KING SAUDUNIVERSITY

PRINCE SULTAN BIN ABDULAZIZ COLLEGE FOR EMERGENCY MEDICAL SERVICES

CLINICAL PRACTICE -2

LOGBOOK

STUDENT NAME:	
STUDENT COLLEGE ID: _	

Clínical (Hospital) Attendance Record

Complete all columns of this form and have preceptor sign followed by your sign before you leave.

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Student Signature	Preceptor's Signature	Comments About Attendance	Hours Worked	Time Out	Time In	Hours Scheduled	Date
Signature	Signature		Worked	Out	111	Scricadica	
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Date:

Initial:

EMERGENCY ROOM

Clinical Objectives

Skills Performance Sheets

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tud	ent N	lame:	ID:Date:							
atin S	g: NA	A = Not	Applicable, No Opportunity to Perform this Skill Today SA = Satisfactory US = Unsatisfactory Emergency Room - Objectives	ory						
	511	1111	Utilize "Universal Precautions" of infection control							
			History taking – Chief Complaint, SAMPLE (at least 10 – Adults, Geriatrics & Pediatrics)							
			Adequate Patient Assessment (Primary survey & Secondary survey) on pediatric, adults &							
			geriatric patients (at least 10 – Adults, Geriatrics & Pediatrics)							
			Patient Treatment plan (Critical Thinking) – Formulate and implement a treatment plan for							
			patient's with chest pain, Respiratory distress, Altered Mental Status, Diabetes, Hypertension	etc						
			(at least 5 – Adults, Geriatrics & Pediatrics)							
			Skills to be performed – Breath sounds, Pulse, Skin – color, temperature, and condition, Capill	ary						
			refill in infants and children, Pupils, Blood Pressure, Temperature, Auscultation, Inspection,							
			Percussion & Palpation (at least 10 – Adults, Geriatrics & Pediatrics)							
			Assist and observe the triage of patients Parier Advanced							
			Perform airway management – Basic & Advanced Perform respiratory support – Pocket mask, NRM, Venturi mask, BVM & Demand Valve							
			Resuscitators							
			Perform CPR							
			Recognize and evaluate mechanisms of injury							
			Assist in the treatment of trauma cases							
			Assist in the treatment of medical cases							
			Assist or observe the care of behavioral emergencies							
			Assist in the care of geriatric patients							
			Assist in the care of pediatric patients							
			Observe the management of cases with legal implications or which require evidence							
			preservation							
			Documentation of history, patient assessment & treatment plan							
			Prepare and administer medications under the supervision							
			Perform and assist in cardiac monitoring							
			Perform or observe defibrillation/cardioversion/pacing							
		\vdash	Perform or observe placement of the leads for 12 lead ECG monitoring Perform or observe placement of nasogastric tube							
			Assist in ACLS resuscitations							
			Assist in ACL3 resuscitations Assist in BTLS resuscitations							
			Observe sterile techniques and assist as directed							
			Assist in lifting, moving and patient transfers							
			Review charts for clinical findings, diagnosis and treatment plans							
			Observe diagnostic procedures/tests and review lab results							
			Wound care							
Pr	ecent	or Con	nments:							

Contact Dr. Bashar Youssef Dayoub EMS Coordinator, with any comments or concerns at office number +966-14793547 Ext: 121. If necessary to contact the coordinator immediately, call Dr. Bashar Youssef Dayoub at mobile number +966-050-6449470. Electronic submission of student information and performance can be done by the preceptor, please contact EMS Coordinator for further information.

