BACHELOR OF HEALTH SCIENCE - PARAMEDIC

HSC6115 Clinical Paramedicine 2

Clinical logbook

Name: _____

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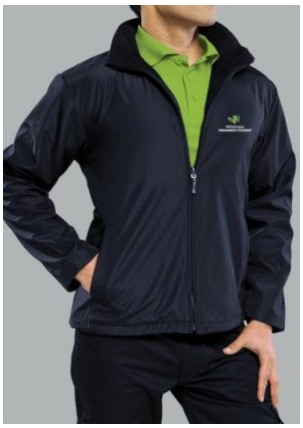
Contents

Paramedic Student Uniform Requirements

As a student enrolled in the BHSc (Paramedic) programme you will be undertaking various clinical placements with a number of providers; ambulance services, hospital departments and other agencies. Whilst attending these clinical placements it is a requirement that only the prescribed uniform is worn, as outlined below:



Well groomed hair.
Hair falling below collar must be tied back

No pendant earrings;
Plain studs may be worn

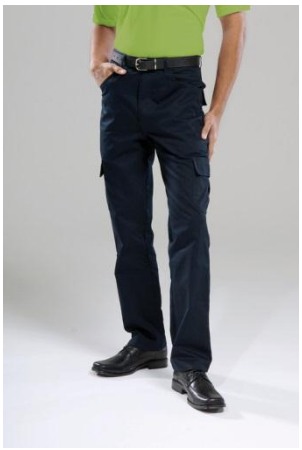
Males must be clean shaved or tidy beard

Undergarments should not be visible

Minimal jewellery;
Rings should be plain bands only

A watch with the capacity to count seconds should be worn

General hygiene - Shower before placement and use deodorant



Name badge - *Worn on the right side, opposite the embroidered legend.*
Shirt - *Freshly laundered and ironed, to be worn tucked in.*
Hi viz vest - *To be worn at any incident on the road, high danger risk or as directed by Paramedic crew*
Trousers - *Blue*
Belt - *Black*
Socks - *Black or navy blue*
Shoes or boots - *Black, clean and polished (not sneakers)*
Jacket
Hi-viz wet weather jacket

<u>Expected Professional Behaviour when wearing uniform:</u>

As a paramedic student you are a representative of Whitireia New Zealand, the BHSc (Paramedic) programme and, by default, the ambulance service or other agency providing your clinical placement. You should wear your uniform with pride and exhibit professional behaviour when doing so.

Students are required to wear the uniform at all clinical placements, unless specifically instructed otherwise. It is not appropriate for students to wear the uniform to social events; and students should not be seen purchasing or consuming alcohol, or smoking whilst in uniform. If you do any observer shifts outside your rostered clinical shifts, your student uniform should <u>not</u> be worn.

Failure to comply with these requirements will result in your dismissal from your clinical placement and may result in disciplinary action.

If for any reason you are unable to comply with the standard of uniform specified above you may apply to the Programme Leader, BHSc (Paramedic) for special dispensation

STUDENT PROFESSIONAL CONDUCT

Integrity:

In carrying out their professional duties, students must be honest, sincere and trustworthy, acting in a manner that does not bring discredit to the profession or Whitireia NZ.

Respect:

Students must ensure their actions and treatment demonstrates respect for their supervisors, and the client as a person and that care is provided at the highest professional standard.

Competence:

Students shall practice under supervision of a suitably qualified clinician and will not practice skills beyond their level and formal training. It is the student's responsibility to maintain and improve the necessary skills and knowledge at their level of professional practice by actively participating in critical reflection, either individually, or with their supervisor/s.

Consent for Patient Care:

Wherever possible students shall ensure that they receive informed consent from their clients/patients prior to assessing and providing treatment. This includes identifying themselves to the client as a student.

Confidentiality:

All paramedic students are required to sign a declaration regarding non-disclosure of information at the beginning of their training.

As per the Privacy Act (1993) all students must maintain anonymity and confidentiality of any information they obtain in the course of their clinical placements. They must not disclose any such information to a third party unless there is a legal or professional duty to do so.

