



**OCEMT**  
EMERGENCY MEDICAL TRAINING

26489 Rancho Parkway South  
Lake Forest California, 92630  
(949) 291-3887

# Clinical Observation Packet

Student Name:

Class #



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## EMERGENCY MEDICAL TECHNICIAN-1 CLINICAL EXPERIENCE GUIDELINES

### **OBJECTIVES:**

The main objective is to provide the student with the clinical observation experience in these areas:

- A. Advanced Life Support Ambulance
- B. Paramedic Receiving Center Hospital

### **INDIVIDUALIZED TRAINING PLAN:**

Each student shall observe, record, and submit training plan documentation of all relevant observations to the class instructor. This Training Plan shall include:

- A. Performance Documentation Checklist- Ambulance Ride-Along
- B. Performance Documentation Checklist- PRC
- C. Student Performance & Observation Log
- D. Each student shall have (10) patient contacts entered into their Log Sheets. Should the rare circumstance arise where there was an inability to get 10 contacts, the student will interview their proctors and document clinical findings as well as treatment initiated and outcome of incident. This will be covered in great detail during week 3.

### **PREREQUISITES FOR CLINICALS/RIDE-ALONG:**

- A. Students must maintain an average of 80% academically and above to participate. You **MUST** have the Clinical Experience to pass this course.
- B. Students must submit their student checklist (Background, Vaccinations, Clinical lecture).
- C. A current Tuberculosis (TB) test.

### **SCHEDULING CLINICAL ROTATION/RIDE-ALONG:**

- A. A calendar will be circulated week 4 of class and each student will be able to schedule their Clinical/Ride-Along observations.
- B. There will be a schedule for each of the 2 clinical observations passed around to assure everyone has the opportunity to sign-up in a timely manner.
- C. Re-scheduling of clinical observation must be made as soon as possible. We understand unexpected life events do occur, therefore lets be proactive in getting this done!
- D. Only sign-up on days that you will be able to commit! Only rotations made through the instructor will be accepted. You may **NOT** call the Care Facility and/or ambulance company to schedule these observations.



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## REPORTING FOR OBSERVATIONS

### Paramedic Receiving Center Hospital Observation

- A. Report to the main lobby area. Ask for Director of Nursing on duty. Arrive on time! Remember that punctuality will be the first impression you set for yourself.
- B. Please do not park in patient parking spots. You may park on side streets or approved employee parking areas.

### Ambulance Clinical Observation

- C. Report to the Ambulance Company dispatcher and present ride-along permission slip (Agreement) with appropriate identification that will be mandatory to participate.
- D. Dress appropriately in approved uniform with OCCEMT name badge.
- E. Please do not park where ambulances may be staged or designated parking stalls. If riding at Fire Station, ambulance attendants will direct where to park.
- F. Have Student Log Book with you. Must be signed by preceptor before shifts end.

### NO SHOW POLICY

- A. Students scheduled for clinical must show up at the assigned facility at the assigned time. Failure to do so will result in NO CREDIT and the inability to complete certification requirements. Clinical sites and available times are limited and rescheduling a missed observation may not be possible.
- B. Each student must complete their observation assignment for the allotted time.
- C. If a student leaves early and without proper signature verifying the days activities, he/she will receive a failing grade for this portion of class. The clinical observation is a PASS/FAIL grade. You must have a PASS to complete this course and move on to take the National Registry Exam.

### BODY SUBSTANCE ISOLATION

Many diseases are transmitted through blood and body fluids. Always wear gloves when you come in contact with either blood or body fluids. Wash hands thoroughly after caring for patients and dispose of supplies and equipment as contaminated waste. Use goggles and wear a gown if necessary.

These PPE's should be available for use at clinical sites, and should be used to protect you from exposure to any body fluids or infectious materials:

- A. Gloves Latex or Non-Latex
- B. Eye Protection
- C. Masks
- D. Gowns if needed

Be extremely careful when needles or other sharp instruments are in use during patient care. Always utilize sharps containers!



