



**Central DuPage EMS System
Paramedic Program
Clinical Evaluation Form**

Email to tiffani.clausen@nm.org or Hand in personally

NOTE: **Print Clearly**

Name:		Time IN:	RN/MD Initials
Preceptor Name:	Date:	Time OUT:	RN/MD Initials
Preceptor Signature:	Clinical Site: RESPIRATORY THERAPY/CENTRAL DUPAGE HOSP		
DIRECTIONS: Please rate the student based on the guidelines below. Please cite examples, instances, or reasons when rating either "0" (does not meet standard) OR "3" (exceeding standard) in the comments section.			
3 = Exceeds standard	Student provides a model for this standard to peers. Requires little or no oversight or supervision. ("A" level performance)		
2 = More than minimally meets standard:	Student demonstrates more than mere competence on this standard. Requires some oversight and supervision regarding this standard. Skill is advancing. ("B" level performance)		
1 = Meets standard:	Student demonstrates competence on this standard. Requires significant oversight and supervision consistent with entry-level competence regarding this standard. ("C" level performance)		
0 = Does not meet standard:	Student does not demonstrate minimal competence on this standard. Requires constant oversight and close supervision.		
Performance	Activity		
3 2 1 0	*Demonstrates appropriate knowledge of respiratory pathophysiology		
3 2 1 0	*Performs chest auscultation		
3 2 1 0	*Identifies abnormal breath sounds		
3 2 1 0	*Administers oxygen		
3 2 1 0	Assists ventilations with BVM # _____		
3 2 1 0	Assists with monitoring of patients on mechanical ventilators		
3 2 1 0	Assists with routine care of patients with tracheostomies		
3 2 1 0	Observes arterial blood gas sampling		
3 2 1 0	*Identifies indications for nebulized medications		
3 2 1 0	*Prepares nebulized medications		
3 2 1 0	*Administers medications via small volume nebulizer # _____		
3 2 1 0	Observes / assists with endotracheal suctioning		
3 2 1 0	Observes / assists with endotracheal intubation		
3 2 1 0	*Communicates effectively with staff, patients, caregivers		
3 2 1 0	*Demonstrates readiness to learn		
3 2 1 0	*Demonstrates use of proper PPE		
PRECEPTORS:	*Items are required for evaluation. Other skills are only if completed.		

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Student Name _____ Date: _____

Please complete a section for each patient you observe

*** If you have observed more than 4 patients, complete additional forms ***

Patient #1:	Treatment Observed:
Age: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Diagnosis:	
Breath Sounds Assessed:	
<input type="checkbox"/> Stridor <input type="checkbox"/> Snoring <input type="checkbox"/> Wheezes <input type="checkbox"/> Rhonchi <input type="checkbox"/> Crackles <input type="checkbox"/> Other _____	
Preceptor comments:	
Patient #2:	Treatment Observed:
Age: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Diagnosis:	
Breath Sounds Assessed:	
<input type="checkbox"/> Stridor <input type="checkbox"/> Snoring <input type="checkbox"/> Wheezes <input type="checkbox"/> Rhonchi <input type="checkbox"/> Crackles <input type="checkbox"/> Other _____	
Preceptor comments:	
Patient #3:	Treatment Observed:
Age: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Diagnosis:	
Breath Sounds Assessed:	
<input type="checkbox"/> Stridor <input type="checkbox"/> Snoring <input type="checkbox"/> Wheezes <input type="checkbox"/> Rhonchi <input type="checkbox"/> Crackles <input type="checkbox"/> Other _____	
Preceptor comments:	
Patient #4:	Treatment Observed:
Age: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Diagnosis:	
Breath Sounds Assessed:	
<input type="checkbox"/> Stridor <input type="checkbox"/> Snoring <input type="checkbox"/> Wheezes <input type="checkbox"/> Rhonchi <input type="checkbox"/> Crackles <input type="checkbox"/> Other _____	
Preceptor comments:	