Presentation: Students are to be professionally presented when in uniform:

- Dressed in correct student uniform with shirts ironed, trousers pressed and shoes polished.
- No extra clothing is to be worn over uniform and undergarments must not be visible.
- Hair needs to be tied up if below shoulder length.
- Limited jewellery can be worn e.g. simple ear studs. Long necklaces, chains dangling earrings and other such items are unsafe and are not permitted.
- Students are not to be seen smoking, or purchasing or consuming alcohol whilst in uniform.

Continued/

STUDENT PROFESSIONAL CONDUCT /continued

Ambulance Stations:

On ambulance shifts, it is reasonable to expect students to take part in performing ambulance station duties with permanent staff members.

Where there are beds provided on station, these are for permanent staff only – not for student use.

Other station facilities, e.g computers, exercise equipment or reclining chairs, may be used by students provided that priority is given to the needs of permanent staff.

The student must maintain a tidy workplace – washing own dishes, and tidying away textbooks, etc.

District Health Boards (DHB's):

Students will adhere to the roles and responsibilities outlined in the Agreement for Clinical Placement (found on Moodle clinical placement site)

Student will adhere to clinical placement policy & procedure (as per the Agreement for Clinical Placement 2.3.1)

In hospital students are expected to engage with routine duties including but not limited to cleaning and bed preparation. When practicing skills, for example: IV insertion, students will work within clinical placement policy & procedure requirements with the direct supervision of a suitably qualified clinician.

Permission must be given by appropriate unit staff prior to using facilities such as computers. The student must maintain a tidy workplace – for example: washing own dishes and returning items used to its appropriate place.

Complying with the Privacy Act (1993) and under no circumstances may students remove any patient care record from the clinical environment. Consent is required from the patient or patient family member when information specific to that patient is being used for a case study. All work based on patient case study must ensure that the patient is not identifiable. (as per the Agreement for Clinical Placement 2.1.7 & 2.3.1)

STUDENT TIME RECORD

Date	Location	Hours	Supervisor Name	Qualification/ Position	Supervisor Signature
	TOTAL HOURS				

EMERGENCY AMBULANCE PLACEMENTS (EAS) GUIDE

Address:	As per student roster	**Report to:**	Paramedic crew at assigned station
Reporting time:		**Report absences to:**	For Wellington Free Ambulance placements. Monday to Sunday 0830 – 1700; call 0508 ROSTERS (0508 7678 377). Outside these hours call the WFA duty field operations manager (FOM) (4980982 or 027 675 2215) Ken.Maciver@whitireia.ac.nz (for on-campus students) or Howard.Wills@whitireia.ac.nz (for FLS students)
Duration	11, 12 or 13 hour shift dependant on rostered position (expect to work late)		

Expectations

The student is studying Paramedic/ILS practices. In this respect the student is at a beginner level for the provision of invasive skills and will require supervision and feedback on the essential skill sets described in this log book.

As a rule students should be expected to undertake the required skills in stable and uncomplicated circumstances.

Students should be able to discuss the indications, processes and consequences for the essential skill sets described in this log book (see medications and skills sign-off sheet at the end of the book).

Supervisor's role

Overall responsibility for case management.

Oversee safety issues such as universal precautions and scene size up.

Involve the student in selected tasks of management and assessment e.g. perfusion status assessment and intravenous cannulation.

Debrief the elements of the assessments and management undertaken to ensure that the student is developing a knowledge and understanding of the processes and mechanisms involved.

Complete written feedback on professional and clinical skills and attendance time record on the following pages.

Assist with completion of the student version of the patient report forms (PRFs) in this logbook.

Extra notes

The student is expected to fill in a minimum of one patient report form (PRF) for each shift worked. This form requires the student to organise and analyse information gathered during patient assessment and management. The aim is to review the individual elements of the patient assessment process, so that the student will eventually be able to incorporate all of these elements into their own practice.

The student will initially need close support for skills such as IV insertion, but as they grow in confidence, and as your confidence in them grows also, the support can become less direct, allowing the student more space to perform in a more autonomous manner.

POLICE PLACEMENTS

Address:		**Report to:**	Senior Officer at assigned station
Reporting time:	As per student roster	**Report absences to:**	Rostered Police Station AND ken.maciver@whitireia.ac.nz (for on-campus students) or Howard.Wills@whitireia.ac.nz (for FLS students)
Duration	8 hour shift dependant on rostered position (expect to work late)		

Expectations

The student is studying trauma ILS practices.