Student Signature

Preceptor Signature

Program Review	

Date

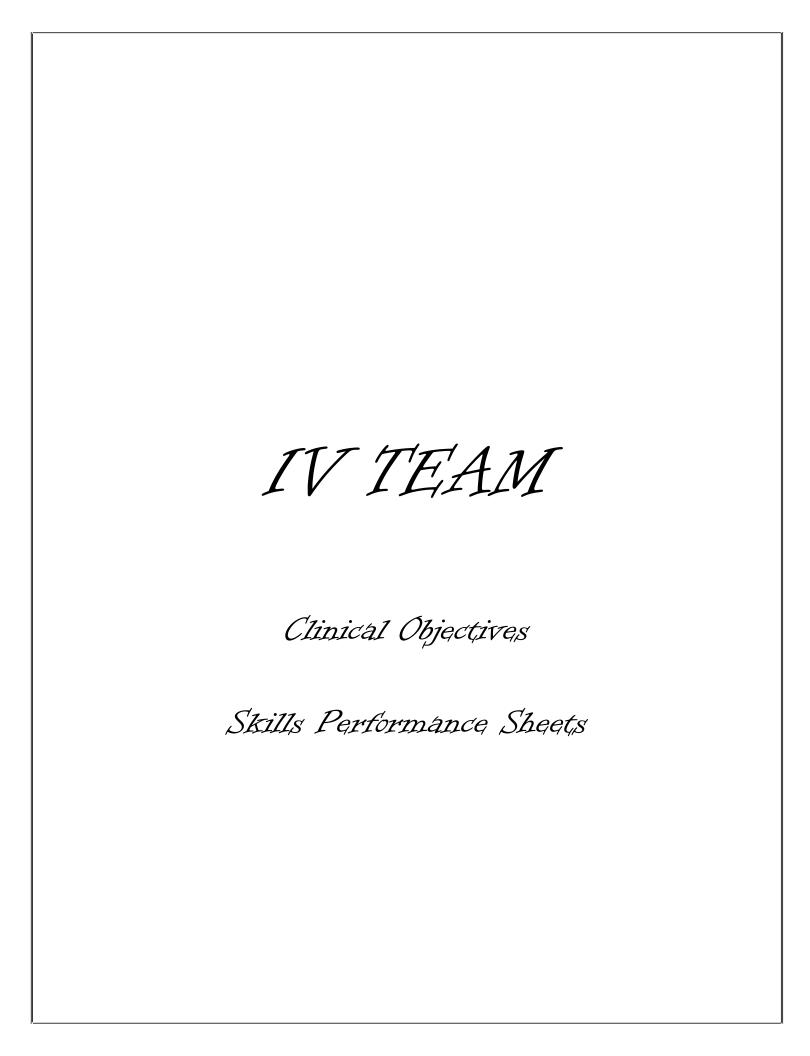
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□ EMS	S 415	Clinical	Pra	actice V			Clini	cal Internship -	- Hos	pital	/ Field	l Experie	ence				ncy Me		ervice		
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		ICU/CCU						Time:						CVA/TIA ☐ Sepsis/Infection Diabetic ☐ Other neuro							
		OR/Ane						Total Hours:	\square IV	Access				□ Oth	er Medical	(include A	MS)				
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Other				Sinus Ta	chycardia				Pacemaker				AV	Block - 3rd			Atrial F	ibrillation		
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	Functio	oning at l	evel ex	pected in th	ne progra	m			Acceptable -	– Арр	ropriate fo	or Exp	erien	nce	3					
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King Saud Uni PRINCE SULTAN ABDULAZIZ COL FOR EMS Riyadh, Saudi A	BIN LEGE		Aily Hospital Training EMS 225 Clinical Practice I EMS 323 Clinical Practice III EMS 415 Clinical Practice V	ing — Clinical Evaluation Form - ER □ EMS 314 Clinical Practice II □ EMS 425 Clinical Practice IV □ Clinical Internship – Hospital / Field Experience									
Hospital / Ar	ea:		Sta	tion / I	Unit #	# :							
Rating S	ystem: (1) Fa	ils to perform ② Borderli				3	Con	npetent				
			Student's Perso										
1 2 3			nspection (Ambulance only)	1	2	3	App	earai	nce/Personal Hygiene				
1 2 3	Self	-Con	fidence	1	2	3	Pro	nptn	ess/Punctuality				
1 2 3	Tim	e Ma	nnagement	1	2	3	Atti	tude					
1 2 3	Pati	ent A	Advocacy	1	2	3	Res	pect					
1 2 3		eful l	Delivery of Service	1	2	3	Con	nmun	nications				
1 2 3		nwo	rk and Diplomacy	1	2	3	Self	-Mot	ivation				
1 2 3		chom	otor Skills Performance	1	2	3	Inte	grity	and Empathy				
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NA OBS	1 2	3	Medication Administration	NA	OBS		2	3	Patient Assessment				
NA OBS	1 2	3	EKG Recognition	NA	OBS		2	3	Taking Vital Signs				
NA OBS	1 2	3	Cardiac Management	NA	OBS		2	3	Airway Management				
NA OBS	1 2	3	Medical Management	NA	OBS	1	2	3	Ventilatory Support				
NA OBS	1 2	3	Trauma Management	NA	OBS	5 1	2	3	Bleeding Control				
NA OBS	1 2	3	Patient Movement	NA	OBS	1	2	3	Fracture Immobilization				
NA OBS	1 2	3	Other Skills (Specify):										
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__Student Signature: _____

