EMT Student Clinical Rotation Form

Student Name: _____ NYS EMT-B Course #: _____

Certified Instructor Coordinator: _____ Course Location: _____

Emergency Medical Technician Course – Clinical Requirements:

Students are required to complete and document *ten* direct patient contacts. Direct patient contact is defined as a patient who is being evaluated for an acute medical emergency or injury.

CRITERIA FOR PATIENT CONTACTS:

- Student must be able to directly interact with the patient.
- Student must be able to complete a patient assessment, history taking, and vital signs. Student must be able to communicate and document each patient contact and report on interventions performed or observed and must be able to follow the patient through disposition.
    - Disposition is defined as the final EMS outcome: Transported to Hospital or RMA (no other disposition is acceptable)
    - If patient contacts are done in a hospital rotation then no "Disposition" is required.
- RMAs are acceptable as a patient contact *only* if the above criteria are met.

The preceptor and student must sign <u>each</u> clinical observation. By signing, both parties are attesting that the student was present and participated during their patient encounter.

All patient contacts summarized below:

DATE	AGE	AGENCY / HOSPITAL	CHIEF COMPLAINT	TREATMENTS/INTERVENTIONS	DISPOSITION

EMT Student Clinical Rotation Form

Gender: □ Male □ Female □X Age: _____ Chief Complaint: _____ Date: _____

Past Medical History: _____

Medications: _____

Vital Signs:

Blood Pressure	Pulse Rate/Quality	Resp. Rate/Quality	Skin C/T/C	L.O.C.	BGL	Temp
/				A V P U		
/				A V P U		

Subjective Assessment: _____

Treatments/Interventions: _____ Dispo: TXP RMA

Narrative:

Preceptor Name (PRINT): _____ Preceptor Signature: _____

Student Name (PRINT): _____ Student Signature: _____

By signing this form, the preceptor and student are verifying that the student was present and participated in patient care.

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