

# **Victor Valley Community College**

## **PARAMEDIC ACADEMY**



**PARAMEDIC ACADEMY**

# **Paramedic Clinical Handbook**

Updated February 1, 2018

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## ***GUIDE TO CLINICAL EXPERIENCE***

### **Introduction**

Upon completion of the didactic phase of paramedic training, the paramedic intern is required to complete a clinical rotation. This phase of training provides the paramedic intern the opportunity to practice and refine assessment and technical skills. Clinical preceptors can have a significant impact on the learning experience the intern has during this phase of training. They are the intern's primary resource. They reinforce the intern's didactic knowledge and technical skills and they evaluate performance.

### ***CLINICAL IS A TIME TO***

*Refine assessment skills*

*Further develop technical skills*

*Enlist constructive criticism of performance*

*Develop professional relationships with nursing and medical colleagues*

*Actively seek learning experiences*

### **PARAMEDIC INTERN CONDUCT**

*Reflects upon the individual, agency, school and the paramedic profession*

*Must conduct himself/herself in a professional mature manner at all times*

*Will adhere to all policies in the manual and any additional school policies*

### **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

## **ILLNESS**

If you are ill or other circumstances prevent you from attending your scheduled clinical shift you must:

1. Notify the Clinical Coordinator by one of the following methods:
  - A. Email, text or call the Clinical Coordinator (Brian Hendrickson) at (760) 963 -3400
  - B. Email, text, or call the Paramedic Academy Director (Dave Oleson) at (909) 838-5409
  - C. Email, text, or call (Scott Jones) at 951-719-5478
  - D. Failure to notify VVC will count as an unexcused absence
2. Notify the charge nurse of the assigned clinical area.

If a student has an absence from a shift, the student will be required to make up the shift. If the student exceeds the one-absence limit he/she will be dropped from the program. The exceptions to this policy will be EXCUSED ABSENCES due to special circumstances, which will be determined by the Clinical Coordinator and/or the Program Director.

## **TARDINESS**

Tardiness will not be tolerated during the clinical rotation. In the event of tardiness, the paramedic intern must call the charge nurse of the assigned clinical area and the Clinical Coordinator to inform them of the anticipated time of arrival. If the student is late more than fifteen minutes the student will be sent home and the shift will be counted as an unexcused absence. A total of three tardies will constitute failure of the clinical rotation.



## STUDENT PROGRESS EVALUATION

This evaluation is mandatory and is to be done after the student has completed 5 clinical shifts but prior to the student's 15<sup>th</sup> shift. This evaluation may occur at the clinical site or at Victor Valley College. This evaluation is routine and allows the Clinical Coordinator/liaison to monitor the intern's progress.

## INJURY/MEDICAL LIABILITY

**If a student is exposed to a communicable disease or injured during a clinical shift it must be reported to the Program Director, Dave Oleson or his designee immediately. The student may not receive care other than for life threatening emergencies prior to notifying the Program Director or his designee. Failure to follow the correct path of reporting will result in the student being responsible for the cost of treatment.**

If the student is injured or exposed to a harmful substance or pathogen during a clinical shift, these are the steps that must be followed:

1. Immediately notify the Clinical Coordinator (Brian Hendrickson)
2. Immediately notify the Program Director (Dave Oleson)
3. Complete the necessary paper work and reporting procedures as required by the hospital and Victor Valley College.
4. If the student needs to leave the shift to seek treatment the Clinical Coordinator should be notified as soon as possible.

## VICTOR VALLEY COLLEGE HOME OR CELL PHONE SYSTEM

The home or cell phone system is for your use when you need to contact an instructor and it is not during the time when Victor Valley College is open. Some examples are:

- ❖ The College is closed, and you have a crisis or accident that will make you late for your clinical assignment. You arrive at your Clinical assignment and too many students are scheduled, or your preceptor is ill, or they are sending you home for another reason.
- ❖ If you have an accident or make a serious mistake, harming yourself or a patient contact the Clinical Coordinator or Program Director immediately.
- ❖ A preceptor/trainee dispute occurs that should be handled immediately and requires a staff member intervention.

## CONTACT NUMBERS

<b>Name</b>	<b>Work Phone</b>	<b>Cell Phone</b>
Dave Oleson	760-245-4271, 2738	909-838-5409
Brian Hendrickson	760-245-4271, 2206	760-963-3400
Christi Myers	760-245-4271, 3109	760-887-7137
Scott Jones	760-245-4271, 2338	951-719-5478
John Stroh, MD		310-902-2040

