythms via cardioscope.
 - ❖ The management of a patient with an endotracheal or a tracheostomy tube. This is to include:
 - (a). Respirators
 - (b). Oral, endotracheal and tracheostomy suctioning.
 - (c). Securing the endotracheal tube.
 - (d). Evaluating the placement of the endotracheal tube by observing the patient and auscultating for lung sounds.
 - ❖ Interpretation of ABG's and the effectiveness of the airway management and ventilations.
 - ❖ Identify possible responses the terminally ill may have.
 - ❖ Identify possible responses the family may demonstrate to a critically or terminally ill patient.
- C. Operating Room: During the experience in the Operating Room, the student will have the opportunity to practice **under direct supervision** and demonstrate proficiency in the following:
- ❖ The management of an airway in an apneic patient prior to intubation. This is to include proper methods of ventilating the patient.
 - ❖ Placement of an endotracheal tube.
 - ❖ Evaluating the placement of the endotracheal tube.
 - ❖ Evaluating the adequacy of ventilations.
- D. Labor Suite: During the experience in the labor suite, the student will have the opportunity **under direct supervision** to practice and demonstrate proficiency for each of following:
- ❖ Identify the three stages of labor.
 - ❖ Identify the appearance of the perineum, as delivery becomes imminent.
 - ❖ Identify the significance of a clear airway vs. meconium staining of the airway during the delivery.
 - ❖ Identify the signs and symptoms that indicate birth is imminent.
 - ❖ Identify the pertinent history to obtain from a woman in labor relative to the present labor and past history.
 - ❖ Identify the differences between the appearances of a patient in early labor vs. active labor.
 - ❖ Demonstrate the appropriate method of obtaining the following information while doing a physical assessment on a pregnant woman:
 - (a). Height of fundus
 - (b). Contractions --timing in quality.
 - (c). Presence of crowning.
 - ❖ Identify in cubic centimeters the amount of blood loss during a delivery.
 - ❖ Identify the signs and symptoms of placental separation.
 - ❖ Demonstrate assisting with a normal childbirth.
 - ❖ Assist, if possible, in an abnormal delivery.
 - ❖ Assist, if possible, in the management of a newborn:

- (a). Demonstrate the method for determining the APGAR.
 - (b). Identify the importance of drying, wrapping and stimulating a newborn.
 - (c). Cutting the cord.
 - (d). Suction.
- ❖ Demonstrate the management of post-partum hemorrhage.
- E. Pediatric Emergency Room: During the experience in this rotation the student will have the opportunity to practice **under direct supervision** and demonstrate with proficiency the following:
- ❖ Develop a positive rapport with a pediatric patient and family members.
 - ❖ Demonstrate an appropriate primary and secondary assessment on a pediatric patient presenting with signs of shock without signs of trauma.
 - ❖ Demonstrate an appropriate primary and secondary assessment on a pediatric patient presenting with signs and symptoms of shock and signs of trauma.
 - ❖ Management of an infant/child in respiratory or cardiac arrest according to American Heart Association (AHA) guidelines.
 - ❖ Use of airway adjuncts for infants/children.
- F. Radio Room At the completion of the shift the student will be able to identify a minimum of five methods for improving written and oral communications.

PARAMEDIC CLINICAL DRESS CODE

Appropriate attire, that reflects a professional attitude is mandatory. Failure to meet this standard will result in the student being sent home from clinical and the shift being counted as an unexcused absence. The shift will be made up at a later date. The student must notify the Clinical Coordinator immediately if this occurs. The following are general guidelines. The individual facilities may have other policies the student must follow.

1. The hair must be neat, clean and well groomed and off the collar. Long hair must be pulled back.
2. Proper body hygiene requires a clean body at all times. Nails may not be excessively long as to interfere with patient care aseptic technique.
3. Excessive use of perfume, cosmetics and jewelry is to be avoided.
4. Dark blue Clinical/Field shirt must be worn. The shirt must be clean and have a neat appearance.
5. Dark blue or black slacks (not jeans).
6. Appropriate undergarments are to be worn.
7. Dark shoes clean with closed toe and heel.
8. School nametag and college ID card must be worn at all times during scheduled clinical shifts.
9. Pens, watches with second hands, penlights, and heavy-duty bandage scissors & stethoscopes will be taken with you to all clinical sites.
10. Bring your books