The purpose of this placement is to develop an understanding of the role of Police and to foster inter-professional relationships between Police and Ambulance services.

Students should be able to discuss the roles and interactions between the two services.

In this respect the student is not expected to perform any clinical skills or any other tasks unless directed to do so by their supervisor/crew.

Supervisors role

Overall responsibility for case management.

Oversee safety issues and scene size up.

Discuss the elements of the role of the Police Officer and the interactions between Police and Ambulance services.

Sign the attendance time record in the front of the student's logbook.

The supervisor is not required to complete any written feedback unless they choose to do so.

Extra notes

The student is not expected to fill in any components of the logbook other than the time record.

The supervisor is not required to complete any written feedback unless they choose to do so.

THEATRE PLACEMENTS

Address:		**Report to:**	Duty coordinator
Reporting time:	As per student roster	**Report absences to:**	Placement supervisor, and; ken.maciver@whitireia.ac.nz (for on-campus students) or Howard.Wills@whitireia.ac.nz (for FLS students)
Duration	8 hour shift dependant on workload (expect to work late)		

Theatre Placement Objectives

Students have covered the theory of pre-hospital airway management, and practiced on manikins, but this may be the first time they have used these techniques on a real patient. This may, in fact, be the first time that they see an unconscious patient and participate in the management thereof. They would greatly benefit from seeing the following skills being demonstrated by the supervising clinician, and being given the opportunity to practice said skills with close support.

1. Head tilt/chin lift
2. Jaw thrust (with head tilt)
3. Modified jaw thrust (without head tilt for suspected cervical spine injuries)
4. Oropharyngeal airway measurement and placement
5. Nasopharyngeal airway measurement and placement
6. Supra-glottic airway adjunct placement (including pre- and post-insertion checks)
7. Suctioning (including catheter selection and measurement)
8. Ventilation using a bag mask (including correct mask selection and seal)

Additionally, the students have just learned peripheral intravenous cannulation and would appreciate any opportunity to perform this skill. At this stage they may not have performed this skill on anyone except a classmate, so they would need close support.

Lastly, a great deal of learning arises from observing the general happenings of the operating theatre. The students will not have seen an operation before, and many aspects will be interesting. Any learning that the supervising clinicians are happy to pass on is greatly appreciated. Examples might include: the nature of the operation; the anatomy relevant to, and exposed by, the operation; explanations of the procedures performed on the patient before, during, and after the operation; explanations of the drugs used, what they're for and how they work (blood pressure dropping, drug X given; pulse rate decreasing, drug Y given, etc.); an explanation of the basic principles behind the mechanical ventilator; an explanation of the patient's vital signs (including their ECG) and how these are relevant to the management of the patient's unconscious state.

EMERGENCY DEPARTMENT PLACEMENTS

Address:	As per student roster	**Report to:**	Clinical coordinator of unit
Reporting time:		**Report absences to:**	Clinical coordinator of unit, and; ken.maciver@whitireia.ac.nz (for on-campus students) or Howard.Wills@whitireia.ac.nz (for FLS students)
Duration	8 or 12 hour shift dependant on rostered position (expect to work late)		

Emergency Department (ED) Placement Objectives

The year two paramedic students have generally only performed skills in simulation and on manikins, and much of their knowledge is theoretical. The placement in the ED allows them to perform some of these skills in a stable environment (good lighting, patient not on the floor, no relatives arguing with police, etc.), before attempting them in a pre-hospital setting. It also provides the beginnings of experiential knowledge to augment their theory. They will need close support from the supervising clinician.

The students have just learned peripheral intravenous (IV) cannulation and would appreciate any opportunities to perform this skill.

Skills:

- IV cannulation
- Setting up and running a bag of fluid
- Intramuscular (IM) injection

Any other basic skills, techniques, etc., which the supervising clinician is happy to allow them to perform, also give the students valuable, real-life experience. For example: participating in a log-roll of a patient; assisting with the application of a cervical collar; vital sign acquisition; inserting an oropharngeal airway (OPA) or nasopharngeal airway (NPA); acquiring a 3-lead ECG; or performing chest compressions.

Knowledge objectives:

- Familiarisation of how the ED will prepare for a mass casualty incident (MCI) (worksheet in their logbooks).
- Familiarisation of how the ED would prepare for a critical patient arriving by helicopter (worksheet in their logbooks).
- Familiarisation of the different types of fluid used in the ED: their composition; what conditions they are administered for; and how they work (worksheet in their logbooks).