**Victor Valley Community College  
Paramedic Academy  
ALDH 56 – Paramedic Clinicals**

**Clinical Manual  
Completion Requirements**

1. Each student will be required to successfully complete a total of 18 shifts (10 ED, 1 OR, 1 RESP, 1 L&D, 1 Radio Room, 2 PED ER, 2 ICU). Shifts are 12 hours in length to allow for a lunch or dinner break. The exception will be the radio room shift that is 8 hours. You may also take a 15-minute break in each of the 4-hour periods (2 or 3 depending on shift length). The shift schedule will be as follows.
  - a. Emergency Department (10 shifts total)
    - i. (12 hour) St. Mary's Medical Center (SMMC)
    - ii. (12 hour) Loma Linda University Medical Center (LLUMC)
    - iii. (12 hour) Desert Valley Medical Center (DVH)
    - iv. (12 hour) Victor Valley Global Medical Center (VVGMC)
    - v. (12 hour) Palmdale Regional Medical Center (PRMC)
  - b. Operating Room (1 or more if needed)
    - i. 1 (12 hour or 5 ET Intubations) PRMC
  - c. Respiratory (1 shift)
    - i. 1 (12 hour) SMMC, VVGMC
  - d. Labor and Delivery Unit (2 shifts)
    - i. 1 (12 hour) SMMC, DVH
  - d. Pediatric Emergency Room (2 shifts)
    - i. 2 (12 hour) Loma Linda University Medical Center
  - e. Intensive Care Unit (2 shifts)
    - i. 2 (12 hour) SMMC, DVH
  - f. Radio room 1 (8 hour) Loma Linda University Medical Center
2. In order for successful completion of the hospital clinical internship the student must complete and turn in the following:
  - a. Radio room report 25 points
  - b. Journal 25 points
  - c. FISDAP Tacking System 50 points
3. Students, please be aware of the fact that some skills have a required minimum in order for graduation. These skills minimums can be satisfied in the hospital clinical or field internship.

**Assignments:**

- Keep your FISDAP entries current and accurate.
- Have all daily evaluations signed and completely filled out then scan and enter them into FISDAP, you must also turn in all forms at the end of clinical.

- Your radio room report will contain a written summation of at least 500 words outlining the necessity of effective communication and how it contributes improved patient care and outcomes. This report will be submitted within Fisdap on the day of your radio room shift.
- Journal this involves Fisdap after filling in your skills and assessments for the day Fisdap will ask for a narrative report for the shift. You must complete a comprehensive evaluation of your day this should include what you learned, any interesting patients, and how you will apply this knowledge in the future as a paramedic. Please include a situation each day where you felt the least competent and the most competent when dealing with a situation at the clinical site. This journal should be a minimum of 300 words for every clinical shift that you complete.

## **STUDENT'S CLINICAL PERFORMANCE EVALUATIONS**

Performance of the paramedic intern during the clinical internship will be closely observed and evaluated by the clinical preceptors. The evaluation is done after each shift to determine whether the intern is demonstrating appropriate application of the knowledge and skills acquired during the didactic portion of training. The clinical coordinator will review the evaluations and inform the Paramedic Program Director of any areas of difficulty. If a student is late there will be a loss of half the points for the shift. If the student is late by more than fifteen minutes the student will be sent home and the shift will be counted as an unexcused absence.

**Program Goals:** At the completion of clinical you must be 100% completed on the following CoAEMSP and program required goals:

### **Ages**

- New born 2
- Infant 2
- Toddler 2
- Preschooler 2
- School age 2
- Adolescent 2
- Pediatric 10
- Adult 60
- Geriatric 20

### **Airway Management**

- Airway Management 50

### **Complaints**

- Weakness 10
- AMS 10

- Dizziness 5
- Chest Pain 15
- Breathing Problems 15
- Change in responsiveness 10
- Headache Blurred Vision 2
- Abdominal pain 10
- Pediatric Respiratory 5

### **Impressions**

- Cardiac Arrest 2
- Obstetrics 2
- Respiratory 10
- Abdominal 10
- Neuro 2
- Trauma 20
- Psychiatric 5
- Cardiac 15
- Medical 40
- CVA 2

### **Skills**

- Medications 15
- IV's 25
- Live Intubation 2
- Ventilations 3
- Endotracheal Intubation 5
- Unconscious 2

## **Paramedic Scope of Practice**

- (A) A Paramedic may perform any activity identified in the scope of practice of an EMT-1 in chapter 2 of this division or inactivity identified in the scope of practice on an EMT-II in Chapter 3 of this division.
- (B) A paramedic shall be affiliated with an approved paramedic service provider in order to perform the scope of practice specified in this Chapter.
- (C) A paramedic student or a licensed Paramedic, as part of an organized ENMS System, while caring for patients in a hospital or as part of his/her training or continuing education under the direct supervision of a physician, registered nurse or physician assistant, or while at the scene of a medical emergency, during a transport, during an interfacility transfer, or while working in a small and rural hospital pursuant to section 1797.195 of the Health and Safety Code, may perform the following procedures or administer the following medication when such are approved by the medical director of the local EMS agency and are included in the written policies and procedures of the local EMS agency.
- (1) Basic Scope of Practice**
- a) Perform defibrillation and synchronized cardioversion

