



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

Fax completed form to 630-933-2441 or email to tiffani.clausen@nm.org

NOTE: **Print Clearly**

Name:		Time IN:	RN/MD Initials
Preceptor Name:		Date:	Time OUT: RN/MD Initials
Preceptor Signature:		Clinical Site: Labor & Delivery	
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	Assess pregnant patient for: Gravida, Para, Abortive History- G/P/A		
3 2 1 0	Assess pregnant patient to identify stage of labor		
3 2 1 0	Measures contraction frequency and length of pregnant patient in labor		
3 2 1 0	Recognizes imminent delivery		
3 2 1 0	Observe/assist with normal vaginal delivery		
3 2 1 0	Observe delivery via cesarean section		
3 2 1 0	Evaluates APGAR of newborn		
3 2 1 0	Evaluates airway and ventilation of newborn		
3 2 1 0	Suctions newborn		
3 2 1 0	Oxygen administration to newborn		
3 2 1 0	Clamping/cutting of umbilical cord		
3 2 1 0	Temperature control of newborn		
3 2 1 0	Inspects placenta		
3 2 1 0	Performs fundal massage after delivery		
3 2 1 0	Observe/assist with management of postpartum complications		
3 2 1 0	Observe/assist with neonatal resuscitation		
3 2 1 0	Performs newborn assessment		
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 3 patients, complete additional forms ***

Patient #1:			
Time:	<input type="checkbox"/> Vaginal delivery	<input type="checkbox"/> Cesarean section	
Presentation:	<input type="checkbox"/> Normal	<input type="checkbox"/> Breech	<input type="checkbox"/> Limb Presentation
Baby:	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	Weight _____	Length _____
APGAR Scoring:	1-minute _____	5-minute _____	
Complications:			
Patient #2:			
Time:	<input type="checkbox"/> Vaginal delivery	<input type="checkbox"/> Cesarean section	
Presentation:	<input type="checkbox"/> Normal	<input type="checkbox"/> Breech	<input type="checkbox"/> Limb Presentation
Baby:	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	Weight _____	Length _____
APGAR Scoring:	1-minute _____	5-minute _____	
Complications:			
Patient #3:			
Time:	<input type="checkbox"/> Vaginal delivery	<input type="checkbox"/> Cesarean section	
Presentation:	<input type="checkbox"/> Normal	<input type="checkbox"/> Breech	<input type="checkbox"/> Limb Presentation
Baby:	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	Weight _____	Length _____
APGAR Scoring:	1-minute _____	5-minute _____	
Complications:			