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### **EVALUATION**

The PRC and Ambulance clinical observation is considered completed when hours and written assignments have been satisfied. It is expected that the student will accept supervision and evaluation of the staff (IE ambulance personnel, ER personnel, etc.) involved in the clinical portion of the EMT Course.

We are their guests in their work area. We must act like professionals and conduct ourselves with the highest maturity at all times. You very well may be applying for this organization in the near future. Be the one they remember in a positive light!



**EMERGENCY MEDICAL TECHNICIAN-1  
CLINICAL EXPERIENCE  
PROFESSIONAL CODE OF CONDUCT**

- ✓ No Smoking
- ✓ You will be asked to leave a clinical area if there is any subjective or objective assessment that you are under the influence of drugs or alcohol!
- ✓ No Profanity
- ✓ Arrive on time and be prepared. You may get an emergency response as soon as you arrive. This is real world and you must be prepared to go to work.
- ✓ Attend **ONLY** at scheduled times. Any unauthorized time will not be accepted or any attempt to falsify documentation will result in course failure.
- ✓ Bring your Ambulance Ride-Along Agreement slip (signed) with you. This is mandatory.
- ✓ Dress appropriately for your observations. All three of them. Dark Blue pants, dark blue OCEMT uniform shirt with name badge, clean black hard-toed safety shoes. Appearance and punctuality will be your first impression to these people. Take it serious.
- ✓ Listen and follow directions unconditionally. Your safety is paramount.
- ✓ Observe all rules of the facility and be respectful.
- ✓ Observe patient care activities and assist **ONLY** as directed by the person in charge.
- ✓ Remember to respect patient privacy and privileged information. What you hear and see is not for general discussion. Any violation of this policy will be considered a serious breach of professional ethics.
- ✓ Carry your Assessment and Vitals Logbook with you while participating. Get these signed before your observation is complete.
- ✓ Do not make or receive personal phone calls while in a clinical area. No cell phones are allowed, they may interfere with electronic equipment.
- ✓ Take your EMT text with you and study during slow periods. Always be busy and looking for something productive to do. Your work ethic speaks volumes about your character and willingness to learn!
- ✓ Report to staff at the conclusion of your clinical observation.

**THE FOLLOWING ITEMS SHOULD BE BROUGHT WITH YOU:**

1. A watch for recording vital signs.
2. Stethoscope for getting lung sounds.
3. Blue or black pen for taking notes. Ideally a pocket-size note pad too.
4. Patient Assessment and Vitals Log including observation sheets.
5. Money for lunch and/or snack.



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**DRESS CODE/UNIFORM POLICY:**

1. Dark blue OCCEMT uniform shirt. Clean and appropriately sized. Tucked-in. With name badge over right chest.
2. Dark blue Dickie-style pants. Clean and pressed. Appropriately sized. Black belt.
3. Clean, hard-toed black safety shoes and socks. No platforms or high heels or tennis shoes. Fire Service boots are ideal but a close comparison will work fine.
4. Make up worn in moderation.
5. Clean hair, away from face and off the collar of the uniform. No facial hair except for neatly trimmed mustache.
6. Finger nails must be clean and at an appropriate working length. Clear or subdued nail polish only.
7. Jewelry should be left at home. Wedding and/or engagement rings are acceptable. One pair of small stud earrings may be worn by females in the ears only. No Hoop type jewelry is allowed.