- b) Visualize the airway by use of the laryngoscope and remove foreign body(-ies) with forceps
- c) Perform pulmonary ventilation by use of lower airway multi-lumen adjuncts, the esophageal airway and adult oral endotracheal intubation.
- d) Institute intravenous (IV) catheters, saline locks, needles, or other cannulae (IV lines), in peripheral veins and monitor and administer medications through preexisting vascular access.
- e) Administer intravenous glucose solution or isotonic balance salt solutions, including Ringer's Lactate solution.
- f) Obtain venous blood samples
- g) Use glucose measuring device
- h) Perform Valsalva maneuver
- i) Perform needled cricothyrotomy.
- j) Perform needle thoracostomy
- k) Monitor thoracostomy tubes.
- l) Monitor and adjust IV solutions containing potassium, equal to or less than 20Eq/L.
- m) Administer approved medications by the following routes: intravenous, intramuscular, subcutaneous, inhalation, transcutaneous, rectal, sublingual, endotracheal, oral or topical.
- n) Administer, using prepackaged products when available, the following medications:
  1. 25% & 50% dextrose
  2. activated charcoal
  3. adenosine
  4. aerosolized or nebulized beta-2 specific bronchodilators
  5. aspirin
  6. atropine sulfate
  7. calcium chloride
  8. diazepam
  9. diphenhydramine hydrochloride
  10. dopamine
  11. epinephrine
  12. furosemide
  13. glucagon
  14. midazolam
  15. lidocaine hydrochloride
  16. nitroglycerin preparations, except intravenous, unless permitted under (c) (2) (A)
  17. sodium bicarbonate
  18. syrup of ipecac

**(2) Local Scope of Practice**

- a) Perform or monitor other procedures or administer any other medication(s) determine to be appropriate for paramedic use, in the professional judgment of the medical director of the local EMS agency, that have been approved be the Director of the Emergency Medical Services Authority when the paramedic has been trained and tested to demonstrate competence in performing the additional procedures and administering the additional medications.

## Objectives for the Emergency Department Clinical Rotation

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.
- ❖ Perform endotracheal or nasotracheal intubation, nasopharyngeal or oropharyngeal suctioning.
- ❖ Assist in the 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 traumas, 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 diseases and environmental injuries. 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 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 should be involved in the following:
  - (a). Assessment.
  - (b). Management/treatment of injuries.
  - (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.

### **Objective for the Labor & Delivery Clinical Rotation**

During the experience in the labor suite, the student will have the opportunity under **direct supervision** to practice and demonstrate proficiency for each of the following:

- ❖ Identify the three stages of labor.
- ❖ Identify the appearance of the perineum, as delivery becomes imminent.
- ❖ Identify the significance of clear Vs meconium fluid 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 verses 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 bleeding.

### **Objectives for the Pediatric Emergency Room Clinical Rotation**

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.

### **Objectives for the Operating Room Clinical Rotation**

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

Intern: \_\_\_\_\_ Date: \_\_\_\_\_ Shift # \_\_\_\_\_ Hours: \_\_\_\_\_

**RATING CRITERIA: Refer to Performance Standards below. An intern should progress from a rating of 1 or 2 to a minimum of 3 in each category on the final evaluation form.**

<p><b>Performance Standards:</b>          1 – Requires instruction and prompting when performing assessment/skill.          2 – Able to perform assessment/skill with minimal instruction.          3 – Able to perform assessment/skill without instruction or prompting (competent).          N/A – Not applicable (Did not perform skill).</p>
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Evaluation Factors:	Rating:	Comments
<b><u>ASSESSMENT/PATHOLOGIES</u></b>		
Assessment and Interventions	_____	_____
Assessment Interpretation	_____	_____
<b><u>PSYCHOMOTOR SKILLS</u></b>		
Patient Management	_____	_____
Skills (IV, Meds, Defib, ET) Performance	_____	_____
Equipment Operation	_____	_____
Bandaging/Splinting/C-Spine	_____	_____
<b><u>COMMUNICATION</u></b>		
Professionalism/Attitude	_____	_____
Rapport with Patient, Family, Staff	_____	_____
Documentation	_____	_____

**LEADERSHIP**

**Initiative, Participation** \_\_\_\_\_

**Feedback and Guidance** \_\_\_\_\_

**Attendance and Appearance** \_\_\_\_\_

**SUMMARY OF PERFORMANCE**

**Written summary of intern's performance to date:**

\_\_\_\_\_

\_\_\_\_\_

**Plan for improvement:**

\_\_\_\_\_

\_\_\_\_\_

**Preceptor Signature:** \_\_\_\_\_

**Intern Signature:** \_\_\_\_\_

**Time in:** \_\_\_\_ **Preceptor/Charge Nurse Name:** \_\_\_\_\_ **Signature:**

\_\_\_\_\_

**Time out:** \_\_\_\_ **Preceptor/Charge Nurse Name:** \_\_\_\_\_ **Signature:**

\_\_\_\_\_

**Date:** \_\_\_\_\_

**To Victor Valley College Paramedic Department:**

**Student Name:** \_\_\_\_\_

**Successfully completed \_\_\_\_\_ intubations today. The technique the student used was adequate, good or excellent.**

**Sincerely,**

\_\_\_\_\_

**M.D.**