

## Western Carolina University Emergency Medical Care Program

## DAILY SKILLS CHECK OFF

**Students**: Please use one form for each clinical day.

<u>Clinical Instructor/Preceptor</u>: Please sign the last line that is written at the end of each clinical rotation. No blank lines should be left above signature.

Name	Date	Rotation	Preceptor	
AGE	CHIEF COMPLAINT	SKILL/DRUG	SIGN-OFF	

## SKILLS TO BE DOCUMENTED

Adult assessment (hospital) Adult assessment (ambulance)

Bag-valve-mask Blind insertion device Blood glucose monitoring

**CPR** 

Cardioversion Defibrillation ECG 12 lead ECG 3 lead

Endotracheal drug administration

Endotracheal intubation
External cardiac pacing
External jugular cannulation
Foley catheter insertion

Foley catheter insertion
IV administration
IV drug administration
Inhalation therapy
Intradermal injection
Intramuscular injection

Intraosseous administration Laryngeal mask airway MAST application NG tube insertion/lavage Nasotracheal intubation Natural childbirth

Oral drug administration Oropharyngeal suctioning Pediatric/Neonatal assessment

Pleural decompression Psychological assessment

Pulse oximetry

Radio Report Call In

Rectal drug administration

Spinal immobilization

Splint application

Subcutaneous injection

Sublingual drug administration

Team leader

Thumper application

Topical drug administration

Tracheal suctioning

Venipuncture

Ventilator setup/maintenance

## **CHIEF COMPLAINTS**

Abdominal Complaints Allergic Reaction Altered LOC Behavioral

Burn CVA

Cardiac Problem Cardiac Arrest Diabetic Electrocution GI Problem Headache

Heat Exhaustion/Heat Stroke

Hypertension
Hyperthermia
Hypothermia
Infectious Disease
Internal Bleeding
Medical Emergency
Near Drowning
Neonatal Condition

OB/GYN Overdose Poisoning Respiratory Seizure

Substance Abuse

Syncope Trauma

NOT APPLICABLE