General learning:

Being able to observe any ED procedures that are performed on patients can provide valuable background knowledge to the students. Examples might include: a trauma or medical resuscitation; a history being taken, and clinical examination being performed; observing the administration of medicine or fluid; insertion of central lines; rapid sequence intubation; insertion of a chest drain; cardio-version of an arrhythmia; defibrillation; or a patient undergoing a CT scan.

Similarly, the opportunity to see typical, atypical, or unusual patient presentations provides excellent experiential knowledge.

INTRAVENOUS FLUID WORKSHEET

Use the following table to list and describe the IV fluids used in the emergency department.

Name of fluid	Nature and composition of fluid	Uses for fluid

MULTIPLE CASUALTY WORKSHEET

Using the following scenario as a rough guide, investigate the ED response and comment on how this knowledge will affect your practice.

Following a tour bus accident the ED is advised that 2 status one patients, 4 status two patients and 11 status three patients will arrive by ambulance in the next 20 – 40 minutes

Brief description of ED response
How this knowledge would affect my actions ……..

ROTARY WING CASEVAC ADMISSION WORKSHEET

Investigate the ED response to paramedic notification that a status two patient is arriving by helicopter

Brief description of ED response
How this knowledge would affect my actions if I was on the paramedic crew of the helicopter……..

SUPERVISOR FEEDBACK FORMS

Please complete one set of the following forms for each individual day or night shift

- Professional development
- Assessment skills
- Management skills

If the student is working with the same supervisor on consecutive days or shifts then each feedback form need only be completed at the end of that period i.e., for a two day, 2 night cycle, the supervisor is only expected to have to complete one set of report forms.

Supervisor's Comments - Day 1

Is my verbal communication effective and appropriate (e.g. do I ask appropriate questions and respond appropriately to the patient)?

What are my strong points?

Do you have any suggestions for my development?

Supervisor name _____ Date_____

Supervisor's Comments - Day 2

Is my verbal communication effective and appropriate (e.g. do I ask appropriate questions and respond appropriately to the patient)?

What are my strong points?

Do you have any suggestions for my development?

Supervisor name _____ **Date**_____

Supervisor's Comments - Day 3

Is my verbal communication effective and appropriate (e.g. do I ask appropriate questions and respond appropriately to the patient)?

What are my strong points?

Do you have any suggestions for my development?

Supervisor name _____ **Date**_____

Supervisor's Comments - Day 4

Is my verbal communication effective and appropriate (e.g. do I ask appropriate questions and respond appropriately to the patient)?

What are my strong points?

Do you have any suggestions for my development?

Supervisor name _____ **Date**_____

Supervisor's Comments - Day 5

Is my verbal communication effective and appropriate (e.g. do I ask appropriate questions and respond appropriately to the patient)?

What are my strong points?

Do you have any suggestions for my development?

Supervisor name _____ **Date**_____

Supervisor's Comments - Day 6

Is my verbal communication effective and appropriate (e.g. do I ask appropriate questions and respond appropriately to the patient)?

What are my strong points?

Do you have any suggestions for my development?

Supervisor name _____ **Date**_____

PRF 1. Placement type (please circle): EAS / ED / THEATRE. **Nature of job:** CULTURAL / ETHICAL / HEALTH & SAFETY. **Patient info:** MALE / FEMALE; AGE_____

DISPATCH SURVEY:

NATURE OF CASE:

PLANNING:

ARRIVAL / APPROACH SURVEY:

DANGERS:

MECHANISM OF INJURY:

VISUAL TRIAGE (number of patients, priorities):

PRESENTATION:

HISTORY / EVENTS PRIOR:

CHIEF COMPLAINT SURVEY:

PATIENT DESCRIPTION OF PRESENTING PROBLEM:

DIFFERENTIAL DIAGNOSIS (the minimum differential to be considered by a paramedic):

ASSESSMENT PRIORITIES:

SECONDARY SURVEY – HEALTH HISTORY:

PAST HISTORY:

MEDICATIONS:_

ALLERGIES:

SECONDARY SURVEY - EXAMINATION:

NEUROLOGICAL:

RESPIRATORY:

CARDIOVASCULAR:

GIT/GU:

MUSCULOSKELETAL:

Vital Signs								
Time	Pulse	BP	SPO_2	Resp Rate	Temperature	GCS Total	BSL	ECG rhythm

MEDICAL DIAGNOSIS FINDINGS/FOLLOW-UP DETAILS:

Why did you choose this case as an exemplar?