Student Name: _



BDU MS	CE SU	ULTAN	LEGE FOR	Hospital Final Clinica ☐ EMS 225 Clinical Practice I ☐ EMS 323 Clinical Practice III ☐ EMS 415 Clinical Practice V	☐ EMS 3	314 Clinical Practice II 25 Clinical Practice IV al Internship – Hospital	
ıder	nt N	ame:			ID: _	D	ate:
			Applicable,	No Opportunity to Perform this Skill 1		SA = Satisfactory	US = Unsatisfactory
SS	SA	NA				r - Objectives	
				Universal Precautions" of infect			
+				Assist and observe IV fluid ac		(at least 10 – Adults, (Geriatrics & Pediatrics)
+				type used for patient's condit	on		
+				of administration of IV tubing			
+				rate calculation			
+				t up procedures			
+				: IV sites used			
-				erve intraosseous infusions			
+				d type and cross match proced	ures		
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			Ubse	erve for signs or symptoms of h	emolytic read	tion	
				erve for signs or symptoms of hood samples: (Not to include A			highly sophisticated
			Draw blo		BG's, blood a	lcohol, or blood for	highly sophisticated
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			Draw blo laborato Stud Dem Use Use Use Estal Estal Set t Perip Intra Perform	ry analysis) (at least 10 – Adults ents are permitted two attemponstrate aseptic technique a vacutainer a needle and syringe an over-the-needle catheter (a scalp vein needle (butterfly) a lV insertions under supervision with a butterfly catheter olish with an over-the-needle che prescribed drip rate oberal sites osseous cannulation	BG's, blood a , Geriatrics & F ts per patien giocath) and s and syringe n (at least 10 atheter	lcohol, or blood for dediatrics) syringe - Adults, Geriatrics & Pediatrics)	Pediatrics)
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further information.

Intravenous Line (IV) Cannulation

Paramedic Student Name:	Student ID:
i didilicule student Name.	Student ib.

		Il	NTR	AVE	ENOU	us LINE	(IV) CANNULATION				
Rating:	NA = Not Ap	plicable, No Op	portun	ity to P	erform t	his Skill Today	SA = Satisfactory	US = U	nsatisfac	ctory	
Title	Signature	Preceptor	US	SA	NA	Location	IV ga. / Solution / Site	Sex	Age	Date	
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IV Fluid Administration

	IV FLUID ADMINISTRATION														
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Draw blood samples

Para	medic Stud	ent Name:				Stu	Student ID:						
Rating	: NA = Not A	Applicable, No C	Opporti	unity to	Perform	this Skill Toda	sy SA = Satisfactory	US =	Unsatisf	actory			
					DR4	IW BLO	OD SAMPLES						
Rating: NA = Not Applicable, No Opportunity to Perform this Skill Today SA = Satisfactory US = Unsatisfactory													
Title	Signature	Preceptor	US	SA	NA	Location	IV ga. / Solution / Site	Sex	Age	Date			
											1		
											2		
											3		
											4		
											5		
											6		
											7		
											8		
											9		
											10		