A&O x 3	alert and oriented to person, place, and time
A&O x 4	alert and orient to person, place, time, and event
A-FIB	atrial fibrillation
AAA	abdominal aortic aneurysm
ABC	airway, breathing, and circulation
ABD	abdomen or abdominal
ACLS	advanced cardiac life support
ALS	advanced life support
AMA	against medical advice
AMT	amount
APPROX	approx
ASA	aspirin
ATF	arrive to find
ATLE	apparent life threatening event
BG	blood glucose
BGL	blood glucose level
BILAT	bilateral or bilaterally
BLS	basic life support
BM	bowel movement
BP	blood pressure
B/P	blood pressure
BS	breath sounds
BVM	bag valve mask
C-SPINE	cervical spine
C/O	complaint of, complains of, or complaining of
CA	cancer
CABG	coronary artery bypass graft
CAD	coronary artery disease
CATH	catheter
CC	chief complaint
CHF	congestive heart failure
CNS	central nervous system
CO2	carbon dioxide
COPD	chronic obstructive pulmonary disease
CP	chest pain
CPR	cardiopulmonary resuscitation
CSF	cerebrospinal fluid
CT	cat scan
CVA	cerebral vascular accident
D5W	5% dextrose in water
DKA	diabetic ketoacidosis
DKA	diabetic ketoacidosis
DNR	do not resuscitate
DOA	dead on arrival
DT	delirium tremens
Dx	diagnosis
ECG	electrocardiogram
ET	endotracheal
ETOH	ethanol alcohol
ETT	endotracheal tube
F	female
FB	foreign body
Fx	fracture
g	grams

GI	gastrointestinal
GSW	gunshot wound
gtts	drops
GYN	gynecology or gynecological
H/A	headache
HEENT	head, eyes, ears, nose, throat
HR	heart rate per minute
HTN	hypertension
Hx	history
ICP	intracranial pressure
ICU	intensive care unit
IM	intramuscular
IO	intraosseous
IV	intravenous
JVD	jugular venous distension
kg	kilogram
KVO	keep vein open
LBBB	left bundle branch block
L-SPINE	lumbar spine
L/S Spine	lumbar-sacral spine
L&D	labor and delivery
LAT	lateral
lb	pound
LLQ	left lower quadrant
LMP	last menstrual period
LOC	level of consciousness
LR	lactated ringers
LUQ	left upper quadrant
M	male
MAST	military anti-shock trousers
mcg	micrograms
MED	medicine
mg	milligram
MI	myocardial infarction
min	minute or minimum
MS	mental status or muscular sclerosis
MSΔ	mental status change
MSO4	morphine sulfate
MVC	motor vehicle collision
N/V	nausea and vomiting
N/V/D	nausea, vomiting and diarrhea
NAD	no apparent distress
NC	nasal cannula
NEB	nebulizer
NKDA	no known drug allergies
NRB	nonrebreather
NS	normal saline
NSR	normal sinus rhythm
O2	oxygen
OB/GYN	obstetrics & gynecology
PALP	palpation
PAC	premature atrial contraction
PE	pulmonary embolus or physical examination



PEARL	pupils equal round reactive to light
PMHx	past medical history
PO	by mouth
PRN	as needed
PT	patient
PVC	premature ventricular contraction
RBBB	right bundle branch block
RLQ	right lower quadrant
RUQ	right upper quadrant
Rx	medicine
S/P	status post
SIDS	sudden infant death syndrome
SOB	shortness of breath
SQ	subcutaneous
ST	sinus tachycardia
SVT	supraventricular tachycardia
Sx	symptoms
Sz	seizures
T-SPINE	thoracic spine
T	temperature
TIA	transient ischemic attack
TKO	to keep open
Tx	treatment
UOA	upon our arrival
URI	upper respiratory infection
UTI	urinary tract infection
VF	ventricular fibrillation
VS	vital signs
VT	ventricular tachycardia
WNL	within normal limits
YO	years old
?	questionable
+	positive
-	negative
∧	approximately
>	greater than
<	less than
=	equal
↑	higher or increased
↓	lower or decreased
1°	primary
2°	secondary
△	change
♀	female
♂	male
ĉ	with
ŝ	without
â	before
p	after

# TRAINING PLAN LOGBOOK

## Patient Assessment and Vital Signs Log Book

**STUDENT:**

Ambulance Company Supervisor/ Preceptor:

Date:

**INSTRUCTOR:**

Hospital/SNF Shift Supervisor/Preceptor:

Date:

**Document Your Clinical Findings if applicable for situation. Mark NA in areas where non-applicable.**

AGE/SEX	CHIEF COMPLAINT	BLOOD PRESSURE	RESPIRATIONS	PULSE	TREATMENT
1					
2					
3					
4					
5					

NEURO EXAM	OXYGEN DELIVERING	CPR PERFORMED	CODE 3 RESPONSE	HX OF ILLNESS/MOI	TRANSPORT BLS/ALS
1					
2					
3					
4					
5					