Treatment provided and rationale for your treatment

Underlying pathophysiology of this patient's condition (Include any drug actions, interactions etc. as appropriate)

REFLECTIONS - Consider including: how the job went; how you would rate your performance at ILS level; what could have been done better?; communication strengths & weaknesses; what do I need to read up on?

VERIFICATION - Name of supervising paramedic: Name:_____ Practice level: _____

PRF 2. Placement type (please circle): EAS / ED / THEATRE. **Nature of job:** CULTURAL / ETHICAL / HEALTH & SAFETY. **Patient info:** MALE / FEMALE; AGE_____

DISPATCH SURVEY:

NATURE OF CASE:

PLANNING:

ARRIVAL / APPROACH SURVEY:

DANGERS:

MECHANISM OF INJURY:

VISUAL TRIAGE (number of patients, priorities):

PRESENTATION:

HISTORY / EVENTS PRIOR:

CHIEF COMPLAINT SURVEY:

PATIENT DESCRIPTION OF PRESENTING PROBLEM:

DIFFERENTIAL DIAGNOSIS (the minimum differential to be considered by a paramedic):

ASSESSMENT PRIORITIES:

SECONDARY SURVEY – HEALTH HISTORY:

PAST HISTORY:

MEDICATIONS:_

ALLERGIES:

SECONDARY SURVEY - EXAMINATION:

NEUROLOGICAL:

RESPIRATORY:

CARDIOVASCULAR:

GIT/GU:

MUSCULOSKELETAL:

Vital Signs								
Time	Pulse	BP	SPO_2	Resp Rate	Temperature	GCS Total	BSL	ECG rhythm

MEDICAL DIAGNOSIS FINDINGS/FOLLOW-UP DETAILS:

Why did you choose this case as an exemplar?

Treatment provided and rationale for your treatment

Underlying pathophysiology of this patient's condition (Include any drug actions, interactions etc. as appropriate)

REFLECTIONS - Consider including: how the job went; how you would rate your performance at ILS level; what could have been done better?; communication strengths & weaknesses; what do I need to read up on?

VERIFICATION - Name of supervising paramedic: Name:_____ Practice level: _____

PRF 3. Placement type (please circle): EAS / ED / THEATRE. **Nature of job:** CULTURAL / ETHICAL / HEALTH & SAFETY. **Patient info:** MALE / FEMALE; AGE_____

DISPATCH SURVEY:

NATURE OF CASE:

PLANNING:

ARRIVAL / APPROACH SURVEY:

DANGERS:

MECHANISM OF INJURY:

VISUAL TRIAGE (number of patients, priorities):

PRESENTATION:

HISTORY / EVENTS PRIOR:

CHIEF COMPLAINT SURVEY:

PATIENT DESCRIPTION OF PRESENTING PROBLEM:

DIFFERENTIAL DIAGNOSIS (the minimum differential to be considered by a paramedic):

ASSESSMENT PRIORITIES:

SECONDARY SURVEY – HEALTH HISTORY:

PAST HISTORY:

MEDICATIONS:_

ALLERGIES:

SECONDARY SURVEY - EXAMINATION:

NEUROLOGICAL:

RESPIRATORY:

CARDIOVASCULAR:

GIT/GU:

MUSCULOSKELETAL:

Vital Signs								
Time	Pulse	BP	SPO_2	Resp Rate	Temperature	GCS Total	BSL	ECG rhythm

MEDICAL DIAGNOSIS FINDINGS/FOLLOW-UP DETAILS:

Why did you choose this case as an exemplar?

Treatment provided and rationale for your treatment

Underlying pathophysiology of this patient's condition (Include any drug actions, interactions etc. as appropriate)

REFLECTIONS - Consider including: how the job went; how you would rate your performance at ILS level; what could have been done better?; communication strengths & weaknesses; what do I need to read up on?