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Patient #5: Age: <input type="checkbox"/> Male <input type="checkbox"/> Female	Treatment Observed:
Diagnosis:	
Breath Sounds Assessed: <input type="checkbox"/> Stridor <input type="checkbox"/> Snoring <input type="checkbox"/> Wheezes <input type="checkbox"/> Rhonchi <input type="checkbox"/> Crackles <input type="checkbox"/> Other_____	
Preceptor comments:	
Patient #6: Age: <input type="checkbox"/> Male <input type="checkbox"/> Female	Treatment Observed:
Diagnosis:	
Breath Sounds Assessed: <input type="checkbox"/> Stridor <input type="checkbox"/> Snoring <input type="checkbox"/> Wheezes <input type="checkbox"/> Rhonchi <input type="checkbox"/> Crackles <input type="checkbox"/> Other_____	
Preceptor comments:	
Patient #7: Age: <input type="checkbox"/> Male <input type="checkbox"/> Female	Treatment Observed:
Diagnosis:	
Breath Sounds Assessed: <input type="checkbox"/> Stridor <input type="checkbox"/> Snoring <input type="checkbox"/> Wheezes <input type="checkbox"/> Rhonchi <input type="checkbox"/> Crackles <input type="checkbox"/> Other_____	
Preceptor comments:	
Patient #8: Age: <input type="checkbox"/> Male <input type="checkbox"/> Female	Treatment Observed:
Diagnosis:	
Breath Sounds Assessed: <input type="checkbox"/> Stridor <input type="checkbox"/> Snoring <input type="checkbox"/> Wheezes <input type="checkbox"/> Rhonchi <input type="checkbox"/> Crackles <input type="checkbox"/> Other_____	
Preceptor comments:	
Patient #9: Age: <input type="checkbox"/> Male <input type="checkbox"/> Female	Treatment Observed:
Diagnosis:	
Breath Sounds Assessed: <input type="checkbox"/> Stridor <input type="checkbox"/> Snoring <input type="checkbox"/> Wheezes <input type="checkbox"/> Rhonchi <input type="checkbox"/> Crackles <input type="checkbox"/> Other_____	
Preceptor comments:	

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Patient #10: Age: <input type="checkbox"/> Male <input type="checkbox"/> Female	Treatment Observed:
Diagnosis:	
Breath Sounds Assessed: <input type="checkbox"/> Stridor <input type="checkbox"/> Snoring <input type="checkbox"/> Wheezes <input type="checkbox"/> Rhonchi <input type="checkbox"/> Crackles <input type="checkbox"/> Other_____	
Preceptor comments:	
Patient #11: Age: <input type="checkbox"/> Male <input type="checkbox"/> Female	Treatment Observed:
Diagnosis:	
Breath Sounds Assessed: <input type="checkbox"/> Stridor <input type="checkbox"/> Snoring <input type="checkbox"/> Wheezes <input type="checkbox"/> Rhonchi <input type="checkbox"/> Crackles <input type="checkbox"/> Other_____	
Preceptor comments:	
Patient #12: Age: <input type="checkbox"/> Male <input type="checkbox"/> Female	Treatment Observed:
Diagnosis:	
Breath Sounds Assessed: <input type="checkbox"/> Stridor <input type="checkbox"/> Snoring <input type="checkbox"/> Wheezes <input type="checkbox"/> Rhonchi <input type="checkbox"/> Crackles <input type="checkbox"/> Other_____	
Preceptor comments:	
Patient #13: Age: <input type="checkbox"/> Male <input type="checkbox"/> Female	Treatment Observed:
Diagnosis:	
Breath Sounds Assessed: <input type="checkbox"/> Stridor <input type="checkbox"/> Snoring <input type="checkbox"/> Wheezes <input type="checkbox"/> Rhonchi <input type="checkbox"/> Crackles <input type="checkbox"/> Other_____	
Preceptor comments:	
Patient #14: Age: <input type="checkbox"/> Male <input type="checkbox"/> Female	Treatment Observed:
Diagnosis:	
Breath Sounds Assessed: <input type="checkbox"/> Stridor <input type="checkbox"/> Snoring <input type="checkbox"/> Wheezes <input type="checkbox"/> Rhonchi <input type="checkbox"/> Crackles <input type="checkbox"/> Other_____	
Preceptor comments:	