LOWCOUNTRY REGIONAL EMS COUNCIL	**Student Name:** **ID #**	**Shift Date:**
		Service Name:
	Field Preceptor Name: **ID #**	Please check one **Team Leader Yes ☐ No ☐**

DISPATCH	RACE/SEX	M	F	PATIENT AGE	DISPOSITION/CALL OUTCOME	
☐ NON-EMERGENT	☐ AFRICAN AMERICAN	☐	☐		☐ TRANSPORT ROUTINE	☐ D.O.A
☐ NON-EMERGENCY TRANSFER	☐ AMERICAN INDIAN	☐	☐	AGE IN YEARS	☐ TRANSPORT EMERGENCY	☐ FALSE CALL
	☐ ASIAN	☐	☐		☐ REFUSAL – TREATMENT	☐ CANCELLED
☐ EMERGENT	☐ CAUCASIAN	☐	☐		☐ TREATED– RELEASED	☐ STANDBY
☐ ARREST/CRITICAL	☐ HISPANIC	☐	☐	AGE IN MONTHS	☐ TRANSFER TO ANOTHER UNIT	
	☐ OTHER _____	☐	☐		☐ TREATED - REFUSED TRANSPORT	

CHIEF COMPLAINT:

PRIMARY AND SECONDARY FIELD IMPRESSION (What you think is wrong with the patient)

Primary	Secondary	MEDICAL
☐	☐	ABDOMINAL/GI
☐	☐	RESPIRATORY
☐	☐	CARDIAC
☐	☐	CVA/TIA
☐	☐	DIABETIC
☐	☐	DOA – NO CPR
☐	☐	OB – BIRTH/DELIVERY
☐	☐	GYN
☐	☐	OB-LABOR
☐	☐	PREGNANCY PROBLEMS

Primary	Secondary	MEDICAL
☐	☐	OD – POISON
☐	☐	PSYCHIATRIC
☐	☐	SEIZURE
☐	☐	SEPSIS/INFECTION
☐	☐	OTHER MEDICAL _____
☐	☐	OTHER NEURO _____

Primary	Secondary	TRAUMA
☐	☐	ABDOMEN
☐	☐	CHEST
☐	☐	EXTREMITIES
☐	☐	MUSCULOSKELETAL
☐	☐	HEAD/FACE
☐	☐	NECK-BACK
☐	☐	PELVIC
☐	☐	MULTI-SYSTEMS
☐	☐	EXTREMITIES

MECHANISM OF INJURY

☐ NONE
☐ STEERING WHEEL DEFORMED
☐ DASHBOARD DEFORMED
☐ WINDSHIELD SPIDER WEBBED
☐ EJECTION
☐ ENTRAPMENT
☐ PINNED IN VEHICLE
☐ DOA SAME VEHICLE
☐ ROLLOVER
☐ OTHER _____
☐ AUTO-PEDESTRIAN
☐ MOTORCYCLE
☐ PENETRATING INJURY
___ Gunshot wound
___ Knife
☐ BLUNT INJURY
☐ FALL/JUMP _____
☐ DRIVER – MVA
☐ PASSENGER – MVA_____
☐ AIRBAG _____
☐ SEATBELT _____

MEDICAL HISTORY

MEDICATION

PAST HISTORY

ALLERGIES

REVISED TRAUMA SCORE

GCS Points	13-15	4
	9-12	3
	6-8	2
	4-5	1
	0-3	0
Systolic BP	>89 mmHg	4
	76-89 mmHg	3
	50-75 mmHg	2
	1-49 mmHg	1
	NONE	0
Respiratory Rate	10-29/min	4
	>29/min	3
	6-9/min	2
	1-5/min	1
	NONE	0
Total Adult Score		

Glucose Check ____

VITAL SIGNS

TIME	BP	PULSE	RESP	LOC – AVPU
				☐ ALERT ☐ VERBAL ☐ PAINFUL ☐ UNRESPONSIVE

INITIAL GLASGOW COMA SCALE

EYES OPEN	BEST VERBAL	BEST MOTOR
☐ SPONTANEOUS– 4	☐ ORIENTED-5	☐ OBEYS COMMANDS-6
☐ TO VOICE – 3	☐ CONFUSED-4	☐ PAIN/LOCAL-5
☐ TO PAIN- 2	☐ INAPPROPRIATE. - 3	☐ PAIN/WITHDRAWAL-4
☐ NONE –1	☐ GARBLED-2	☐ PAIN/FLEXION-3
	NONE-1	☐ PAIN/EXTENSION-2
		NONE-1

ALS PROCEDURES OBSERVED

AIRWAY

ATTEMPTS	SUCCESS	ET SIZE	O	P
			☐	☐
			☐	☐
			☐	☐
			☐	☐

ALS IV/IO ACCESS

ATTEMPTS	SUCCESS	SITE	GAUGE	O	P
				☐	☐
				☐	☐
				☐	☐
IN MEDICATION _____				☐	☐

MEDICATIONS OBSERVED

DRUG	DOSE	ROUTE	O	P
OXYGEN			☐	☐
–			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐

OTHER SKILLS PERFORMED OR OBSERVED:

ASSESSMENT-BASED MANAGEMENT/PLAN/TREATMENT NARRATIVE

Preceptor Comprehensive Assessment and Treatment Evaluation

GRADING SCALE		DEFINITION
4	Proficient – Field Competent	Employable as functioning EMT-Basic (circle one)
3	Acceptable – Appropriate for Experience	Functioning at level expected in the program
2	Needs Improvement (See preceptor comments)	Needs further practice and education to improve
1	Dangerous to Practice	Hazard to the patient and others

SKILLS

Interview:	Completed Comprehensive interview. Demonstrates active listening	4 3 2 1
Exam:	Completed an appropriate head-to-toe and/or focused physical examination	4 3 2 1
Skill:	Interventions performed or suggested were complete, satisfactory and timely	4 3 2 1
Leadership:	Set priorities, self-directed, and adapted to evolving information and findings	4 3 2 1

Preceptor Comments: _____

_____

_____.

Preceptor Signature	Student Signature	Program Review ☐

Patient Care Report's (PCR's) are required in all phases of field internship. One PCR per patient will be completed. Completed PCR's and Field Shift Evaluation Forms are to be submitted to the Director of Education within ten (10) days of the completion of the shift.

Contact Joel Decker, Director of Education, at (843) 529-0977 or jdecker@lowcountryems.com with any comments or concerns.
If there is an injury or emergency that warrants immediate medical attention from a clinical rotation – please notify the office immediately and fill out the appropriate documentation for the clinical site and forward a copy to the Director of Education within one (1) business day.