VERIFICATION - Name of supervising paramedic: Name:_____ Practice level: _____

PRF 4. Placement type (please circle): EAS / ED / THEATRE. **Nature of job:** CULTURAL / ETHICAL / HEALTH & SAFETY. **Patient info:** MALE / FEMALE; AGE_____

DISPATCH SURVEY:

NATURE OF CASE:

PLANNING:

ARRIVAL / APPROACH SURVEY:

DANGERS:

MECHANISM OF INJURY:

VISUAL TRIAGE (number of patients, priorities):

PRESENTATION:

HISTORY / EVENTS PRIOR:

CHIEF COMPLAINT SURVEY:

PATIENT DESCRIPTION OF PRESENTING PROBLEM:

DIFFERENTIAL DIAGNOSIS (the minimum differential to be considered by a paramedic):

ASSESSMENT PRIORITIES:

SECONDARY SURVEY – HEALTH HISTORY:

PAST HISTORY:

MEDICATIONS:_

ALLERGIES:

SECONDARY SURVEY - EXAMINATION:

NEUROLOGICAL:

RESPIRATORY:

CARDIOVASCULAR:

GIT/GU:

MUSCULOSKELETAL:

Vital Signs								
Time	Pulse	BP	SPO_2	Resp Rate	Temperature	GCS Total	BSL	ECG rhythm

MEDICAL DIAGNOSIS FINDINGS/FOLLOW-UP DETAILS:

Why did you choose this case as an exemplar?

Treatment provided and rationale for your treatment

Underlying pathophysiology of this patient's condition (Include any drug actions, interactions etc. as appropriate)

REFLECTIONS - Consider including: how the job went; how you would rate your performance at ILS level; what could have been done better?; communication strengths & weaknesses; what do I need to read up on?

VERIFICATION - Name of supervising paramedic: Name:_____ Practice level: _____

PRF 5. Placement type (please circle): EAS / ED / THEATRE. **Nature of job:** CULTURAL / ETHICAL / HEALTH & SAFETY. **Patient info:** MALE / FEMALE; AGE_____

DISPATCH SURVEY:

NATURE OF CASE:

PLANNING:

ARRIVAL / APPROACH SURVEY:

DANGERS:

MECHANISM OF INJURY:

VISUAL TRIAGE (number of patients, priorities):

PRESENTATION:

HISTORY / EVENTS PRIOR:

CHIEF COMPLAINT SURVEY:

PATIENT DESCRIPTION OF PRESENTING PROBLEM:

DIFFERENTIAL DIAGNOSIS (the minimum differential to be considered by a paramedic):

ASSESSMENT PRIORITIES:

SECONDARY SURVEY – HEALTH HISTORY:

PAST HISTORY:

MEDICATIONS:_

ALLERGIES:

SECONDARY SURVEY - EXAMINATION:

NEUROLOGICAL:

RESPIRATORY:

CARDIOVASCULAR:

GIT/GU:

MUSCULOSKELETAL:

Vital Signs								
Time	Pulse	BP	SPO_2	Resp Rate	Temperature	GCS Total	BSL	ECG rhythm

MEDICAL DIAGNOSIS FINDINGS/FOLLOW-UP DETAILS:

Why did you choose this case as an exemplar?

Treatment provided and rationale for your treatment

Underlying pathophysiology of this patient's condition (Include any drug actions, interactions etc. as appropriate)

REFLECTIONS - Consider including: how the job went; how you would rate your performance at ILS level; what could have been done better?; communication strengths & weaknesses; what do I need to read up on?

VERIFICATION - Name of supervising paramedic: Name:_____ Practice level: _____

PARAMEDIC SKILLS LOGBOOK

The following skills log book is to provide evidence:

1. that the skills have performed often enough to have developed the required knowledge and dexterity
2. that the feedback indicates development toward independent capability in the student
3. a record for skill usage to assist in seeking employment and right of practice

Notes to supervisors Please date and initial and grade occasions where the appropriate skill has been performed by the student

Gradings

I	Independent	The student is able to recall the associated facts and complete the skill to a high standard with no assistance
S	Supervised	The student is able to recall essential facts and requires minimal supervision to complete the skill to a high standard
M	Marginal	The student requires prompts and assistance to complete the skill to an adequate standard
D	Dependant	The student cannot recall essential facts or perform essential elements of the skill

Examples

1. You attend a cardiac chest pain. The student suggests at the appropriate time that an ECG is appropriate. You agree and Bob completes the skill, problem solving as he goes. The finished product is good and you rate this skill as an I as you were not required to prompt or give any assistance to the student to achieve this standard

28/11/07	
I	*DB*

2. You ask the student to place an LMA in a cardiac arrest patient. The student sets up and places the LMA and completes the safety checks. You note that the student put the maximum amount of air into the LMA on the first opportunity and later you discuss why this is not always the best practice. You rate the skill attempt as S (supervised) as no safety issues were raised and the skill was performed to a high standard.

