

**CLINICAL EXPERIENCE RECORD
NORTH EGYPT EMS/ REND LAKE COLLEGE**

NAME: _____ DATE: _____

PRECEPTOR NAME: _____ TIME IN: _____

PRECEPTOR NAME: _____ TIME OUT: _____

COMPLETED HRS: _____ TOTAL HRS TO DATE: _____

DEPARTMENT: _____

PROCEDURE	OBSERVE	PERFORMED	ASSISTED	COMMENTS
MEDICATION ADM (IV,ET,IM,SQ,PO,SL)				
INTUBATION				
IV THERAPY				
VENTILATION				
PED ASSESSMENT				
ADULT ASSESS.				
GERIATRIC ASSESS.				
OB PT ASSESS.				
TRAUMA PT ASSESS.				
ALTERED PT ASSESS.				
CHEST PAIN ASSESS.				
DYSPNEA PT ASSESS (AGE REQUIRED)				
ABDOMNAL COMP. ASSESS.				
BLOOD DRAWS				
EKG STRIP INTERP. (ATTACH STRIP)				
OB OBSERVATION				
OTHER ASSESSMENTS PLEASE DESCRIBE				
OTHER SKILLS PLEASE DESCRIBE				

COMMENTS: _____

****PRECEPTER TO INITIALIZE EACH SKILL. RATE THE STUDENT SKILL BY FOLLOWING:
3. ABOVE AVERAGE 2. AVERAGE 1. NEEDS IMPROVEMENT**