IV Bolus Medication Administration

	IV BOLUS MEDICATION ADMINISTRATION													
Title	Signature	Preceptor	US	SA	NA	Location	IV Medication / Dosage / Route	Sex	Age	Date				
											1			
											2			
											3			
											4			
											5			

IV Infusion Medication Administration

	IV INFUSION MEDICATION ADMINISTRATION														
Title	Signature	Preceptor	US	SA	NA	Location	Medication Mixture / Rate	Sex	Age	Date					
											1				
											2				
											3				
											4				
											5				

Miscellaneous Medication Administration

	MISCELLANEOUS MEDICATION ADMINISTRATION														
Title	Signature	Preceptor	US	SA	NA	Location	Medication / Route of Administration	Sex	Age	Date					
											1				
											2				
											3				
											4				
											5				

PRINCE ABDUI FOR EM	Saud Ur E Sulta LAZIZ CO AS 1, Saudi	n Bi	IN GE		Aily Hospital Training EMS 225 Clinical Practice I EMS 323 Clinical Practice III EMS 415 Clinical Practice V	ning — Clinical Evaluation Form - IV □ EMS 314 Clinical Practice II □ EMS 425Clinical Practice IV □ Clinical Internship – Hospital / Field Experience								
Hosp	ital / A	rea:				tion / l	Unit # onsist	#: ent	3		Time Out:			
1	2 (3	Vel	nicle i	nspection (Ambulance only)	1	2	3	1	earai	nce/Personal Hygiene			
1		3)			fidence	1	2	3		Promptness/Punctuality				
1		3)			nnagement	1	2	3		tude	· •			
1		3)			Advocacy	1	2	3		pect				
1		3)	Car	eful l	Delivery of Service	1	2	3			ications			
1		3)	Tea	mwo	rk and Diplomacy	1	2	3	Self	-Mot	ivation			
1		3)	Psy	chom	otor Skills Performance	1	2	3	Inte	Integrity and Empathy				
Rating:	N/A = OBS	A = Not Applicable, No Opportunity to Perform this Skill Today S = Observed Skill Today Borderline-inconsistent (progressing towards competence) 1 = Fails to perform (incompetent) 3 = Competent												
					Student Skill			n	_					
NA	OBS	1	2	3	Gain Venous Access	NA	OBS			3	History Taking			
NA	OBS	1	2	3	Medication Administration	NA	OBS		2	3	Patient Assessment			
NA	OBS	1	2	3	EKG Recognition	NA	OBS			3	Taking Vital Signs			
NA	OBS	1	2	3	Cardiac Management	NA	OBS			3	Airway Management			
NA	OBS	1	2	3	Medical Management	NA	OBS			3	Ventilatory Support			
NA	OBS	1	2	3	Trauma Management	NA	OBS		2	3	Bleeding Control			
NA NA	OBS OBS	1 1	2 2	3	Patient Movement Other Skills (Specify):	NA	OBS	S 1		3	Fracture Immobilization			
Comm					Other Damis (opecity).									
Prece	ptor's	Nan	ne:								Date:			
<u> </u>				-	Preceptor's 1						/m			
Rating:			Excell		<u> </u>	Not Ad	_				(Circle One)			
1 2 1 2	3				he preceptor function as an i				or adv	ısor?				
1 2 1 2	3	1 1												
1 2	3				tor adequately supervise the he preceptor appear to be up	_			_					
1 2						to dat	e on	new	ueveic	pine	IIIS (
	3	Uv	erall .	Kate	this Preceptor:									
Comm	ents:													

___Student Signature: _____

Student Name: _

OPERATION ROOM

Clinical Objectives

Skills Performance Sheets

Pr Ab Em	INCE S DULAZ S	Id Univ ULTAN ZIZ COL udi Arab	BIN LEGE FOR	Hospital Final Clinical EMS 225 Clinical Practice I EMS 323 Clinical Practice III EMS 415 Clinical Practice V	☐ EMS 314 Clin☐ EMS 425 Clin	nical Practice II								
ud	ent N	ame:			ID:	Date	:							
			Applicable,	, No Opportunity to Perform this Skill To			US = Unsatisfactory							
S	SA	NA			m Room - Ob	jectives								
				Universal Precautions" of infection										
				Airway Maintenance (at least 10	Intubations – Adul	ts, Geriatrics & Pea	iatrics)							
				d Positioning										
				& NPA Insertion										
				pharyngeal Suctioning										
				-Valve-Mask Device Ventilation			_							
				otracheal Intubation		0.0 1.0	<u>. </u>							
				otracheal Tube Placement Detern	nination – Primary	/ & Secondary Co	ntirmation							
				otracheal Tube Suctioning										
				Tracheostomy Tube Suctioning Bag-Valve-Mask Device Ventilation via Endotracheal Tube										
					la Endotracheal Tt	ine								
				gen Delivery Systems e arterial blood gas values and ch	angos rolativo to	overgon thorany								
				Patient Assessment (at least 10 -										
			Puls		- Addits, deliatins	x Pediatrics)								
				piration										
				od Pressure										
				el of Consciousness										
				ue Perfusion										
				g sounds										
				perature										
				sical examination										
			•	Intravenous Therapy (at least 10	– Adults, Geriatrics	& Pediatrics)								
				d & Medication Administration (a		-								
				annulation (at least 5)	-									
Pr	ecepto	or Con	nments:				_							
Pr	ecepto	r Signa	ature	Studen	at Signature		Date							
	1	0			-	cerns at office numb								

further information.

Program Review □

Endotracheal Intubation

Paramedic Student Name:	Student ID:

Rating	g: NA = Not	Applicable, No	Opport	unity to	Perform	this Skill Tod	y SA = Satisfactory	US =	Unsatisf	actory	
			L INTUBATION								
Title	Signature	Preceptor	US	SA	NA	Location	ET Size / Method / Blade Type	Sex	Age	Date	
											1
											2
											3
											4
											5
											6
											7
											8
											9
											10

Suctioning Skill

	SUCTIONING SKILL (Oropharyngeal / Endotracheal Tube / Tracheostomy Tube Suctioning by soft or Yanker's Catheter)														
Title	Signature	Preceptor	US	SA	NA	Location	Catheter / Method	Sex	Age	Date					
											1				
											2				
											3				
											4				
											5				
											6				
											7				
											8				
											9				
											10				

IV Bolus Medication Administration

	IV BOLUS MEDICATION ADMINISTRATION												
Title	Signature	Preceptor	US	SA	NA	Location	IV Medication / Dosage / Route	Sex	Age	Date			
											1		
											2		
											3		
											4		
											5		

IV Infusion Medication Administration

Para	medic Stud	ent Name:					Student ID:								
Rating	: NA = Not /	Applicable, No (Opport	unity to	Perform	n this Skill Toda	ay SA = Satisfactory	US =	Unsatisf	actory					
	IV INFUSION MEDICATION ADMINISTRATION														
Title	Signature	Preceptor	US	SA	NA	Location	Medication Mixture / Rate	Sex	Age	Date					
											1				
											2				
											3				
											4				
											5				

Intravenous Line (IV) Cannulation

	INTRAVENOUS LINE (IV) CANNULATION											
Title	Signature	Preceptor	US	SA	NA	Location	IV ga. / Solution / Location	Sex	Age	Date		
											1	
											2	
											3	
											4	
											5	
											6	
											7	
											8	
											9	
											10	

Miscellaneous Medication Administration

	MISCELLANEOUS MEDICATION ADMINISTRATION											
Title	Signature	Preceptor	US	SA	NA	Location	Medication / Route of Administration	Sex	Age	Date		
											1	
											2	
											3	
											4	
											5	