28/11/07	
S	*DB*

3. The student is asked to place an intravenous cannula. You note that the aseptic technique is good but the he hasn't organised a sharps container at hand. You supply this and the student goes on to complete the IVC with no further issues. Because the student needed a prompt for a safety issue you grade this attempt as M (marginal)

28/11/07	
M	*DB*

4. You ask the student to prepare some Morphine for IV administration. The student is unable to identify the correct amounts of morphine and saline for this task and when you ask the student later to identify this they are unable to. You mark this attempt as D (dependant) because the student could not recall essential or complete the skill without direct intervention

28/11/07	
D	*DB*

3 Lead ECG Acquisition										
DATE										
Feedback										
DATE										
Feedback										
DATE										
Feedback										
Intravenous Cannulation										
DATE										
Feedback										
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IV Fluid Administration										
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Feedback										
DATE										
Feedback										
IV Drug Administration										
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LMA/OPA/NPA Insertion										
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Paramedic Year 2 IV Assessment

Student Name: ID Number:

TASK	COMPETENT	COMMENTS
Universal safety precautions		
gloves		
clean working space		
Explanation of procedure		
Tourniquet		
5 cm proximal to site		
check for radial pulse		
hang arm/stroke vein/clench		
Skin preparation		
cut hair		
swab circular & allow to dry		
Ensure proximity of sharps bin		
Stabilise the vein		
distal traction below site		
Penetrate the skin and vein		
15 degrees for superficial veins		
30 degrees for deep veins		
one motion		
Lower and advance cannula		
Fully advance catheter		
If using retractable cannula then ensure 'click' indicating full retraction		
Remove tourniquet (second 'click')		
Connect injection site		
tamponade vein		
withdraw needle into sharps		
attach luer plug		
Secure cannula		
tegaderm and tape		
Swab and check patency		
no air bubbles in NaCl flush		
NaCl in date		
Trouble shooting – what to do if:		
Pain at IV site		
Swelling at IV site		
Bright red blood pushes out of catheter		
Describe any other complications of IV therapy		
Sustain a needle stick injury		

Lecturer sign: Date:

Paramedic Year 2 Fluid Set-up Assessment

Student name: ID number:

Task	Competent?
Check the expiry date (verbally, and asking someone to double-check it)	
Check the type of fluid and verbalising it ("0.9% sodium chloride, 1000mL")	
Open the outer bag	
Check the fluid bag for clarity and verbalising it ("no goldfish")	
Open the IV giving set	
Remove the blue tab from the opening on the bag (while maintaining asepsis)	
Remove the cap from the spike on the IV giving set (while maintaining asepsis)	
Clamping the giving set and closing the wheel	
Inserting the spike into the opening on the fluid bag (while maintaining asepsis)	
Priming the drip chamber	
Priming the line of the IV giving set with fluid (removing the air)	
Removing the protection cap from the end of the giving set	
Attaching the end to the LAV type luer plug (screw-in type)	
Show how to attach the giving set to a non-screw in luer using a lever lock cannula	
Tape down the IV line securely (two pieces of tape and round the thumb)	
Run the fluid through the line and talk through the trouble-shooting procedure (see next steps)	
Demonstrate how to empty the drip chamber if it's accidentally completely filled	
Demonstrate how to check the system from one end to the other if the fluid doesn't flow (start at the cannula end, try gentle traction on the cannula, ensure the IV line is connected correctly to the IV catheter, ensure that the IV tubing is not kinked anywhere along its length, ensure the clamp is off, ensure the wheel is open, ensure the connection to the bag is patent)	
Demonstrate knowledge of what to do if swelling or pain occurs at the IV insertion site	

Lecturer sign: Date:

