

Clinical Submission Form

This form shall be used as a cover sheet for all Emergency Department, Field & Specialty Clinical shifts when submitting clinical paperwork for credit.

Student Name _____

Date / Shift Times / Total Hours _____

Clinical Site _____

Preceptor _____

Patient Assessment

	Patient Age	Patient Sex	Chief Complaint	ALS or BLS (Field Clinical ONLY)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
Total Assessments Submitted for Consideration			→ → →	

Skills Tally

Skill	Total Successful	Total Unsuccessful
Vascular Access		
IV (Intravenous)		
IO (Intraosseous)		
EJ (External Jugular)		
Alternative (ETT)		
Blood Glucose		
Lab Draw		
Other		
Pharmacology		
IV Drip		
IV/IO Bolus		
IM / Sub-Q		
PO		
Sublingual		
Transdermal		
Inhalation		
CPAP		
CPAP		

Skill	Total Successful	Total Unsuccessful
Respiratory		
OPA / NPA		
Suction (Oral / ETT)		
BVM / BVT Ventilation		
Intubation		
Ventilator Operation		
Needle Thoracotomy		
Surgical Airway		
O2 NRB/NC		
Cardiovascular		
EKG		
12-Lead EKG		
External Pacing		
Cardioversion		
Defibrillation		
Fetal Heart Sounds		

Date Received from Student Record

Date Entered in Student