King Saud University Prince Sultan Bin Abdulaziz college for ems Riyadh, Saudi Arabia					Aily Hospital Training EMS 225 Clinical Practice I EMS 323Clinical Practice III EMS 415 Clinical Practice V	g — Clinical Evaluation Form - OR □ EMS 314 Clinical Practice II □ EMS 425 Clinical Practice IV □ Clinical Internship – Hospital / Field Experience							
Stude Hosp	Student's Name: Date: Time In: Time Out: Hospital / Area: Station / Unit #:												
	Rating System: 1 Fails to perform 2 Borderline-inconsistent 3 Competent												
	Student's Personal Evaluation												
1	2 3	3)	Veh	icle	nspection (Ambulance only)	1	2	3	App	Appearance/Personal Hygiene			
1	2	3)	Self	-Cor	fidence	1	2	3	Pro	Promptness/Punctuality			
1	2 3	(8	Tim	e Ma	nagement	1	2	3	Atti	Attitude			
1	2 3	3)	Pati	ent A	Advocacy	1	2	3	Res	Respect			
1	2 3		Car	eful l	Delivery of Service	1	2	3	Cor	Communications			
1	2 3		Tea	mwo	rk and Diplomacy	1	2	3	Self	Self-Motivation			
1	2		Psy	chom	otor Skills Performance	1	2	3	Inte	Integrity and Empathy			
Rating:										1 0			
					Today	atanaa)					form (incompetent)		
	$Z = \mathbf{B}$	orde	rime-in	iconsi	stent (progressing towards comp Student Skil				Comp	petent			
NA	OBS	1	2	3	Gain Venous Access	NA	OBS		2	3	History Taking		
NA	OBS	1	2	3	Medication Administration	NA NA	OBS		2	3	Patient Assessment		
NA	OBS	1	2	3	EKG Recognition	NA	OBS		2	3	Taking Vital Signs		
NA	OBS	1	2	3	Cardiac Management	NA	OBS		2	3	Airway Management		
NA	OBS	1	2	3	Medical Management	NA	OBS		2	3	Ventilatory Support		
NA	OBS	1	2	3	Trauma Management	NA	OBS	5 1	2	3	Bleeding Control		
NA	OBS	1	2	3	Patient Movement	NA	OBS	5 1	2	3	Fracture Immobilization		
NA	OBS												
Comm	ents:												
Prece	ptor's l	Nam	ne:			Si	ignatı	ure: _			Date:		
					Preceptor's	Evalua	ation						
Rating:]	Excell	ent (1) Adequate (2)	Not Ad	lequa	te (3))		(Circle One)		
1 2	3	Ho	How well did the preceptor function as an intellectual guide or advisor?										
1 2	3	Did	Did the preceptor evaluate in a fair and honest manner?										
1 2	3	Did the preceptor adequately supervise the paramedic Training/Internship?											
1 2	3	How well did the preceptor appear to be up to date on new developments?											
1 2	3	o rot with Extent of this E receptor.											
Comm	ents:												

_Student Signature: _____

Student Name:

EMT-PARAMEDIC CLINICAL SKILL DOCUMENTATION SUMMARY LOG

Paramedic Student Name:		_Student ID:
CLINICAL: start date:	end date:	total hours:
Paramedic Clinical Skills Documented	d	
<u>ER</u>		

Patient Assessment/ (minimum 10)	
IV TEAM	
IV Cannulation (minimum 15)	
IV Fluid Administrtion (minimum 15)	
Draw blood samples (minimum 10)	
IV Medication Bolus (minimum 5)	
IV Medication Infusion (minimum 5)	
Miscellaneous Medication Administration (minimum 5)	
Operation ROOM	
Endotracheal Intubation (minimum 10)	
Suctioning skills (minimum 10)	
IV Medication Bolus (minimum 5)	
IV Cannulation (minimum 10)	
Miscellaneous Medication Administration (minimum 5)	
(OR Skills)	

Dr. Bashar Dayoub

Dr. Sikander Ali Shaikh