MEDICINES AND SKILLS SIGN-OFF SHEET

ASSESSMENT	*TUTOR SIGNOFF/DATE*	*ASSESSMENT*	*TUTOR SIGNOFF/DATE*	*ASSESSMENT*	*TUTOR SIGNOFF/DATE*
APVU	Covered in year 1 or Nat Dip	CAT TOURNIQUET	Covered in year 1 or Nat Dip	ONDASETRON (IV, IM)	
GCS ACQUISITION	Covered in year 1 or Nat Dip	ANATOMICAL SPLINT	Covered in year 1 or Nat Dip	MIDAZOLAM (IM, IV, seizures)	
PULSE	Covered in year 1 or Nat Dip	ADRENALINE (Neb/IN)	Covered in year 1 or Nat Dip	EJ CANNULATION (IV)	
BLOOD PRESSURE	Covered in year 1 or Nat Dip	ASPIRIN (PO)	Covered in year 1 or Nat Dip	DISLOCATION REDUCTION	
CHEST AUSCULTATION	Covered in year 1 or Nat Dip	ENTONOX (Inhaled)	Covered in year 1 or Nat Dip	TRANSEXAEMIC ACID (IV)	
FAST TEST	Covered in year 1 or Nat Dip	GTN (SL)	Covered in year 1 or Nat Dip	OXYTOCIN (IM)	
PERFUSION/SKIN ASSESSMENT	Covered in year 1 or Nat Dip	IBUPROFEN (PO)	Covered in year 1 or Nat Dip	ADRENALINE (IV cardiac arrest)	
RESPIRATION ASSESSMENT	Covered in year 1 or Nat Dip	IPRATROPIUM BROMIDE (Neb)	Covered in year 1 or Nat Dip	AMIODARONE(IV, cardiac arrest)	
SECONDARY SURVEY	Covered in year 1 or Nat Dip	LORATIDINE (PO)	Covered in year 1 or Nat Dip	MANUAL DEFIBRILLATION	
MANUAL HANDLING	Covered in year 1 or Nat Dip	METHOXYFLOURANE (Inhaled)	Covered in year 1 or Nat Dip	FENTANYL (IN, IV)	
PATIENT QUESTIONING	Covered in year 1 or Nat Dip	ONDANSETRON (PO)	Covered in year 1 or Nat Dip	MORPHINE (IM, IV)	
HEAD TILT/CHIN LIFT	Covered in year 1 or Nat Dip	PARACETAMOL (PO)	Covered in year 1 or Nat Dip	NALOXONE (IV, IN, IM)	
JAW THRUST	Covered in year 1 or Nat Dip	PREDNISONE (PO)	Covered in year 1 or Nat Dip		
IPPV	Covered in year 1 or Nat Dip	SALBUTAMOL (Neb)	Covered in year 1 or Nat Dip	**COVERED IN YEAR THREE**	
OPA/NPA	Covered in year 1 or Nat Dip	TRAMADOL (PO)	Covered in year 1 or Nat Dip	TICAGRELOR (PO)	
LMA	Covered in year 1 or Nat Dip	GLUCAGON (distance students)	Covered in Nat Dip	SYNCHRONISED CARDIOVERSION	
OXYGEN ADMINISTRATION	Covered in year 1 or Nat Dip	BLADDER IRRIGATION	Covered in year 1 or Nat Dip		
MANUAL AIRWAY CLEARANCE	Covered in year 1 or Nat Dip	LARYGNOSCOPE/MAGILLS (FBAO)	Covered in year 1 or Nat Dip	**NEW GUIDELINES (2017)**	
SUCTIONING	Covered in year 1 or Nat Dip	ADRENALINE (IM, asthma, anaphylaxis)	Covered in year 1 or Nat Dip		
CPR	Covered in year 1 or Nat Dip	GLUCAGON (on-campus students)			
DEFIBRILLATION (SAED)	Covered in year 1 or Nat Dip	IV CANNULATION			
CERVICAL COLLAR	Covered in year 1 or Nat Dip	0.9% NaCl (setting up the bag only)			
SPINAL IMMOBILISATION	Covered in year 1 or Nat Dip	0.9% NaCl (rationale, doses, etc.)			
HARE/SAGAR TRACTION SPLINT	Covered in year 1 or Nat Dip	10% GLUCOSE (IV)			
KED	Covered in year 1 or Nat Dip	CEFTRIAXONE (IV, IM)			