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1					
2					
3					
4					
5					

# TRAINING PLAN LOGBOOK

## Patient Assessment and Vital Signs Log Book

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**STUDENT:**

Ambulance Company Supervisor/ Preceptor:

Date:

**INSTRUCTOR:**

Hospital/SNF Shift Supervisor/Preceptor:

Date:

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**Identify the Following Equipment in your Assigned Unit. Mark with an X.**

Siren	Main Oxygen Tank	ALS supplemental equip	Stethoscope
Red warning Light	Portable Oxygen cylinder	Patient Restraints	Kerlix
Seatbelts	Adult/Peds O2 Masks	KED splint	Emesis Basin
Fire Extinguisher	Adult/Peds O2 cannula	HARE traction splint	Oral Glucose Replacement
Maps	OP Airways	Sager traction splint	Pediatric immob board
3 warning flares	NP Airways	Cardboard arm splints	Yankauer suction cath
County/CHP licenses	Suction unit	Cardboard Leg splints	French suction cath
Radio/PAC sets	MARK 1 Kits	Linen	Airway bag
BLS forms	Duodote Kits	Pillow	Trauma bag
Gurney	AED	Shock Blanket	BP cuff
Backboards	4 x 4's	Standard blanket	Pen light

# TRAINING PLAN LOGBOOK

## Patient Assessment and Vital Signs Log Book

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**STUDENT:**

Ambulance Company Supervisor/ Preceptor:

Date:

**INSTRUCTOR:**

Hospital/SNF Shift Supervisor/Preceptor:

Date:

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**Identify the Following Equipment in your designated Emergency Room/SNF. Mark with an X.**

Patient charts	Exam lights	Controlled drugs room	Suture equipment
Policy manual	Bedpan	Disposable gloves	Portable X-ray
Employees restroom	Crash cart	BP cuff	Wheel chairs
Fire alarm	Hospital bed	Stethoscope	Triage room
Emergency exit	Eye chart	Ophthalmoscope	OB kit
Emergency call lights	Universal precaution supplies	Audioscope	Oxygen masks
Dirty utility room	Sharps container	Thermometer	Oxygen cannulas
Clean linen	12 Lead ECG	Infant scale	IV supplies
Soiled linen	Pulse oximetry	Sterile water/saline	Antiseptic wipes
Bedpans	Suction unit	Dressings	Ice machine
Urinal	AED	Splinting equipment	Restraints

## Student Performance Documentation

### *Ambulance Clinical Internship*

**To be completed by Clinical Evaluator:**

Student name:

Ambulance Name:

Date:

Time In:

Time Out:

Total Hours (Must meet 12 hrs):

#### Student Ratings (X)

	Outstanding	Satisfactory	Unsatisfactory	Failure
<b>Aptitude/Ability</b>				
<b>Professionalism</b>				
<b>Adaptability for Situation</b>				
<b>Follows Directions</b>				
<b>Punctuality</b>				
<b>General Appearance</b>				

-Any rating marked below "Satisfactory" shall be explained in detail below in comments section. Thank You.

Comments:

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Print Name of Evaluator:

Signature of Evaluator:

Title of Evaluator:

## Student Performance Documentation

### *Hospital Clinical Internship*

**To be completed by Clinical Evaluator:**

Student name:

Hospital (PRC) Name:

Date:

Time In:

Time Out:

Total Hours (Must meet 12 hrs):

	Student Ratings (X)			
	Outstanding	Satisfactory	Unsatisfactory	Failure
<b>Aptitude/Ability</b>				
<b>Professionalism</b>				
<b>Adaptability for Situation</b>				
<b>Follows Directions</b>				
<b>Punctuality</b>				
<b>General Appearance</b>				

-Any rating marked below "Satisfactory" shall be explained in detail below in comments section. Thank You.

Comments:

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Print Name of Evaluator:

Signature of Evaluator:

Title of Evaluator: