

# EMERGENCY MEDICAL SERVICES HANDBOOK

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Signature Required Forms:

Understanding of NFCC EMS Handbook . . . .



# **NORTH FLORIDA COMMUNITY COLLEGE EMERGENCY MEDICAL SERVICES**



## **ADMINISTRATION and Affiliated Agencies**

John Grosskopf  
President – NFCC

Tim Alexander, Director  
Dixie County EMS

Sharon Erle  
Vice President – NFCC

Fran Council, Director  
Wakulla County EMS

Doug Brown  
Dean of Programs - NFCC

Don Crum, Director  
Gadsden county EMS

L.K. “Skip” James  
Public Safety Department Director

Tom Quillin, Director  
Leon County EMS

Albert “Mac” Leggett  
Director of EMS Programs

Jim Iten, Director  
Jefferson County EMS

Dr Robert Spindell.  
NFCC EMS Medical Director

Charlie Conner, Director  
Suwannee County EMS

Juan Botino, Director  
Madison County EMS

Mike Brosure, Director  
Hamilton County EMS

Trevor Hicks, Director

Lafayette EMS

Marty Thompkins, Director

DMH EMS



**Below is a list of phone numbers that may be helpful while you attend North Florida Community college:**

Albert “Mac” Leggett, voice (850) 973-1673

Director of EMS Programs fax (850) 973-1713

[leggetta@nfcc.edu](mailto:leggetta@nfcc.edu)

Departments

NFCC Main Switchboard (850) 973-2288

Security (850) 973-9475

Bookstore (850) 973-9439

Continuing Education (850) 973-1608

Financial Aid (850) 973-1621

Learning resources (850) 973-1624

Public Safety (850) 973-1617

Registration (850) 973-1605

Student Affairs (850) 973-1605

Student services (850) 1654 1655

Veterans Information (850) 973-1622

Displaced homemakers (850) 973-1664

# CLINICAL SITES

NFCC's EMS Program is affiliated with the following agencies:

## Advanced Life Support Services

Madison County EMS	850-973-3494
Suwannee County EMS	386-364-3405
Hamilton County EMS	386-792-6625
Jefferson County EMS	850-342-0178
Doctor's Memorial EMS	850-584-2227
Lafayette County EMS	386-294-1633
Leon County EMS	850-606-2100
Wakulla County EMS	850-445-8821
Dixie County EMS	352-498-1240

## Hospitals

Madison County Memorial Hospital	850-973-2271
Live Oak Shands	386-362-0810
Doctors Memorial Hospital	850 -584-0800
Tallahassee Memorial	

**Emergency 911 Communications**

Madison County Sheriff's Department

850-973-4001

**Other Health Care Facilities**

Down Home Medical Care

850-973-4590

## **PURPOSE**

The purpose of the Emergency Medical Services Technology program is to offer a program of learning, which graduates competent entry-level providers.

The curriculum is based upon and meets or exceeds all requirements of the U.S. Department of Transportation Paramedic Training Standards, the Florida Department of Education, and the Florida State Department of Health, Florida Statutes 401, Chapter 64E-2.

The practice of paramedicine:

- a. Is directed towards the care of individuals who have been identified as being ill or in need of diagnostic evaluation.
- b. Is directed towards alleviating the problems of individuals experiencing the need for emergency care.
- c. Includes making judgments and understanding the scientific rationale underlying decisions.
- d. Is based on knowledge that is specific and factual, and that can be applied directly to practice.

## **PHILOSOPHY**

The Emergency Medical Services Technology program places emphasis on recognition of the fact that each student should be respected as an individual, and that a student's intellectual growth must proceed in conjunction with his or her physical, social, and emotional development; the enhancement of a sense of emotional and physical well-being for every student; the strengthening of the student's identity, independence, integrity and self-esteem; and the development and maintenance of his or her community ties.

The faculty believes that health care is the right of all individuals without regard to race, sex, and religion, ethnic or cultural background. The decision to seek health care is dependent to a high degree on the perception that an individual cannot meet his or her basic needs without assistance, and on the availability of health care resources and services.

Education is the process of acquiring knowledge, competencies, and skills evidenced by changes in behavior. Its mission is to offer individuals the opportunity to develop intellectually, physically and morally. Emergency Medical Services Technology education is a viable part of the general education system of an institution of higher learning.

The faculty of the Emergency Medical Services Technology program believes Emergency Medical Services Technology education is the process of developing intellectual, effective and skill-based competencies, which enable an individual to integrate theoretical, and research principles into practice. The learning experiences in the program are designed to facilitate the learner's ability to integrate a theoretical and clinical foundation into a meaningful whole that can be appropriately applied to the practical setting.

The faculty believes that the learner:

- should be given guidance in what he or she is expected to know;
- should be assisted in clarifying his or her personal goals in relation to the program goals and objectives;
- needs to feel self-confident, respected and accepted;
- needs an opportunity to apply knowledge, receive appropriate feedback and receive on-going reports of his or her progress; and
- must accept the role of learner and share in the responsibility for learning.

The faculty believes that the instructor:

- should recognize that each student's ability to learn will be affected by the student's judgment, intuition, habits, attitudes, cultural background, and past experiences;

- directs learning by selecting and organizing learning experiences;
- provides feedback on the student's progress;
- involves the learner in the evaluation process;
- creates an instructional environment which supports and encourages learning; and shares with the learner the responsibility of meeting stated goals and objectives.

The faculty further believes that EMS education is a continuous process that must persist after completion of the program to keep the paramedic accountable for current trends and practices in patient care.

# **CONFIDENTIALITY**

*Grades or transcripts will be released to agencies outside of the college ONLY upon written request by the student.*

Patient confidentiality shall be respected in the clinical setting. Students are not allowed to photocopy any patient's medical records. This includes patient charts and EMS run reports. Any discussion of the physical or social life of patients, North Florida Community College EMS faculty, preceptors, hospital, fire, and law enforcement personnel is strictly unethical. Unprofessional conduct may result in the student's withdrawal from the Paramedic Program.

Please refer to the *NFCC HIPAA guidelines* for further guidance on patient confidentiality.

# **FINANCIAL AID / SCHOLARSHIPS**

Students are encouraged to go to the Financial Aid Office for assistance in planning the financing of their college education. A variety of funds are available to help those who, without such help, would be unable to attend college.

Additional information on financial aid and scholarships may be found in the college catalog or by contacting the Office of Student Financial Aid.

# **SPECIAL NEEDS STUDENTS**

During the first week of EMS 2603C, the EMS faculty will inquire if there are any paramedic students who may request accommodations for disabilities. Such students should speak privately with the instructor. If a student requests accommodations, a meeting will be set with the EMS Coordinator or designated EMS Faculty member to assist with the necessary accommodations and refer the student to Student Support Services at NFCC. All requests are confidential.

# ADMISSION CRITERIA

1. Cumulative grade point of 2.0 (4.0 scale) for all college work completed.
2. Completion of all Learning Assistance coursework if applicable.
3. Completion of BSC 2084C, BSC 2085C, or BSC 2086C Anatomy and Physiology, with a grade of “C” or higher prior to registration into EMS 2603C – Paramedic I and EMS 2656 – Paramedic I Clinical.
4. Possess current Florida EMT-B certification. Florida EMT-B certification candidates have 90 days from beginning of EMS 2603C to obtain certification. Failure to do so will result in withdrawal from Paramedic Program.
5. Possess current CPR card.
6. Admission into the Paramedic program is provisional based upon the acceptance of the approved health evaluation record.
7. Students interested in transferring into the program must send a copy of all their transcripts to the admissions office. If you have taken any previous EMS courses from another EMS educational facility, a copy of all course syllabi should be sent to the EMS Coordinator for evaluation. A student must submit a letter from the Department Chair of their EMS program stating they are in good academic standing. Courses are evaluated on an individual basis and only EMS courses in which you have received a grade of "C" or better have the potential of transferring. Transfer students are accepted on a space available basis only. A written and clinical performance competency examination may be required.

*North Florida Community College is dedicated to providing equal employment opportunity and advancement to its employees, as well as participation in programs and activities for matriculating students and prospective students without regard to race, religion, color, national origin, sex, age, disability, veteran status or any other factor.*

**Paramedic Fee Breakdown – Class of 2011 (*subject to change*)**

NFCC Terms/Misc	Class	Course Fee	(Lab fee)
College application fee	Only for new students	\$20.00	n/a
Prerequisite	A&P essentials BSC 2084C	\$292.00	\$33.00
Semester 1- Spring	EMS 2603C	\$876.00	\$72.75
	EMS 2656 ( <i>field internship</i> )		
Semester 2 – Summer 3C	EMS 2604C	\$1095.00	\$87.75
	EMS 2657 ( <i>field internship</i> )		
Semester 3 – Fall	EMS 2605C	\$803.00	\$22.75
	EMS 2658 ( <i>clinical internship</i> )		
	EMS 2659 ( <i>field internship</i> )		
Vocational Student Insurance		\$18.09	
Uniforms		TBA	
Books		TBA	
PALS		TBA	
PHTLS		TBA	
ACLS		TBA	
State exam fee		\$85.00	
NFCC Graduation Fee		\$30.00	

# BOOK REQUIREMENTS

The books listed below are required, and may be purchased in the college bookstore. Cost is subject to change. The books are also available for reference in the EMS Coordinator's office.

## **\*PARAMEDIC CARE: PRINC & PRACT VOLS 1-5 PKG**

**Bryan E. Bledsoe Robert S. Porter, M.A., NREMT-P Richard A. Cherry, M.S., NREMT-P, SUNY, Syracuse**  
ISBN-10: 0137146965 ISBN-13: 9780137146963  
Publisher: Prentice Hall Copyright: 2009  
(Note: This is a five volume set)

## **\*Paramedic Lab Manual Sue Campbell Melissa Robinson**

ISBN-10: 0131194372 ISBN-13: 9780131194373  
Publisher: Prentice Hall Copyright: 2006 Format: Paper; 640 pp Published: 10/24/2005

## **\*Advanced Cardiac Life Support (any publisher)**

*recommended additional book*

## **PARAMEDIC CARE: PRINC & PRACT WORKBKS V1-5**

ISBN-10: 0135045843 ISBN-13: 9780135045848  
Publisher: Prentice Hall

The required textbooks will be used at various times during the Paramedic Program. Textbooks marked with an asterisk (\*) are required for EMS 2603C.

The following books are optional, but are highly recommended. These books are also available in the bookstore. Additional prospective books may be found in the bookstore's reference section.

	<u>Estimated Cost</u>
Drug Reference Book	\$30.00
Pathophysiology Reference Book	\$65.00
EMT-Paramedic National Standards Bureau	\$27.00
Self-Test, Miller	
The Paramedic Review Manual, Politis	\$26.00

The Library is an excellent resource for paramedic students. Reference may be made to the College Catalog for the Learning Resource Center hours of operation and additional information.

# NFCC EMS Programs Uniform Dress Code

While participating in ANY activity as a NFCC EMS student, you must wear the uniform as described below. Failure to do so will result in dismissal from class or clinical site for that day/evening.

## Class, EMS and Hospital Clinicals

1. NFCC *Public Safety Recruit* polo shirt.
2. NFCC Paramedic Student nametag, worn on right side of shirt.
3. Clean, pressed navy or black uniform style pants, no blousing of pants.
4. Blue or black socks.
5. Clean black shoes or black boots. Heels must be less than 1".
6. Pen with Blue ink.
7. Stethoscope, CPR barrier device, Gloves, Eye protection.
8. Watch with second hand.
9. Penlight.

10. Wedding rings are the only jewelry allowed while wearing the NFCC uniform, period.
  
11. Hair must be clean, kempt and must not touch the shirt collar. Again, for clarification, it doesn't matter if you are male or female, your hair will be off the collar, PERIOD.
  
12. No other patches or embroidery is allowed. Contact EMS Coordinator if more information is needed.

## **ACADEMIC STANDARDS**

A student must earn a minimum grade of "C" in all courses required in the EMS Program. In EMS courses, a student must get a grade of "C" or above in theory, lab skills, and clinical areas. An "attempt" is defined as a course registration in effect at the end of the drop/add period. A student who fails a course or withdraws from a class will be permitted to re-enroll for that course only one time within one calendar year.

If the second attempt of the course is unsuccessful, or more than one calendar year has lapsed, the student may re-apply for admission into the Paramedic Program, after consultation with the EMS Coordinator. The student will be required to re-enroll into EMS 2603C, Paramedic I, and complete all required paramedic courses in a sequential format. This includes any previously completed EMS coursework that has been passed with a "C" or better.

A student, who feels there are extenuating circumstances which warrant an exception to the stated academic standards, may appeal to the Review Committee through the EMS Coordinator. Members of this committee include faculty of the EMS Program, the EMS Coordinator, and the Allied Health Coordinator.

Any student wishing to re-enroll in a Paramedic course must notify the EMS Coordinator of his/her intent to re-enter the Paramedic Program. A written request must be submitted at least six weeks before the course is due to start. Students will be re-admitted on a space available basis only. Students re-entering the program may be required to test for competency in a previously taken course.

## **ACADEMIC HONESTY**

Cheating is the giving or taking of information or material with the intention of wrongfully using it to aid oneself or another student in academic endeavors. The Emergency Medical Service Technology faculty expects honesty from Emergency Medical Service Technology students in relation to performing patient care, written examinations, and any other written assignment.

Every Emergency Medical Service Technology student and faculty member has the responsibility to promote the highest standards of academic honesty, which should include whatever kind of personal intervention necessary to eliminate dishonest conduct. Evidence of cheating in any Emergency Medical Service Technology course will result in a grade of "F", and referral to the Student Affairs Committee of the college for recommendation for dismissal from the Emergency Medical Service Technology program and the college.

# **GRADING POLICIES**

In the Paramedic Program, each student is evaluated on a regularly scheduled basis as to comprehension of theoretical concepts, safe performance in the clinical area and ethical behavior expected of the professional Paramedic.

The Department of Emergency Medical Services Technology uses the following grading system:

92 - 100:	A
85 - 91:	B
80 - 84:	C
70 - 79:	D
Below 70:	F

A grade of "C" or better must be earned in all paramedic courses in order to proceed to the next sequential paramedic course.

# **PROGRESSION IN THE PROGRAM**

Any student who receives a grade of "D" or "F" must repeat that course and successfully complete that course before continuing in the paramedic program. No paramedic course may be repeated more than two times within the calendar year.

The Emergency Medical Services Technology program reserves the right to discontinue a student's enrollment at any time during the program, if in the administrative faculty's professional judgment, the student does not possess the qualifications necessary for the program, or demonstrates behavior deemed to be potentially detrimental to the patient's safety and well-being.

# TESTING POLICY

## Didactic

Students are required to take an exam on the scheduled exam date. Students unable to attend on the required date must provide a written request to the instructor and make arrangements prior to the test date. If injury/illness prevents prior approval, student must contact the lecture instructor and make arrangements. EMS faculty may require a doctor's excuse. Exams are to be made up within 72 hours of exam date. After 72 hours, the student will receive a grade of "0", unless special consideration is warranted.

## Skills Assessment

Each student must demonstrate mastery of all identified skill performances. Students will be held responsible for all skills, and the Lab Skills Sheet for each lab class will be collected and placed in the student file when complete.

Following formal lecture presentation and demonstration of the associated skill(s), a minimum of ten (10) hours per week (lab time) is provided to enable the student to practice and refine the specific skill(s). During this time, instructors will assist each student in achieving mastery. Additional individual remediation will be provided if necessary. Open lab hours will also be provided. The available hours will be posted in the EMS Lab.

During the allotted "lab time", students will practice and refine the specific skill(s) on an individual basis as well as within the setting of "scenarios". For the various scenarios, students will be divided into "teams" of three. A minimum of three scenarios will be presented to each team and the student will have the opportunity to function as team leader and later as a team member. Instructors will evaluate individual as well as team performance. Written documentation will be maintained regarding individual and team performance and teams may repeat a scenario as necessary (within predetermined time frames).

As a conclusive review of skill(s) mastery, lab time is allotted for "Final Skills Assessment". This evaluation follows the completion of the previously described lab sessions. At this time, student competency is tested and he or she is graded on a point score basis, with a minimum score of 80 required for passing. Successful completion of the assessment will be documented and entered into the student record. In the event that mastery is not achieved, the student will be remediated and allowed to challenge the final assessment again.

## **Final Scenario Assessment**

Students will demonstrate mastery of a medical and trauma scenario and be tested on an individual basis. Test evaluators will consist of EMS Faculty, Director of EMS Programs, and the NFCC EMS Medical Director. If a student does not demonstrate a mastery level, one retest may be allowed.

If the student is unsuccessful at achieving paramedic graduate mastery level on this attempt, the student will be required to repeat the entire paramedic program.

## **ATTENDANCE POLICY**

Attendance is expected for theory classes and required for all lab and clinical experiences. Because of limited time in the clinical area, students must understand that failure to attend and perform at the acceptable level in the clinical area will deny them the opportunities that they may need to acquire skills necessary to meet minimum safety standards. Therefore, clinical assignments require 100% attendance. Students will be prompt and in uniform, as required. In cases of unavoidable absence, or lateness, the student is responsible for contacting the clinical facility to inform the appropriate persons of this fact.

A student will also be considered "Unsatisfactory" in the clinical area if the student does not make up absence times, does not meet the uniform code requirements, is not prepared to meet the objectives for that day, does not consistently apply appropriate safety measures, or does not consistently make appropriate judgments.

The student who is absent from class is expected to contact the instructor for make-up assignments as identified in each course outline prior to returning to class.

Students are allowed only two (2) excused absences per semester from class. Three (3) or more will result in a letter grade drop, and possible dismissal from the program. Extenuating circumstances need to be brought to the attention of the EMS faculty and the NFCC EMS Director.

Exchange of assigned clinical time is prohibited without prior approval from the EMS Coordinator.

Tardiness disrupts a class in progress. Three late arrivals to class or unexcused early departure from class will result in one (1) absence. Three (3) late arrivals for the paramedic ride time will result in discipline, up to removal from the program. Being late to a clinical site may also result in clinical area reassignments.

**Students are responsible for transportation to and from clinical sites.**

# CLASSROOM BEHAVIOR

The EMS faculty member has the discretion to determine classroom atmosphere and behavior of students. Professional conduct will be followed at all times.

Any student asked to leave the class for inappropriate conduct will be given an unexcused absence.

The student should raise his/her hand to ask a question or to make a comment.

No unauthorized talking or distractive behavior will be permitted.

The use of **tobacco products is not allowed** in the classroom, or within any building at North Florida Community College, or on any clinical sites.

Alcoholic beverages are prohibited at any EMS program function.

Students will not attend classroom or clinical sessions under the influence of alcohol or other substances. Violation of this policy will result in immediate withdrawal from the paramedic program.

Food and drinks are not permitted in classroom areas.

Children are not allowed in the classroom.

Cellular phones, radio's, or pagers are NOT allowed in the classroom or during clinical/field internship, and you are not to be "on duty" while in lecture, lab, clinical or field internship time.

Students must be prepared for lab activities EVERY day.

## Clinical Site Rejection

During the clinical rotations through local hospitals and ALS agencies, students are to exercise professional conduct at all times. We are guests at these agencies, and must act professionally at all times. Any reported violations of professional conduct will result in the removal of the student from that clinical site. A student's removal from a clinical site constitutes a clinical site rejection. The definition of "clinical site rejection" is any issue that generates a complaint about student behavior or activities, or any agent from a facility forwarding a complaint.

The student will be operating under the license of their preceptor. The preceptor may elect to remove the student from under his license at any time. This also constitutes a clinical site rejection.

The EMS Program director and Medical Director will review any reported incidents. Depending on the circumstances, the student may be allowed to relocate to another clinical site. A second clinical site rejection will result in the student's dismissal from the paramedic program.

The student may appeal this decision through the grievance procedure.

## Paramedic Program Internal Grievance Process

This grievance procedure allows the student to verbalize a complaint, perceived injustice, or unresolved conflict with another individual. The goal is to assist the student in resolving that grievance. Students are encouraged to attempt to resolve the issue as soon as possible after the occurrence. If a problem arises, students will follow the chain of command. After following the chain of command, the student may elect to submit a formal grievance as outlined in the *NFCC Student Handbook*.

The chain of command for the EMS Program is as follows:

1. Albert "Mac" Leggett, Director of EMS and Fire programs
2. L.K. "Skip" James, Public Safety Department Director
3. Doug Brown, Dean of program

## **STUDENT FORMAL GRIEVANCE PROCEDURE**

In the event a student believes he/she has the basis for a grievance irresolvable by the internal program process, the student may elect to follow the *Student Grievance Procedure* as outlined in the NFCC student handbook. A copy of this handbook is available at [www.nfcc.edu](http://www.nfcc.edu) or by contacting student services at (850) 973-1623. Student Services is the immediate contact point when filing a formal grievance.



## **HEALTH EVALUATION**

An enrolled paramedic student must meet health standards within 30 days of the commencement of EMS 2603C. These requirements exist as a result of the college/hospital affiliation agreements, which allow NFCC Emergency Medical Services Technology students to gain clinical experience.

Students are required to inform their instructors of any chronic health problems or conditions such as diabetes, heart conditions, HIV, epilepsy, back problems, and/or other conditions.

## **HEALTH INSURANCE / INJURY RESPONSIBILITY**

It is the intention of the EMS Technology Program to provide a safe lecture, lab and clinical environment for the student. However, during the clinical experience, the student may be exposed to situations that might result in injury or illness to the student. In the event of such exposure, it is imperative that the student complies immediately with the commands of the Paramedic preceptor. Any activities by the student that could result in jeopardizing a safe environment will not be tolerated.

Each paramedic student may purchase Accidental Coverage insurance through NFCC. This is a one-time fee that is charged when the student registers for EMS 2603C, Paramedic I. This insurance is for any injury or exposure that occurs while in the clinical setting.

For any illness, injury, or exposure that occurs while the student is in the lab, hospital, or EMS clinical setting, the EMS Coordinator is to be notified immediately.

## **LIABILITY INSURANCE**

An annual fee is assessed at the first clinical registration each year to provide liability coverage for the student. Current fees are subject to change based on insurance carrier rates. All paramedic students are required to carry liability insurance. Students who are re-admitted or who transfer to the Paramedic Program other than in EMS 2603C will be required to purchase liability insurance in the session in which they return or in which they are admitted.

# EMT-B OATH

Be it pledged as an Emergency Medical Technician, I will honor physical and judicial laws of God and man.

I will follow that regimen which, according to my ability and judgment, I consider for the benefit of patients and abstain from whatever is deleterious and mischievous, nor shall I suggest any such counsel.

Into whatever homes I enter, I will go into them for the benefit of only the sick and injured, never revealing what I see or hear in the lives of men unless required by law.

I shall also share my medical knowledge with those whom may benefit from what I have learned.

I will serve unselfishly and continuously in order to help make a better world for all mankind.

While I continue to keep this oath inviolate, may it be granted to me to enjoy life, and the practice of the art, respected by all men, in all times.

Should I trespass or violate this oath, may the reverse be my lot.

So help me God.

# CODE OF ETHICS

## The EMT-B/Paramedic Code of Ethics

- 1) Professional status as an Emergency Medical Technician and Emergency Medical Technician/Paramedic is maintained and enriched by the willingness of the individual practitioner to accept and fulfill obligations to society, other medical professionals, and the profession of Emergency Medical Services.
  
- 2) As an Emergency Medical Technician/Paramedic, I solemnly pledge myself to the following code of professional ethics:
  - a) A fundamental responsibility of the Emergency Medical Technician/Paramedic is to conserve life, to alleviate suffering, to promote health, to do no harm, and to encourage the quality and equal availability of emergency medical care.
  
  - b) The Emergency Medical Technician/Paramedic provides services based on human need, with respect for human dignity, unrestricted by consideration of nationality, race, creed, color, or status.
  
  - c) The Emergency Medical Technician/Paramedic does not use professional knowledge and skills in any enterprise detrimental to the public well being.
  
  - d) The Emergency Medical Technician/Paramedic respects and holds in confidence all information of a confidential nature obtained in the course of professional work unless required by law to divulge such information.
  
  - e) The Emergency Medical Technician/Paramedic, as a citizen, understands and upholds the law and performs the duties of citizenship; as a professional, the Emergency

Medical Technician/Paramedic has the never-ending responsibility to work with concerned citizens and other health care professionals in promoting a high standard of emergency medical care to all people.

- f) The Emergency Medical Technician/Paramedic shall maintain professional competence and demonstrate concern for the competence of other members of the Emergency Medical Services health care team.
  
- g) An Emergency Medical Technician/Paramedic assumes responsibility in defining and upholding standards of professional practice and education.
  
- h) The Emergency Medical Technician/Paramedic assumes responsibility for individual professional actions and judgment, both in dependent and independent emergency functions, and knows and upholds the laws, which affect the practice of the Emergency Medical Technician/Paramedic.
  
- i) An Emergency Medical Technician/Paramedic has the responsibility to be aware of, and participate in, matters of legislation affecting the Emergency Medical Technician/Paramedic and the Emergency Medical Services System.
  
- j) The Emergency Medical Technician/Paramedic adheres to standards of personal ethics, which reflect credit upon the profession.

# **PARAMEDIC JOB PERFORMANCE CHARACTERISTICS**

EMT-Paramedics work as part of a team. Thorough knowledge of theoretical procedures and ability to integrate knowledge and performance into practical situations are critical. Self-confidence, emotional stability, good judgment, tolerance for high stress, and a professional demeanor are also essential characteristics of the successful EMS personnel at any level. EMT-Paramedics must also be able to deal with adverse social situations, which include responding to calls in districts known to have high crime rates.

Aptitudes for work of the nature are good physical stamina, endurance, and body condition which would not be adversely affected by having to lift, carry, and balance at times, in excess of 125 pounds (250 pounds with assistance). Motor coordination is necessary because over uneven terrain, both the patients' and the EMT-Paramedics' as well as other workers' well-being must not be jeopardized. EMT-Paramedics in actual situations are exposed to a variety of hot and cold temperatures and may be, at times, exposed to hazardous fumes. They may be required to walk, climb, crawl, bend, pull, push, or lift and balance over less than ideal terrain. EMT-Paramedics are exposed to a variety of noise levels, which at times can be quite high, particularly when multiple sirens are sounding.

Driving the ambulance in a safe manner, accurately discerning street names through map reading, and the ability to correctly distinguish house numbers or business locations are essential for task completion in the most expedient manner possible. Use of the telephone for transmitting and responding to physicians' advice is also essential. The ability to concisely and accurately describe orally to physicians and other medical staff one's impression of a patient's condition is critical, as EMT-Paramedics work in emergency conditions in which there may be no time for deliberation. EMT-Paramedics must also be able to accurately summarize all data in the form of a written report. Verbal and reasoning skills are used extensively. Math skills are required to calculate weight and volume ratios, as well as proper pharmacological dosages.

## **CAREER PLANNING AND PLACEMENT**

Successful completion of the Paramedic Program does not guarantee employment with an EMS and/or fire agency. Students seeking full and part-time employment should visit the Career Center and check the EMS bulletin board in the EMS Department where information is posted as job openings come in.

# **PROGRAM EVALUATION**

Constructive criticism concerning the Paramedic Program is welcomed. Periodic anonymous evaluations of instruction and methods will be conducted. Students should submit constructive criticism (include possible suggestions for correction) in a written form to the EMS Coordinator, in the EMS Department.

EMS faculty will be evaluated during each semester. Honest opinions and comments are appreciated. Student signature on this evaluation is optional.

The EMS faculty continues to strive for improvement and strengthening of the Paramedic Program. It is important that all student questions and concerns are addressed.

## **NFCC EMT-PARAMEDIC PROGRAM GOAL AND OBJECTIVES**

The goal of the EMT-Paramedic Program at North Florida Community College is to prepare the student as a competent entry level EMT-Paramedic. The three main objectives to reach this goal are as follows:

1. Cognitive Domain – Upon completion of the program, the student will demonstrate the ability to comprehend, apply, analyze, and evaluate information relevant to his or her role as an entry-level EMT-Paramedic.
2. Psychomotor Domain – Upon completion of the program, the student will demonstrate technical proficiency in all the skills necessary to fulfill the role of an entry-level EMT-Paramedic.

3. Affective Domain – Upon completion of the program, the student will demonstrate personal behavior consistent with professional employer expectations for the entry-level EMT-Paramedic.

The goal and objectives meet with standards from the Florida Department of Education, United States Department of Transportation National Standard Curriculum for the EMT-B and Paramedic, Florida Statue 401, and the Essentials and Guidelines from the Committee on Accreditation of Emergency Medical Services Programs (CoAEMSP).

## **PARAMEDIC STUDENT PERFORMANCE STANDARDS**

Below is a listing of all outcomes and student performance standards for Paramedic.

- 1-1 At the completion of this unit, the paramedic student will understand his or her roles and responsibilities within an EMS system, and how these roles and responsibilities differ from other levels of providers.
- 1-2 At the completion of this unit, the paramedic student will understand and value the importance of personal wellness in EMS and serve as a healthy role model for peers.
- 1-3 At the completion of this unit, the paramedic student will be able to integrate the implementation of primary injury prevention activities as an effective way to reduce death, disabilities and health care costs.
- 1-4 At the completion of this unit, the paramedic student will understand the legal issues that impact decisions made in the out-of-hospital environment.
- 1-5 At the completion of this unit, the paramedic student will understand the role that ethics plays in decision-making in the out-of-hospital environment.

- 1-6 At the completion of this unit, the paramedic student will be able to apply the general concepts of pathophysiology for the assessment and management of emergency patients.
- 1-7 At the completion of this unit, the paramedic student will be able to integrate pathophysiological principles of pharmacology and the assessment findings to formulate a field impression and implement a pharmacologic management plan.
- 1-8 At the completion of this unit, the paramedic student will be able to safely and precisely access the venous circulation and administer medications.
- 1-9 At the completion of this unit, the paramedic student will be able to integrate the principles of therapeutic communication to effectively communicate with any patient while providing care.
- 1-10 At the completion of this unit, the paramedic student will be able to integrate the physiological, psychological, and sociological changes throughout human development with assessment and communication strategies for patients of all ages.
- 2-1 At the completion of this unit, the paramedic student will be able to establish and/ or maintain a patent airway, oxygenate, and ventilate a patient.
- 3-1 At the completion of this unit, the paramedic student will be able to use the appropriate techniques to obtain a medical history from a patient.
- 3-2 At the completion end of this unit, the paramedic student will be able to explain the pathophysiological significance of physical exam findings.
- 3-3 At the end of this unit, the paramedic student will be able to integrate the principles of history taking and techniques of physical exam to perform a patient assessment.
- 3-4 At the end of this unit, the paramedic student will be able to apply a process of clinical decision making to use the assessment findings to help form a field impression.

- 3-5 At the completion of this unit, the paramedic student will be able to follow an accepted format for dissemination of patient information in verbal form, either in person or over the radio.
- 3-6 At the completion of this unit, the paramedic student will be able to effectively document the essential elements of patient assessment, care and transport.
- 4-1 At the completion of this unit, the Paramedic student will be able to integrate the principles of kinematics to enhance the patient assessment and predict the likelihood of injuries based on the patient's mechanism of injury.
- 4-2 At the completion of this unit, the paramedic student will be able to integrate pathophysiological principles and assessment findings to formulate a field impression and implement the treatment plan for the patient with shock or hemorrhage.
- 4-3 At the completion of this unit, the paramedic student will be able to integrate pathophysiological principles and the assessment findings to formulate a field impression and implement the treatment plan for the patient with soft tissue trauma.
- 4-4 At the completion of this unit, the paramedic student will be able to integrate pathophysiological principles and the assessment findings to formulate a field impression and implement the management plan for the patient with a burn injury.
- 4-5 At the completion of this unit, the paramedic student will be able to integrate pathophysiological principles and the assessment findings to formulate a field impression and implement a treatment plan for the trauma patient with a suspected head injury.
- 4-6 At the completion of this unit, the paramedic student will be able to integrate pathophysiological principles and the assessment findings to formulate a field impression and implement a treatment plan for the patient with a suspected spinal injury.

- 4-7 At the completion of this unit, the paramedic student will be able to integrate pathophysiological principles and the assessment findings to formulate a field impression and implement a treatment plan for a patient with a thoracic injury.
- 4-8 At the completion of this unit, the paramedic student will be able to integrate pathophysiologic principles and the assessment findings to formulate a field impression and implement the treatment plan for the patient with suspected abdominal trauma.
- 4-9 At the completion of this unit, the paramedic student will be able to integrate pathophysiological principles and the assessment findings to formulate a field impression and implement the treatment plan for the patient with a musculoskeletal injury.
- 5-1 At the completion of this unit, the paramedic student will be able to integrate pathophysiological principles and assessment findings to formulate a field impression and implement the treatment plan for the patient with respiratory problems.
- 5-2 At the completion of this unit, the paramedic student will be able to integrate pathophysiological principles and assessment findings to formulate a field impression and implement the treatment plan for the patient with cardiovascular disease.
- 5-3 At the completion of this unit, the paramedic student will be able to integrate pathophysiological principles and assessment findings to formulate a field impression and implement the treatment plan for the patient with a neurological problem.
- 5-4 At the completion of this unit, the paramedic student will be able to integrate pathophysiological principles and assessment findings to formulate a field impression and implement a treatment plan for the patient with an endocrine problem.
- 5-5 At the completion of this unit, the paramedic student will be able to integrate pathophysiological principles and assessment findings to formulate a field impression and implement a treatment plan for the patient with an allergic or anaphylactic reaction.
- 5-6 At the completion of this unit, the paramedic student will be able to integrate pathophysiological principles and assessment findings to formulate a field impression and implement the treatment plan for the patient with a gastroenterologic problem.

- 5-7 At the completion of this unit, the paramedic student will be able to integrate pathophysiological principles and the assessment findings to formulate a field impression and implement a treatment plan for the patient with a renal or urologic problem.
- 5-8 At the completion of this unit, the paramedic student will be able to integrate pathophysiological principles and assessment findings to formulate a field impression and implement a treatment plan for the patient with a toxic exposure.
- 5-9 At the completion of this unit, the paramedic student will be able to integrate the pathophysiological principles of the hematopoietic system to formulate a field impression and implement a treatment plan.
- 5-10 At the completion of this unit, the paramedic student will be able to integrate pathophysiological principles and assessment findings to formulate a field impression and implement the treatment plan for the patient with an environmentally induced or exacerbated medical or traumatic condition.
- 5-11 At the completion of this unit, the paramedic student will be able to integrate pathophysiological principles and assessment findings to formulate a field impression and implement a management plan for the patient with infectious and communicable diseases.
- 5-12 At the end of this unit, the paramedic student will be able to describe and demonstrate safe, empathetic competence in caring for patients with behavioral emergencies.
- 5-13 At the end of this unit, the paramedic student will be able to utilize gynecological principles and assessment findings to formulate a field impression and implement the management plan for the patient experiencing a gynecological emergency.
- 5-14 At the completion of this unit, the paramedic student will be able to apply an understanding of the anatomy and physiology of the female reproductive system to the assessment and management of a patient experiencing normal or abnormal labor.

- 6-1 At the completion of this unit, the paramedic student will be able to integrate pathophysiological principles and assessment findings to formulate a field impression and implement a treatment plan for a neonatal patient.
- 6-2 At the completion of this unit, the paramedic student will be able to integrate pathophysiological principles and assessment findings to formulate a field impression and implement a treatment plan for the pediatric patient.
- 6-3 At the completion of this unit, the paramedic student will be able to integrate the pathophysiological principles and the assessment findings to formulate and implement a treatment plan for the geriatric patient.
- 6-4 At the completion of this unit, the paramedic student will be able to integrate the assessment findings to formulate a field impression and implement a treatment plan for the patient who has sustained abuse or assault.
- 6-5 At the completion of this unit the paramedic student will be able to integrate pathophysiological and psychosocial principles to adapt the assessment and treatment plan for diverse patients and those who face physical, mental, social and financial challenges.
- 6-6 At the completion of this unit, the paramedic student will be able to integrate the pathophysiological principles and the assessment findings to formulate a field impression and implement a treatment plan for the acute deterioration of a chronic care patient.
- 7-1 At the completion of this unit, the paramedic student will be able to integrate the principles of assessment-based management to perform an appropriate assessment and implement the management plan for patients with common complaints.
- 8-1 At the completion of this unit, the paramedic will understand standards and guidelines that help ensure safe and effective ground and air medical transport.

- 8-2 At the completion of this unit, the paramedic student will be able to integrate the principles of general incident management and multiple casualty incident (MCI) management techniques in order to function effectively at major incidents.
- 8-3 At the completion of this unit, the paramedic student will be able to integrate the principles of rescue awareness and operations to safely rescue a patient from water, hazardous atmospheres, trenches, highways, and hazardous terrain.
- 8-4 At the completion of this unit, the paramedic student will be able to evaluate hazardous materials emergencies, call for appropriate resources, and work in the cold zone.
- 8-5 At the completion of this unit, the paramedic student will have an awareness of the human hazard of crime and violence and the safe operation at crime scenes and other emergencies.

## **CURRICULUM**

The curriculum is based upon and meets, or exceeds, all requirements of the U.S. Department of Transportation Paramedic Training Standards, Department of Education Standards, and the Florida State Bureau of EMS, Florida Statutes, Chapter 401.

The curriculum is divided into three components: lecture, lab, and clinical. All three must be successfully completed.

## **COURSE DESCRIPTIONS**

## **EMS 1119 FUNDAMENTALS OF EMERGENCY MEDICAL CARE**

**180 class hours**

**6 Credits**

Co requisites: EMS 1119L, EMS 1411, EMS 1421

Introductory survey of emergency medical services including medical-legal-ethical aspects; techniques of CPR, extrication, and management of trauma and administration of appropriate emergency medical care. Upon successful completion, student will receive a certificate of course completion and will be eligible to take the Florida State EMT-Basic certification examination.

## **EMS 1119L FUNDAMENTALS OF EMERGENCY MEDICAL CARE-LAB**

**90 laboratory hours**

**3 Credits**

Co requisites: EMS 1119, EMS 1411, and EMS 1421

Practical application of the didactic instruction received in EMS 1119 to include medical-legal-ethical aspects; techniques of CPR, semi-automatic external defibrillation, extrication, management of trauma and medical emergencies, and administration of appropriate emergency medical care. Discussion and application of basic computer skills in the health care setting.

## **EMS 1411 EMERGENCY DEPARTMENT CLINICALS**

**0 class hours (16 contact hours)**

**1 Credit**

Co requisites: EMS 1119, EMS 1119L, EMS 1421

Rotation through various Emergency Room Departments at local hospitals observing and performing basic life support skills under the direct supervision of an assigned preceptor.

## **EMS 1421 EMS FIELD INTERNSHIP**

**0 class hours (44 contact hours)**

**1 Credit**

Co requisites: EMS 1119, EMS 1119L, EMS 1411

This course is designed to provide the EMT-Basic student with exposure to pre-hospital emergency medicine. It will provide 72 hours of basic life support training with an Advanced Life Support agency and will provide 4 hours of observation with a 911 Dispatch/Communication center.

### **EMS 2603C PARAMEDIC I and PARAMEDIC I LAB**

**300 class hours**

**10 Credits**

Prerequisite: BSC 2084C or higher

Corequisite: EMS 2656

This course introduces the roles and responsibilities of the paramedic. Medical, legal and ethical issues are explored. General principles of pathophysiology, pharmacology and shock and fluids are presented. Introduction to advanced patient assessment, clinical decisions, communications and documentation. Discussion of the respiratory system, and assessment/treatment of respiratory distress. Laboratory includes practical application of the didactic instruction received to include role of the paramedic in the health care delivery system, duties and responsibilities. Shock assessment and management, medication administration and IV therapy, advanced patient assessment, clinical decisions, communications and documentation, and assessment and treatment of the respiratory distress patient.

### **EMS 2656 PARAMEDIC FIELD INTERNSHIP I**

**0 class hours (120 contact hours)**

**2 Credits**

Prerequisite: Admission into the Paramedic Certificate Program

Co-requisite: EMS 2603C

This course will involve ride experience with an Advanced Life Support provider. It will provide the beginning paramedic student an opportunity to master basic life support skills and therapeutic communications. Seventy-two (72) hours of learning experience in a work environment will be required. Enrollment is restricted to those students with concurrent enrollment in the Paramedic Program.

The paramedic student will rotate through the Operating Room/Recovery Room in a local hospital. The student will be under the direct supervision of an Anesthesiologist and/or CRNA while observing/performing intubations. A minimum of 3 successful intubations and/or demonstration of skill mastery are required.

Rotation through various departments of the local hospitals performing basic life support skills, IV therapy and medication administration, and beginning paramedic skills under the direct supervision of the clinical instructor and/or assigned preceptor.

Rotation through the 911-dispatch communication center under the direct supervision of the clinical instructor and/or assigned preceptor.

Student is responsible for transportation to and from clinical sites.

## **EMS 2604C PARAMEDIC II**

**360 class hours**

**12 Credits**

Prerequisite: EMS 2603C, EMS 2656

Corequisite: EMS 2657

Anatomy and physiology of the cardiovascular system. Cardiovascular pathophysiology and management. Dysrhythmia interpretation and assessment of the patient with suspected cardiovascular problems. 3 lead EKG interpretation. Discussion of the anatomy and physiology of the nervous, integumentary and musculo-skeletal systems. Pathophysiology and management of patients presenting with diseases and trauma to these systems, as well as identification and management of medical emergencies. Laboratory includes practical application of the didactic instruction received to include role of the paramedic in the health care delivery system, duties and responsibilities.

## **EMS 2657 PARAMEDIC FIELD INTERNSHIP II**

**0 class hours (144 contact hours)**

**3 Credits**

Prerequisite: EMS 2656

Co-requisite: EMS 2604C

This course will involve ride experience with an Advanced Life Support provider. It will provide the intermediate paramedic student an opportunity to perform advanced patient assessments, venous access and medication administration. Seventy-two (72) hours of learning experience in a work environment will be required. Enrollment is restricted to those students with concurrent enrollment in the Paramedic Program.

The paramedic student will rotate through the Operating Room in a local hospital. The student will be under the direct supervision of an Anesthesiologist and/or CRNA while observing/performing intubations. A minimum of 3 successful intubations and/or demonstration of skill mastery are required.

Rotation through various departments of the local hospitals performing intermediate paramedic skills, IV therapy and medication administration, advanced airway, cardiac care including EKG monitoring and interpretation, under the direct supervision of the clinical instructor and/or assigned preceptor.

Student is responsible for transportation to and from clinical sites.

### **EMS 2605C PARAMEDIC III**

**90 class hours**

**3 Credits**

Prerequisite: EMS 2604C, EMS 2657

Corequisite: EMS 2658, EMS 2659

Reproductive system, patient assessment and management of obstetrical and gynecological emergencies. Handling of patients with special challenges, acute interventions for chronic care patients and management of abuse and assault. Upon successful completion, student will receive a certificate of course completion and will be eligible to take the Florida State Paramedic Certification Examination. Practical application of the didactic instruction received in this class is to include patient assessment and management of obstetrical and gynecological emergencies. Assessment based management for the medical and trauma patient of all age groups, Medical Incident Command, rescue operations, hazmat awareness, and crime scene management, this also includes 2 hours of the instruction on the trauma scorecard methodology, and 4 hours of instruction on HIV/AIDS as per FS 401.2701 (1)(a) (5)(b).

### **EMS 2658 PARAMEDIC FIELD INTERNSHIP III**

**0 class hours (72 contact hours)**

**4 Credits**

Prerequisite: EMS 2604C, EMS 2657

Co requisite: EMS 2659

Enrollment is restricted to those students with concurrent enrollment in the Paramedic Program.

Rotation through various departments of the local hospitals performing Advanced paramedic skills, care of the OB/GYN patient, pediatric, neonate, and geriatric patient under the direct supervision of the clinical instructor and/or assigned preceptor. Rotation will include the care of psych patients in appropriate facilities.

Students are responsible for transportation to and from the clinical sites.

### **EMS 2659 PARAMEDIC FIELD INTERNSHIP III**

**0 class hours (400 contact hours)**

**4 Credits**

Prerequisite: EMS 2604C, EMS 2657

Corequisite: EMS 2605C, EMS 2658

This course will involve ride experience with an Advanced Life Support provider. It will provide basic life and advanced life support training with an ALS agency. Four hundred (400) hours of learning experience in a work environment will be required. During this phase of the program, the paramedic should be in a “lead” medic role, under the direct supervision of the clinical coordinator and/or preceptor.

Enrollment is restricted to those students with concurrent enrollment in the Paramedic Program.

*Upon successful completion of ALL paramedic courses, the student will receive a certificate of course completion and will be eligible to take the Florida State Paramedic Certification Examination.*

## **COURSE FORMAT**

North Florida Community College offers one Paramedic Program per year. The program is approximately eleven months in length.

## **ASSOCIATE OF SCIENCE DEGREE**

North Florida Community College offers an A.S. Degree in Emergency Medical Services Technology. Please call 973-1673 and make an appointment for academic counseling with the EMS Director. Program information is also available in the Public Safety Department.

### **Emergency Medical Service Cluster**

#### ***EMT- B***

11 college credit hours

EMS 1119	Emergency Technician I	6 credit hours
EMS 1119L	Emergency Technician I	3 credit hours
EMS 1411	Emergency Room	1 credit hour
EMS 1421	Rescue Clinical	1 credit hour

#### ***Anatomy & Physiology***

BSC 2084C	Human Anatomy and Physiology	4 college credit hours
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#### ***PARAMEDIC***

38 college credit hours

EMS 2603C	Paramedic I	10 credit hours
EMS 2656	Paramedic I Clinical	2 credit hours
EMS 2604C	Paramedic II	12 credit hours
EMS 2657	Paramedic II Clinical	3 credit hours

EMS 2605C	Paramedic III	3 credit hours
EMS 2658	Paramedic III Clinical	4 credit hours
EMS 2659	Paramedic III Field Internship	3 credit hours

***A.S. DEGREE IN EMERGENCY MEDICAL SERVICES***

General Education Courses: (16 college credit hours)

ENC	1101	English	3 credit hours
CGS	1060C	Beginning Computers	1 credit hours
DEP	2001	Human Development	3 credit hours
PHI	1630	Ethics	3 credit hours
		<u>Any Humanities</u>	credit hours
MAC	1105	College Algebra or	
MGF	1106	Math for Liberal Arts	3 credit hours

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69 college credit hours

**PARAMEDIC STUDENT COMPETENCIES**

After successful completion of NFCC's Paramedic Program, the student will be able to:

1. Identify the role of the paramedic.
2. Use interpersonal skills.
3. Recognize a medical emergency; assess the situation.

4. Manage emergency care.
5. Demonstrate ability to treat shock.
6. Demonstrate general knowledge of pharmacology.
7. Assess airway function and treat airway obstruction.
8. Assess cardiac function and treat basic arrhythmias.
9. Assess central nervous system function and treat patient with nervous system disorder.
10. Assess and manage soft tissue injuries.
11. Assess and manage musculo/skeletal injuries.
12. Identify and manage medical emergencies.
13. Identify and manage obstetric/gynecologic emergencies.
14. Assess pediatric/neonatal patients and transport as needed.
15. Identify and manage the geriatric patient.
16. Identify and manage the emotionally disturbed patient.
17. Apply techniques of extrication and rescue.
18. Use telemetry and other communications equipment.
19. Demonstrate employability skills.

## **CERTIFICATION ELIGIBILITY**

Upon successful completion of NFCC's Paramedic Program, the paramedic student will be issued a certificate of completion. The student is then eligible to take the State of Florida Paramedic Examination. A minimum passing score of 80% is required to become a Florida certified paramedic.

Successful completion of NFCC's Paramedic program does not guarantee passage of the State Paramedic Examination. Remedial help is available by contacting the EMS Coordinator if a student fails the state exam.



# North Florida Community College

## Emergency Medical Services Programs

### **Policy:**

Patient confidentiality and patient information shall not be released to any person or entity not directly involved in patient care.

### **Purpose:**

- To ensure the patient that any information about his/her condition, care and treatment, is kept absolutely confidential.
- To familiarize EMS personnel with what information may or may not be shared with other family members.

### **Special Instructions:**

- Patient information is not discussed with anyone not directly involved in the delivery of care. Information is never discussed outside a normal work area, or in any public area.
- Information is not relayed to anyone including friends, family members, or significant others without first consulting preceptor.
- EMS/ED personnel in charge of the patient's care may:
  - Relate what the family could observe if they were present: sat up, resting well, etc.
  - Give condition status, i.e., condition remains good. For an adverse change in condition, the family is advised to call the physician for his/her opinion.
- Birth and death become a matter of public record and may be reported. Tact and sensitivity MUST be used in reporting death events to family members and significant others.
- Request for additional information are referred to the patient and/or physician.
- Inquiries made by news media representatives and persons other than the patient's family are

referred to a hospital or rescue service information officer or his/her designee

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Student Signature

Date

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Instructor/Allied Health Coordinator's Signature

Date

**North Florida Community College**  
**Emergency Medical Services Programs**

UNIVERSAL PRECAUTIONS – AIDS POLICY

North Florida Community College Allied Health Programs, involve clinical experiences in which students may be assigned to administer care to individuals who are HIV (Human Immunodeficiency Virus) seropositive, or who have ARC (Aids Related Complex) or AIDS. Students will, in every case, be expected to follow all recommended guidelines for prevention of HIV transmission.

North Florida Community College Allied Health Programs involve clinical and laboratory experiences which could be a potential health hazard to students who have compromised immune systems. Students who have AIDS, ARC, or who are positive for HIV should be aware of the potential health hazards to which they are exposed.

North Florida Community College Allied Health students and faculty will follow the recommended guidelines for "Prevention of HIV Transmission in Health Care Settings." Published by the CENTERS FOR DISEASE CONTROL, Atlanta, Georgia, as well as polices of the various institutions in which we have clinical experience. Polices will be updated as new information related to prevention and treatment of HIV becomes available.

To standardize the delivery of health care to all patients and to minimize the risk of transmission of HIV, Allied Health students will:

- Be taught basic skills in isolation techniques according to CDC specifications, and handling of body fluids in the skills laboratory before actual clinical practice of these skills on a patient.
- Be provided classroom instruction related to HIV treatment, modes of transmission and prevention.
- Receive hospital policies for blood and body fluid precautions consistently on all patients.
  - Gloves should be worn when touching blood and body fluids, mucous membranes or non-intact skin of all patients, or when touching items or surfaces soiled with blood or body fluids (including performing Veni-puncture and other vascular access procedures).
  - Hands should be washed immediately before gloving and again after removing gloves. Hands should also be washed immediately and thoroughly when contaminated with blood or body fluids.
  - Gloves should be changed between each patient.
  - Gowns or plastic aprons, masks, and protective eyewear should be worn for any procedures likely to result in or prone to splashing of blood or body fluids.
  - Used needles should not be recapped, purposely bent or broken by hand, removed from disposable syringes, or manipulated by hand. Disposable needles, syringes, scalpel blades and other sharp items should be placed in puncture resistant containers for disposal.
  - Soiled linen should be handled as little as possible with minimum agitation. All soiled linen should be bagged and tied closed at the location where it was used.
  - Gloves are to be worn for post-delivery care of the umbilical cord and until all blood and amniotic fluid have been cleaned from the infant's skin.
  - When universal blood and body fluids precautions are implemented on all patients, isolation/labeling of the patient's room, chart, or specimens is not to be done. Upon death, state law requires that a tag be affixed to the body of anyone known to have blood born pathogens.
  - Specimens of blood and body fluids should be placed in a leak proof container. When collecting the specimen, care should be taken to prevent contamination of the outside of the container. All containers (except blood tubes) should be placed in a zip-lock bag.
  - Mouthpieces and resuscitation bags should be used in place of mouth-to-mouth resuscitation.
- A hospital and college incident report is to be completed if the student is exposed to blood or body fluids through needle sticks or cuts, mucous membrane (splash to the eyes or mouth), or cutaneous (through the skin which is chapped, abraded or has dermatitis) means. Follow up screening will be recommended according to hospital/school guidelines. The student will pay the cost of the follow up.
- Follow CDC's Universal Precautions on all patients and follow precautions for invasive procedures.

## **INFECTIOUS EXPOSURE/WASTE MANAGEMENT**

EMS faculty follows OSHA recommended guidelines in the lab setting. Details of the EMS lab rules and regulations are posted in the EMS lab and will be reviewed the first week of lab class.

Each clinical site will review their Exposure/Waste Management Policy during that clinical site's orientation meeting.

During clinical rotations and the Paramedic Practicum, a uniform may become soiled. If the uniform becomes soiled with blood or bodily fluids, it is to be placed in a leak-proof bag, and the student is responsible for decontamination per OSHA guidelines. Launder following manufacturer's guidelines for laundry soap and bleach amounts. If further information is needed regarding decontamination, contact may be made with any of NFCC's EMS faculty.

A second uniform is recommended. If the student does not have an additional uniform to change into once the initial uniform has become soiled, the student will be sent home immediately.

Use of personal protective equipment (PPE), (i.e.: gloves, face shield, gown) as needed when exposure to blood and bodily fluids exists is required. ***FAILURE TO USE PPE WILL RESULT IN THE***

***STUDENT BEING SENT HOME FOR REMAINDER OF ASSIGNED SHIFT.***

Incident will be documented by clinical instructor/preceptor and clinical coordinator will be notified. Student will not be allowed to return to clinicals/practicum until the matter is resolved with clinical coordinator.

All EMS students must be free of all facial hair prior to fit testing for the RacaI NIOSH-approved Respirator Mask. This mask is required at all clinical sites. (Moustaches are allowed, but must not extend past the corners of the mouth.)

**NORTH FLORIDA COMMUNITY COLLEGE**

**EMERGENCY MEDICAL SERVICES**

**POLICY TITLE: EXPOSURE TO INFECTIOUS DISEASES PLAN**

**PURPOSE:** The Emergency Medical Services program, a division of North Florida Community College, recognizes that the students who participate in the programs offered will have direct contact with patients in a health care setting. It is possible that some of the patients cared for will have an infectious disease, as defined by the Center for Disease Control (CDC). It is further possible that a student might become exposed to an infectious disease. It is the purpose of this policy to outline the process that must be followed to assure the health and safety of the students who progress through the Emergency Medical Services Technology programs.

Definition:

**Exposure:** The process of contact with a blood borne or airborne pathogen that is capable of causing an infectious disease, as defined by the CDC. This contact can occur from, but is not limited to, a needle stick, spray of blood onto exposed mucous membranes, or breathing within a confined space while exposed to a patient who has an infectious respiratory ailment.

**POLICY:**

- Students are to be taught universal / standard precautions prior to their entry into a clinical setting.
- Students are to use the appropriate precautions while in clinical settings. If the student is unsure of what precautions are necessary, they are to check with their preceptor prior to initiating contact with the patient.
- Any student who is either exposed, or believes that they have been exposed, needs to follow the procedure as defined below.

**PROCEDURE:**

**HOSPITAL EXPOSURE:**

- 1) The EMS Coordinator is to be notified immediately.
- 2) The student will be directed to be seen in the Emergency Room immediately.

**POLICY TITLE: EXPOSURE TO INFECTIOUS DISEASES PLAN**

**PROCEDURE (CONT):**

**HOSPITAL EXPOSURE (CONT):**

- 3) A Clinical Exposure Form will be initiated by:  
For EMT: the EMS Coordinator  
  
For Paramedic: the EMS Faculty at the hospital, and forwarded to the EMS Coordinator
- 4) The student will be directed to follow the advise of the Emergency Room Physician and to further follow up with the hospital's occupational health department.
- 5) The Clinical Exposure Form will be forwarded to the EMS  
  
Coordinator for review and signature.
- 6) The completed Clinical Exposure Form will be filed in the student's file.

**EMS INTERNSHIP EXPOSURE:**

- 1) The EMS Coordinator is to notified immediately.
- 2) The student will be directed to be seen in the Emergency Room immediately.
- 3) A Clinical Exposure Form is to be initiated by the EMS Coordinator.
- 4) The student will be directed to follow the advise of the Emergency Room Physician and to further follow up with the hospital's occupational health department (as is required by the Ryan White Act).
- 5) The Clinical Exposure Form will be forwarded to the EMS Coordinator for review and signature.
- 6) The completed Clinical Exposure Form will be filed in the student's file.

Approved by:

EMS Coordinator:

Medical Director:

Date Review/Revised: 05/30/02, reviewed/revised: 08/20/03, reviewed/revised 07/28/08

**North Florida Community College  
EMS Student Clinical Exposure /Needle Stick Notification**

**Student Name** \_\_\_\_\_ **SSN** \_\_\_\_\_

Class/Clinical Location \_\_\_\_\_

Date of Exposure/Needle Stick \_\_\_\_\_

Time of Exposure/Needle Stick \_\_\_\_\_

Date Exposure/Needle Stick Reported \_\_\_\_\_

Time Exposure Reported \_\_\_\_\_

\*\*If above dates/times conflict, describe why \_\_\_\_\_

\_\_\_\_\_

Type of exposure/Needle Stick \_\_\_\_\_

Describe events leading up to the exposure/Needle Stick \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Protective equipment utilized \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Future preventive measures \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Student advised to follow up with further medical evaluation?

Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
EMS Faculty

\*\*\*\*\*

Date Received \_\_\_\_\_

Albert "Mac" Leggett EMS Coordinator – Phone 973-1673

Follow-up Action:

\_\_\_\_\_  
Post Plan Follow Up Recommended:

**North Florida Community College  
EMS Student Injury Notification**

**Student Name** \_\_\_\_\_ **SSN** \_\_\_\_\_

Class/Clinical Location \_\_\_\_\_

Date of Injury \_\_\_\_\_ Time of Injury \_\_\_\_\_

Date Injury Reported \_\_\_\_\_ Time Injury Reported \_\_\_\_\_

\*\*If above dates/times conflict, describe why \_\_\_\_\_

Describe type/location of injury\_\_\_\_\_

Describe events leading up to the injury\_\_\_\_\_

---

\_\_\_\_\_

EMS notified? Yes\_\_\_\_\_ No\_\_\_\_\_ Transported to\_\_\_\_\_

In hospital treatment provided? Yes\_\_\_\_\_ No\_\_\_\_\_

Hospital Department\_\_\_\_\_

Name or Nurse/Doctor providing care\_\_\_\_\_

Briefly describe medical treatment rendered\_\_\_\_\_

\_\_\_\_\_

Student advised to follow up with further medical evaluation?

Yes\_\_\_\_\_ No\_\_\_\_\_ N/A\_\_\_\_\_

Additional comments\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Student Signature

EMS Faculty

\*\*\*\*\*

Date Received\_\_\_\_\_

Date Received\_\_\_\_\_

\_\_\_\_\_

EMS Coordinator

Albert “Mac” Leggett EMS Coordinator – Phone 973-1673

Follow-up Action:



**North Florida Community College**  
**Emergency Medical Services Programs**

*EMS Program Clinical No-Show Report*

On \_\_\_\_\_, I was scheduled to appear at my clinical site: \_\_\_\_\_

Date

Clinical Site Name

I failed to report for the following reason(s):


Date of Call: \_\_\_\_/\_\_\_\_/\_\_\_\_

Time of Call: \_\_\_\_\_

Telephone number called: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Name of Supervisor/Preceptor spoken to: \_\_\_\_\_

\_\_\_\_\_

Student's Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Instructor's Signature

\_\_\_\_\_

Date

# PARAMEDIC CLINICAL ROTATION CARDIOPULMONARY DEPARTMENT OBJECTIVES

## For DHM, and MCH

During clinical rotations in this area, the paramedic student should have the opportunity to gain experience and develop proficiency in the following skills:

1. Perform oral and sterile endotracheal suctioning.
2. Use bag-valve-mask device to ventilate patients.
3. Apply and/or monitor oxygen therapy devices such as mask and nasal cannula.
4. Identify uses and side effects of the various respiratory treatment drugs.
5. Identify lung sounds: normal, wheezing, rales, and rhonchi.
6. Identify signs and symptoms of respiratory distress.
7. Observe ABG procurement and use of blood gas machine. Interpret ABG's and relate to specific patient signs and symptoms and treatment. Student will **NOT** perform arterial punctures.
8. Assist in respiratory treatments and use of mechanical ventilators.
9. Use a pulse oximetry device.

10. Other procedure deem appropriate by the NFCC EMS EMS Medical Director.

**Students must be under DIRECT supervision at all times.**

A clinical experience in the Cardiopulmonary Department requires the cooperative effort of the students, staff, physicians, and the clinical instructor. Any problems should be brought to the attention of the EMS Coordinator immediately.

Problems requiring additional intervention than that of the Coordinator should be brought to the attention of the **EMS Coordinator—Albert “Mac” Leggett – 973-1673(office)**

## **PARAMEDIC CLINICAL ROTATION EMERGENCY DEPARTMENT OBJECTIVES**

**For DMH, and MCH**

During clinical rotations in this area, the paramedic student should have the opportunity to gain experience and develop proficiency in the following skills:

1. Triage
2. Physical assessment, patient history, documentation in compliance with hospital policy for all age groups.
3. Vital and diagnostic signs: recognition and significance.
4. Aseptic techniques and universal precautions.
5. Peripheral IV insertion and drip rate calculations.
6. Drug therapy: IV, IM, SQ, PO, SL, and ET - dosage calculations
7. Drug therapy: IV, IM, SQ, PO, SL, and ET - drug administration
8. Cardiac arrest procedures.
9. Management of trauma, medical, peds, OB/gyn emergencies.
10. Airway management including insertion of airways, suctioning, oxygen therapy, intubation (under direct physician supervision)
11. Use of cardiac monitors and interpretation of rhythms.
12. Venipuncture for blood specimens
13. Proper needle disposal following hospital/OSHA guidelines
14. Emotional support of patient and family.
15. Use of IV pumps.
16. Recognition of safety hazards, and implementation of safety procedures. (i.e.: using bedside rails)
17. Interpretation of ABG's.
18. Wound care and bandaging.

In addition to the above, the paramedic student should observe and assist with the following procedures as the opportunity arises:

1. Pacemaker insertion
2. Spinal tap
3. Traction, splinting, pin insertions

4. Central and jugular line insertions
5. Twelve lead EKGs
6. Ventilator and respiratory treatments
7. CT and Nuclear scans

**Students must be under DIRECT supervision at all times.**

No student or NFCC Paramedic Clinical Instructor is to accept total responsibility for patient care. All patients will remain under control of the Emergency Department staff.

***CONTINUED ON NEXT PAGE***

Paramedic student is not allowed to discharge a patient from the Emergency Department.

Students may go to in-house codes with the approval of the EMS Clinical Instructor. Student may not attend a code without direct supervision of the ER physician or EMS Clinical Instructor/Preceptor.

Students will stay in the Emergency Department unless otherwise assigned by the EMS Clinical Instructor/Preceptor.

Students should assist Emergency Department staff in all aspects of patient care including changing beds, transferring patient to floor or X-ray, giving urinals or bedpans, etc. A paramedic student may sign off when administering injections, starting IV, giving medications and administering a breathing treatment. The preceptor **MUST** sign with them. But at **NO** time will the paramedic student be allowed to document on the patient's chart.

A clinical experience in the Emergency Department requires the cooperative effort of the students, staff, physicians, and the clinical instructor. Any problems should be brought to the attention of the EMS Clinical Instructor immediately.

Problems requiring additional intervention than that of the EMS Clinical Instructor / Preceptor should be brought to the attention of the **EMS Coordinator—Albert “Mac” Leggett 973-1673 (office)**

**PARAMEDIC CLINICAL ROTATION**

## **LABOR & DELIVERY DEPARTMENT/CLINIC OBJECTIVES for MCH, DMH, SGMC, and Down Home Medical.**

During clinical rotations in this area, the paramedic student should have the opportunity to gain experience and develop proficiency in the following skills:

1. Perform patient assessments including development of a pertinent medical history and performance of a physical exam. At a minimum, the assessment should include a review of the patient's chart, taking vital signs, auscultation of lung sounds, and neuro assessment.
2. Identify the three stages of labor.
3. Identify the signs and symptoms of common OB complications, including, but not limited to: pre-eclampsia, eclampsia, placenta previa, gestational diabetes, abruptio placenta, prolapsed cord, breech presentation, limb presentation.
4. Observe vaginal deliveries.
5. Control postpartum hemorrhage.
6. Assist with the care and resuscitation of the newborn.
7. Determine APGAR scores of newborns.
8. Be familiar with fetal monitoring systems.
9. Emotional support of patient and significant other.

10. Perform peripheral IV insertion; drug therapy - I V, IM, SQ, PO, SL, ET, as allowed by receptor.
11. Be familiar with labor lab work.
12. Observe C-Section if prior approval is obtained.

**Students must be under DIRECT supervision at all times.**

Clinical experiences in the Labor and Delivery Department require the cooperative effort of the students, staff, physicians, and the clinical instructor. Any problems should be brought to the attention of the EMS Clinical Instructor / Preceptor immediately.

Problems requiring additional intervention than that of the EMS Clinical Instructor should be brought to the attention of the **EMS Coordinator—Albert “Mac” Leggett 973-1673 (office)**

## **PARAMEDIC CLINICAL ROTATION MICU/ICU/SICU/SPCU/TELEMETRY DEPARTMENT OBJECTIVES for DMH, MCH, SGMC**

During clinical rotations in this area, the paramedic student should have the opportunity to gain experience and develop proficiency in the following skills:

1. Perform patient assessments including development of a pertinent medical history and performance of a physical exam. At a minimum, the assessment should include a review of the patient's chart, taking vital signs, auscultation of lung and bowel sounds, and neuro assessment.
2. Review specific cases as assigned, including the patient's chart, diagnosis, treatment, and medications.
3. Monitor and interpret cardiac rhythms.
4. Assist in cardiac arrest procedures.

5. Assist in the care of patients with endotracheal or tracheostomy tubes, and patients using ventilator devices. Perform tracheal suctioning.
6. Perform peripheral IV insertion; drug therapy - IV, IM, SQ, PO, ET, nebulizer, SL.
7. Perform venipuncture techniques using scalp vein needles, syringes, and vacutainer devices on a variety of aged patients with a variety of medical and surgical conditions.
8. Identify the uses of various blood tubes (which tests require specific colored. tubes, which tubes need to be rotated, and the minimum amount of blood necessary for each).
9. Perform venipuncture procedures using aseptic technique and universal precautions.
10. Practice proper needle safety measures in compliance with hospital/OSHA guidelines.
11. Demonstrate-an understanding of IV infusion' pumps.
12. Perform aseptic, sterile, and isolation techniques.

In addition to the above, the paramedic student should observe and assist with the following procedures as the opportunity arises:

1. Arterial and Central line insertion
2. CVP line insertion
3. Pacemaker insertion
4. ICP monitor insertion
5. Other invasive procedures

**Students must be under DIRECT supervision at all times.**

Clinical experiences in the MICU/MPCU/SICU/SPCU/TELEMETRY Departments requires the cooperative effort of the students, staff, physicians, and the clinical instructor, Any problems should be brought to the attention of the EMS Clinical Instructor immediately.

Problems requiring additional intervention than that of the Clinical Instructor should be brought to the attention of **the EMS Coordinator—Albert “Mac” Leggett 973-1673(office)**

# **PARAMEDIC CLINICAL ROTATION**

## **NEO-NATAL/PEDIATRIC DEPARTMENT/CLINIC**

### **OBJECTIVES for DMH, MCH, SGMC**

During clinical rotations in this area, the paramedic student should have the opportunity to gain experience and develop proficiency in the following skills:

1. Perform pediatric patient assessment including, at a minimum, a review of the patient's chart, taking vital signs, and auscultation of lung and bowel sounds.
2. Prepare and administer IM and IV medications - if allowed by preceptor.
3. Monitor IV infusions; assist with IV insertions - if allowed by preceptor.
4. Estimate pediatric ages, weights in kilograms, and verify with documented measurements.
5. Perform history taking using information from patient and parents.
6. Relate history and assessment to pathological conditions, treatments, and medications.
7. Perform isolation procedures.
8. Provide emotional support to patients and families.
9. Assist with nursing care and treatments including feeding and changing diapers.

Observe the following procedures as they occur:

1. Spinal tap.
2. Oxygen therapy using tents, etc.
3. Intraosseous infusions.
4. Other procedures performed on pediatric patients.

**Students must be under DIRECT supervision at all times.**

Clinical experiences in the Neo-Natal/Pediatric Department requires the cooperative effort of the students, staff, physicians, and the clinical instructor. Any problems should be brought to the attention of the EMS Clinical Instructor/Preceptor immediately.

Problems requiring additional intervention than that of the Clinical Instructor/Preceptor should be brought to the attention of the **EMS Coordinator—Albert “Mac” Leggett 973-1673(office)**

# **PARAMEDIC CLINICAL ROTATION**

## **NEUROLOGICAL DEPARTMENT OBJECTIVES**

### **For DMH, MCH, SGMC, and Down Home Medical**

During clinical rotations in this area, the paramedic student should have the opportunity to gain experience and develop proficiency in the following skills:

1. Perform patient assessments including development of a pertinent medical history and performance of a physical exam. At a minimum, the assessment should include a review of the patient's chart, taking vital signs, auscultation of lung and bowel sounds, and neuro assessment.
2. Review specific cases as assigned, including the patient's chart, diagnosis, treatment, and medications.
3. Monitor and interpret cardiac rhythms.
4. Assist in cardiac arrest procedures.
5. Assist in the care of patients with endotracheal or tracheostomy tubes, and patients using ventilator devices. Perform tracheal suctioning.
6. Perform peripheral IV insertion; drug therapy - IV, IM, SQ, PO, ET, nebulizer, SL.
7. Perform venipuncture techniques using scalp vein needles, syringes, and vacutainer devices on a variety of aged patients with a variety of medical and surgical conditions.
8. Identify the uses of various blood tubes (which tests require specific colored tubes, which tubes need to be rotated and the minimum amount of blood necessary for each).
9. Perform venipuncture procedures using aseptic technique and universal -precautions.
10. Practice proper needle safety measures in compliance with hospital/OSHA guidelines.
11. Demonstrate an understanding of IV infusion pumps.
12. Perform aseptic, sterile, and isolation techniques.

In addition to the above, the paramedic student should observe and assist with the following procedures as the opportunity arises:

1. Arterial line insertion
2. Central line insertion
3. CVP line insertion
4. Pacemaker insertion
5. ICP monitor insertion
6. Other invasive procedures

**Students must be under DIRECT supervision at all times.**

A clinical experience in the Neurological Department requires the cooperative effort of the students, staff, physicians, and the clinical instructor. Any problems should be brought to the attention of the EMS Clinical Instructor/Preceptor immediately.

Problems requiring additional intervention than that of the Clinical Instructor/Preceptor should be brought to the attention of the **EMS Coordinator—Albert “Mac” Leggett 973-1673(office)**

## **PARAMEDIC CLINICAL ROTATION**

### **NURSERY /PEDIATRIC CLINIC OBJECTIVES**

**For DMH, MCH, SGMC, Four Freedom Health Clinic,  
Down Home Medical, Pediatric and Internal Medicine, and  
Full Circle Women’s Clinic**

During clinical rotations in this area, the paramedic student should have the opportunity to gain experience and develop proficiency in the following skills:

1. Perform patient assessment including, at a minimum, a review of the newborn's chart, vital signs, and lung sounds.
2. Determine APGAR scores on new admissions to the nursery.

3. Estimate and verify weights in kilograms.
4. Relate history and physical findings and treatment modalities to newborn pathological/infectious/congenital conditions.
5. Assist nursing staff with care of newborns.

**Students must be under DIRECT supervision at all times.**

A clinical experience in the Nursery requires the cooperative effort of the students, staff, physicians, and the clinical instructor. Any problems should be brought to the attention of the EMS Clinical Instructor/Preceptor immediately.

Problems requiring additional intervention than that of the Clinical Instructor/Preceptor should be brought to the attention of the **EMS Coordinator—Albert “Mac” Leggett 973-1673 (office)**

# **PARAMEDIC CLINICAL ROTATION**

## **OPERATING ROOM, ANESTHESIA DEPARTMENT, RECOVERY ROOM OBJECTIVES**

### **For DMH and MCH**

#### Conduct

Student conduct and attitude should convey a message of serious interest in the care of the patient and the procedure performed.

Professional conduct shall reflect respect and consideration. A patient who appears to be anesthetized may not be able to move or respond, but may HEAR YOU. Hearing is the last sense to be lost during induction of anesthesia and the first sense to be regained. All talking and noises should be stopped when induction begins. Do not resume talking or other activities, or begin to position or prep the patient until the anesthetist gives permission.

Any discussions or activities occurring in the operating room are strictly confidential, and not to be repeated outside the department. Any discussion of the physical or social life of patients, doctors, or personnel, is strictly unethical.

Constructive criticism and suggestions are welcome. If you notice things that you don't understand or that you question, please talk to the person involved, the supervisor, or the staff development coordinator for clarification or additional information. Use good judgement for the appropriate time to ask a question.

#### Dress Code

Purpose - To reduce the hazard of contamination from clothing, shoes and hair.

Students are required to adhere to the clinical facility's OR dress code. Below are recommended guidelines.

### Surgical Suite Zones:

1. Unrestricted - street clothing permitted in lounges, locker rooms, and offices.
2. Semi-Restricted - scrub attire or cover-ups required (storage areas, work areas, other identified areas)
3. Restricted - operating rooms. Scrub attire and masks are to be worn at all times in the rooms. Doors to operating rooms are kept closed.

### Scrub Attire:

Must be clean, supplied and laundered daily by the hospital.

1. Clothing should be fitted, tied, or tucked in a manner to avoid contamination by brushing against scrubbed arms or sterile field.
2. Scrub clothing should minimize the dispersal of bacterial shedding.
3. OR attire will not be worn outside the hospital.
4. Attire visibly soiled or wet will be changed.

### Hair Covers:

Restricted and Semi-Restricted areas require all head and facial hair to be completely covered.

Hair covers should be donned prior to scrub tops to avoid loose hair on clothing.

### Footwear:

Clean and intact shoe covers are recommended when entering semi- restricted or restricted areas of the surgical suite, and removed upon leaving.

Tennis shoes, clogs and sandals are not recommended footwear in the OR for safety reasons. These shoe types offer little protection against dropped sharps or large movable equipment. Clogs may cause injury when turning or stepping backward.

## Masks:

Students shall wear high filtration masks at all times in the operating room.

The mask is to completely cover the nose and mouth, and be secured to prevent venting at the sides.

Masks are to be changed after each case. They are not to be worn around neck, or tucked into pockets.

## Personal grooming:

All students entering the restricted areas of the suite:

1. Daily bath or shower, avoid body odor by the use of soap, deodorant, and mouthwash.
2. Clean hair, shampoo after haircut.
3. Short fingernails, no polish.
4. No infections, cuts, or skin rashes.
5. No make-up that may flake into operative field.
6. Jewelry: rings, watches or bracelets must be removed prior to handwashing. Earrings must be contained by hair cover, or removed. Necklaces may be worn, but must be contained within scrub wear, or removed.
7. Cologne, shaving lotions, etc., that can be annoying, or cause discomfort to patients and personnel will be avoided.
8. Beards must be neat and trimmed, and covered with a surgical hood.

## Handwashing

Purpose - To remove resident and transient flora micro-organisms from fingernails, hand, wrist, and forearm.

To reduce incidence of nosocomial infections.

Guidelines for thorough handwashing for students:

1. Between each case.
2. Before and after direct patient care.
3. After handling of waste or contaminated materials or equipment.
4. After handling specimens.
5. After breaks, lunch, or dinner.
6. Any other time deemed necessary.

### Surgical Scrub

Purpose - To render the skin surgically clean.

To remove dirt, skin oil, and microbes from the hands and lower arms.

To reduce to microbial count to as near zero as possible.

To leave an antimicrobial residual on the skin to prevent the growth of microbes for several hours.

Guidelines for surgical scrubbing:

A five (5) minute anatomical counted brush stroke scrub will be performed by all students with a broad-spectrum soap (i.e.: Betadine or Hibiclens) at the beginning of the OR rotation.

Students are reminded to follow each clinical facility's surgical scrubbing policies and procedures.

### Principles of Aseptic Technique

1. All items used within a sterile field must be sterile.
2. The edges of sterile containers are not considered sterile once the package is opened.
3. Gowns are considered sterile in front, shoulder to table level.

4. Tables are sterile only at table level.
5. Sterile persons and items contact only sterile areas; unsterile persons and items contact only unsterile areas.
6. Movement within or around a sterile field must be such as not to cause contamination of that sterile field.
7. Whenever bacterial barrier are permeated, contamination occurs.
8. Articles of doubtful sterility are considered unsterile.

### Student Responsibilities

1. Be on time and dressed in appropriate OR attire.
2. Wear your nametag and introduce yourself to Anesthesia and Nursing personnel in the OR.
3. Report to the Charge Nurse.
4. You are only to perform only those duties as identified on the Intubation Procedures Checklist and the List of Objectives.
5. Handwashing to be completed between each procedure and as indicated.
6. Do not take procedure denial personally. It is the responsible caregiver's judgment when this occurs, and it must be respected.
7. The program is designed for adult learners. Please come prepared to learn all that you can.

### **PARAMEDIC INTUBATION PROCEDURES CHECKLIST**

1. Tests endotracheal cuff (inflates/deflates).  
This procedure may be previously completed by OR personnel.
2. Checks laryngoscope and light.

3. Selects appropriate blade.
4. Hyperventilates patient.
5. Places patient in “sniffing position.”
6. Holds laryngoscope in left hand.
7. Inserts laryngoscope properly.
8. Does not use teeth as a fulcrum.
9. Visualizes cords.
10. Inserts appropriate size ET tube.
11. Maintains visualization as tube is passed.
12. Removes laryngoscope blade.
13. Checks tube placement.
14. Inflates cuff with 5-10ml of air.
15. Auscultates chest and abdomen.
16. Adds oropharyngeal airway. (If indicated)
17. Tapes/secures tube.
18. Completes in 15 seconds.

### **EXTUBATION**

1. Tests level of consciousness.
2. Turns patient's head to side.
3. Deflates cuff.
4. Removes ET tube.
5. Extubates during expiration.
6. Reassesses airway.

### List of Objectives

Prior to this rotation, the student will be familiar with the principles of sterile technique, intubation, and airway management.

The students will have the following objectives under direct supervision of the anesthesia department:

1. Airway management including oral and nasal airways.
2. Bag-mask procedures for ventilation.
3. Insertion of endotracheal and nasotracheal tubes.
4. EKG rhythm interpretation. (when covered in classroom)
5. Drug and IV therapy.
6. Blood gas interpretation.
7. Observation of surgical procedures.
8. Emotional support of pre-op patients.
9. Safe movement and placement of patient for surgical procedures.
10. Monitor recovering process of patient in post anesthesia area (recovery room) with specific attention to respiratory and cardiovascular status.
11. Observation of anatomy during surgical procedures.

### Competency of Paramedic Students

All paramedic students have successfully completed didactical and practical instruction concerning intubation procedures, prior to their Operating Room rotation. Each student has successfully demonstrated intubation procedures on an intubation training manikin.

### North Florida Community College Contact Personnel

Albert “Mac” Leggett, EMT-P FPC

Director of EMS Programs

[leggetta@nfcc.edu](mailto:leggetta@nfcc.edu)

Office 973-1673

L.K.Skip James

Director of Public Safety Department

973-9477

**PARAMEDIC CLINICAL ROTATION  
ORTHOPEDIC DEPARTMENT OBJECTIVES  
For DMH, MCH, SGMC, Four Freedom Health Clinic,  
Down Home Medical**

During clinical rotations in this area, the paramedic student should have the opportunity to gain

experience and develop proficiency in the following skills:

1. Physical assessment, patient history, documentation in compliance with hospital policy for all age groups.
2. Vital and diagnostic signs: recognition and significance.
3. Aseptic techniques and universal precautions.
4. Peripheral IV insertion and drip rate calculations.
5. Drug therapy: IV, IM, SQ, PO, SL, and ET - dosage calculations
6. Drug therapy: IV, IM, SQ, PO, SL, and ET - drug administration
7. Cardiac arrest procedures.
8. Management of trauma and medical orthopedic injuries.
9. Airway management including insertion of airways, suctioning, oxygen therapy, intubation (under direct physician supervision)
10. Use of cardiac monitors and interpretation of rhythms.
11. Venipuncture for blood specimens
12. Proper needle disposal following hospital/OSHA guidelines
13. Emotional support of patient and family.
14. Use of IV pumps.
15. Recognition of safety hazards, and implementation of safety procedures. (I.e: using bedside rails)
16. Interpretation of ABG's.
17. Wound care and bandaging.

In addition to the above, the paramedic student should observe and assist with the following procedures as the opportunity arises:

1. Traction, splinting, pin insertions
2. Twelve lead EKGs
3. Ventilator and respiratory treatments

4. Radiological procedures

**Students must be under DIRECT supervision at all times.**

Clinical experiences in the Orthopedic Department require the cooperative effort of the students, staff, physicians, and the clinical instructor. Any problems should be brought to the attention of the EMS Clinical Instructor/Preceptor immediately.

Problems requiring additional intervention than that of the Clinical Instructor/Preceptor should be brought to the attention of the **EMS Coordinator—Albert “Mac” Leggett 973-1673(office)**

## **PARAMEDIC CLINICAL ROTATION**

### **PHLEBOTOMY DEPARTMENT OBJECTIVES**

#### **For DMH, MCH and SGMC.**

During clinical rotations in this area, the paramedic student should have the opportunity to gain experience and develop proficiency in the following skills:

1. Identify the uses of various blood tubes: what colored tubes are used for specific tests, which tubes need to be rotated, what is the minimal amount of blood required for each tube.
2. Perform venipuncture techniques using scalp vein needles, syringes, and vacutainer devices on a variety of aged patients with a variety of medical and surgical conditions.
3. Properly identify patients who are having blood drawn, and properly label the blood tubes.
4. Perform venipuncture procedures using aseptic technique and universal precautions.
5. Practice proper needle safety measures in compliance with hospital policy.

6. Provide patients with emotional support during venipuncture procedures.

**Students must be under DIRECT supervision at all times.**

A clinical experience in the Phlebotomy Department requires the cooperative effort of the students, staff, physicians, and the clinical instructor. Any problems should be brought to the attention of the EMS Clinical Instructor/Preceptor immediately.

Problems requiring additional intervention than that of the Clinical Instructor/Preceptor should be brought to the attention of the **EMS Coordinator—973-1673(office)**

## **PARAMEDIC CLINICAL ROTATION**

# **PSYCHIATRIC OBJECTIVES**

## **For DMH, MCH, SGMC, Four Freedom Health Clinic, Down Home Medical**

During clinical rotations in this area, the paramedic student should have the opportunity to gain experience and develop proficiency in the following skills:

1. Identify methods of interviewing patients with emotional, psychiatric, or chemical dependency problems.
2. Identify signs and symptoms of psychiatric illnesses and relate them to specific diagnoses and treatment modalities.
3. Identify psychotropic drugs and their side effects.
4. Identify safety measures used when caring for psychiatric patients.
5. Identify medical-legal issues relating to psychiatric and chemically dependent patients.
6. Identify signs and symptoms of chemical dependency withdrawal.
7. Identify treatment modalities for chemical dependency.
8. Write a patient assessment or, a psychiatric or chemically dependent patient.

**Students must be under DIRECT supervision at all times.**

Clinical experiences in the Mental Health department require the cooperative effort of the students, staff, physicians, and the EMS Coordinator.

Any problems should be brought to the attention of the **EMS Coordinator—Albert “Mac” Leggett 973-1673(office)**

**NORTH FLORIDA COMMUNITY COLLEGE  
PARAMEDIC INTERNSHIP OBJECTIVES**

**For**

**MADISON COUNTY EMERGENCY MEDICAL SERVICES**

**Introduction**

North Florida Community College and Madison County Emergency Medical Services would like to welcome the paramedic student to the Paramedic Field Internship. The student will be assigned to a paramedic preceptor. These NFCC/MCEMS approved preceptors are graciously volunteering their time to assist the student in this phase of paramedic preparation. The preceptor should be viewed as a role

model, teacher, and evaluator. Educationally rewarding internship experiences require the cooperative effort of the students, MCEMS, and NFCC.

### **Conduct**

Student conduct and attitude should convey a message of serious interest in the care of the patient and the procedure performed.

Professional conduct shall reflect respect and consideration. Patient confidentiality shall be respected. Any discussion of the physical or social life of patients, EMS personnel, or personnel from other assisting agencies is strictly unethical.

Constructive criticism and suggestions are welcome. If the student notices things that the student does not understand or that is questionable, please talk to the person involved first. Additional clarification or information may be obtained from supervisors, training staff, or the NFCC EMS Coordinator. Use good judgment for the appropriate time to ask a question.

### **Dress Code**

#### NFCC Paramedic Uniform

1. Clean, pressed NFCC EMS uniform shirt
2. NFCC name tag, worn on right side of shirt
3. Clean, pressed navy or black uniform style pants
4. Blue or black socks
5. Clean black shoes or black boots (heels must be less than 1")
6. Pen with blue ink
7. Stethoscope, barrier device in pouch and gloves
8. Watch with secondhand

## Personal Grooming

1. Only wedding rings are allowed to be worn.
2. Additional jewelry is not allowed while in NFCC uniform. (No earrings per MCEMS contract.)
3. Appropriate fingernail length, care and use of soft, subtle polish shades are required
4. Cologne, shaving lotions, etc. that can be annoying, or cause discomfort to patients and personnel will be avoided
5. Hair must be neat and clean, if longer than shoulder length, it must be styled above the collar. The hair is absolutely not allowed to touch the collar. Hair holder must match hair color.
6. Daily bath or shower, avoid body odor by the use of soap, deodorant, and mouthwash

## **Student Responsibilities**

1. The student should be on time and dressed in NFCC Paramedic Uniform.

**LATE POLICY** - A student who reports for an assigned shift who is late on three (3) separate occasions will be disciplined, up to removal from the program

- a. The student may complete a maximum of 24 hours within a 36-hour time frame.
2. Report to the assigned station/preceptor.
3. If the uniform becomes soiled with blood or body fluids, it is to be removed and the student is responsible for decontamination per OSHA guidelines. If further

information is needed regarding decontamination, contact should be made with any of NFCC's EMS Faculty.

4. A second uniform is recommended. If the student does not have an additional uniform to change into once the initial uniform has become soiled, the student will be sent home immediately.
5. The student is to perform only those duties as identified on the List of Objectives, under **DIRECT** supervision of paramedic preceptor.
6. Handwashing is to be completed between each response and as indicated.
7. Use of personal protective equipment (ppe), (i.e. gloves, face shield, gowns) as needed when exposure to blood and body fluids exists.  
  
***NOTE: FAILURE TO USE PPE WILL RESULT IN STUDENT BEING SENT HOME FOR REMAINDER OF SHIFT.*** Preceptor will document incident and the NFCC EMS Coordinator is to be notified.
8. Valid CPR (Provider Course C or Basic Rescuer) card, Florida EMT-B license, and proper identification (DL) must be carried at all times.
9. The paramedic student must call the preceptor if he/she is going to be late. The student must notify the NFCC EMS Coordinator for tardiness or absence. (See notification list)
10. All shifts must be scheduled on the MCEMS Ride Schedule posted in the EMS Lab.
11. If a student must leave prior to the end of the scheduled shift, (due to illness or personal reasons), the NFCC EMS Coordinator and MCEMS supervisor must be notified.
12. The student must complete all hours assigned on an ALS ambulance (ALS engine assignment may be used under the discretion of the EMS Program coordinator; student must be fire-

certified to be eligible to participate). Ride time may be extended based on below average documented performance evaluations and failure to meet listed objectives.

13. The Paramedic preceptor is ultimately responsible for patient care. Students are reminded not to take a procedural denial personally. (i.e.: critical patient, student may be allowed one (1) IV attempt to prevent on-scene delay)

### **Student Restrictions**

1. Students will not be allowed to drive any MCEMS vehicles.
2. Students will not be allowed to participate in any fire-related activities.
3. Students may perform **only** non-emergency radio communications.
4. MCEMS employees who are NFCC paramedic students may count their on duty time towards the Paramedic Internship only if they are assigned to a 3 person crew. The NFCC EMS uniform shirt will need to be worn while performing paramedic skills.
5. MCEMS employees interning on any shift other than their regular assigned shift must wear the NFCC Paramedic Student Uniform.
6. Fire service employees riding on MCEMS units performing as an NFCC Paramedic student must wear the NFCC Paramedic uniform.
7. Fire service employees who must return to fire-related duties (brush fires, house fires, etc.) must remove NFCC Paramedic uniform and cease hour time log towards required paramedic internship hours.
8. Students are not allowed to smoke or use tobacco products on EMS Clinical Duty time at Madison EMS.

## **Preceptor Responsibilities**

1. Direct supervision of paramedic students at all times.
2. Review of MCEMS operational procedures and policies, standing orders, and medical protocol.
3. Review of ALS/BLS equipment as determined in daily goals.
4. Confirm patient consent for permission of student to administer patient care.
5. Critique calls as soon as possible after completion of run.  
include: evaluation and scene control, patient assessment, and hx taking  
communication/documentation skills, teamwork, judgments/treatment skills  
use of equipment, establishment of priorities
6. Problems of concerns should be brought to the attention of the NFCC EMS Coordinator. Problems of a serious nature should be brought to the attention of the on-duty supervisor and the NFCC EMS Coordinator **IMMEDIATELY**. (i.e.: unprofessional conduct/manner, improper uniform, student continually late, noncompliance with PPE, student/patient injury).
7. Complete daily student evaluation and review with student.

## **List of Objectives**

During the field internship, the paramedic student should have the opportunity to gain experience and develop proficiency in the following skills:

1. Physical assessment, patient history, and documentation in compliance with MCEMS policy for all age groups.
2. Recognize and react appropriately to scene/safety hazards.
3. Vital and diagnostic signs: recognition and significance.
4. Aseptic techniques and universal precautions.
5. Peripheral IV insertion and drip rate calculations.
6. Drug therapy: IV, IM, SQ, SL, ET, Updraft - dosage calculations.

7. Drug therapy: IV, IM, SQ, SL, ET, Updraft - drug administration. Student will **confirm all medications** prior to administration.
8. Cardiac arrest procedures.
  - a. CPR
  - b. Airway management
  - c. Defibrillate/Cardioversion/External Pacing
  - d. Pharmacology management
9. Management of trauma, medical, peds, psychiatric, geriatric, OB/GYN emergencies.
10. Airway management including: insertion of oral airways, suctioning, oxygen therapy, and oral/nasal endotracheal intubation.
11. Use of cardiac monitors and interpretation of rhythms.
12. Use of PPE recognition and application.
13. Proper needle disposal and infectious waste disposal/decontamination following MCEMS/OSHA guidelines.
14. Emotional support of patient and family.
15. Use of IV pumps.
16. Wound care and bandaging.
17. Splinting of extremity fractures.
18. Cervical immobilization and proper extrication. (Students are **not** allowed to use heavy rescue extrication equipment such as jaws, etc.)
19. Didactical understanding and practical application of all BLS equipment carried on MCEMS units.
20. Didactical understanding and practical application of all ALS equipment carried on MCEMS units.

**STUDENTS MUST BE UNDER DIRECT SUPERVISION AT ALL TIMES.**

### **Station Responsibilities**

1. Students are expected to actively participate in daily station cleaning duties (i.e.: mopping floors, dusting, etc) with EMS crew members.
2. Assist with cleaning, stocking, and inventory of ambulance.
3. Study and work with preceptor daily.
4. Utilize self-motivation and initiative for ultimate learning experiences.

### **Notification Procedures**

**LATE/SICK** - notify preceptor, and NFCC EMS Coordinator; if not in office, leave message on phone mail, do not page for late/sick notification.

**INJURY** - this includes any injury to self or patient, notify on-duty supervisor, on-duty supervisor will page ECC EMS Clinical Coordinator

**INFECTIOUS DISEASE EXPOSURE** - complete Exposure Form and turn into NFCC EMS Coordinator

**EMS PRECEPTORS** - notify on-duty supervisor of any operational problems, and the NFCC EMS Coordinator of any internship concerns.

**EMS SUPERVISORS** - page NFCC EMS Coordinator or Allied Health Coordinator for any problems requiring immediate attention

# **NORTH FLORIDA COMMUNITY COLLEGE PARAMEDIC INTERNSHIP OBJECTIVES**

**For**

## **JEFFERSON COUNTY EMERGENCY MEDICAL SERVICES**

### **Introduction**

North Florida Community College and Jefferson County Emergency Medical Services would like to welcome the paramedic student to the Paramedic Field Internship. The student will be assigned to a paramedic preceptor. These NFCC/JCEMS approved preceptors are graciously volunteering their time to assist the student in this phase of paramedic preparation. The preceptor should be viewed as a role model, teacher, and evaluator. Educationally rewarding internship experiences require the cooperative effort of the students, JCEMS, and NFCC.

### **Conduct**

Student conduct and attitude should convey a message of serious interest in the care of the patient and the procedure performed.

Professional conduct shall reflect respect and consideration. Patient confidentiality shall be respected. Any discussion of the physical or social life of patients, EMS personnel, or personnel from other assisting agencies is strictly unethical.

Constructive criticism and suggestions are welcome. If the student notices things that the student does not understand or that is questionable, please talk to the person involved first. Additional clarification or

information may be obtained from supervisors, training staff, or the NFCC EMS Coordinator. Use good judgement for the appropriate time to ask a question.

## **Dress Code**

### NFCC Paramedic Uniform

1. Clean, pressed NFCC EMS teal uniform shirt
2. NFCC name tag, worn on right side of shirt
3. Clean, pressed navy or black uniform style pants
4. Blue or black socks
5. Clean black shoes, black tennis shoes, or black boots (heels must be less than 1")
6. Pen with blue ink
7. Stethoscope, barrier device and gloves in pouch
8. Watch with secondhand

### Personal Grooming

1. Wedding rings may be worn.
2. Additional jewelry is not allowed while in NFCC uniform.
3. Appropriate fingernail length, care and use of soft, subtle polish shades are required
4. Cologne, shaving lotions, etc. that can be annoying, or cause discomfort to patients and personnel will be avoided
5. Hair must be neat and clean, if longer than shoulder length, it must be styled to prevent student's hair from patient contact. It must be kept off of the collar at all times.
6. Daily bath or shower, avoid body odor by the use of soap, deodorant, and mouthwash

## **Student Responsibilities**

1. The student should be on time and dressed in NFCC Paramedic Uniform.
  - a. Shift assignments are prearranged with the assigned preceptor during the last week of the previous month. The student may complete a maximum of 24 hours within a 36 hour time frame.

**LATE POLICY** - A student who reports for an assigned shift who is late on three (3) separate occasions will be disciplined, up to removal from the program.

2. Report to the assigned station/preceptor.
3. If the uniform becomes soiled with blood or body fluids, it is to be removed, and the student is responsible for decontamination per OSHA guidelines. If further information is needed regarding decontamination, contact should be made with any of NFCC's EMS Faculty.
4. A second uniform is recommended. If the student does not have an additional uniform to change into once the initial uniform has become soiled, the student will be sent home immediately.
5. The student is to perform only those duties as identified on the List of Objectives, under **DIRECT** supervision of paramedic preceptor.
6. Handwashing is to be completed between each response and as indicated.
7. Use of personal protective equipment (ppe), (i.e. gloves, face shield, gowns) as needed when exposure to blood and body fluids exists.

***NOTE: FAILURE TO USE PPE WILL RESULT IN STUDENT BEING SENT HOME FOR REMAINDER OF SHIFT.*** Preceptor will document incident and the NFCC EMS Coordinator is to be notified.

8. Valid CPR (Provider Course C or Basic Rescuer) card, Florida EMT-B license, and proper identification (DL) must be carried at all times.

9. The paramedic student must call the preceptor if he/she is going to be late. The student must notify the NFCC EMS Coordinator for tardiness or absence. (See notification list)
10. All shifts must be scheduled in advance with assigned preceptor. Arrangements will be made with the NFCC EMS Coordinator prior to the commencement of the internship.
11. If a student must leave prior to the end of the scheduled shift, (due to illness or personal reasons), the NFCC EMS Coordinator and the JCEMS supervisor must be notified.
12. The student must complete all assigned hours. Ride time may be extended based on below average documented performance evaluations and failure to meet listed objectives.
13. Paramedic preceptor is ultimately responsible for patient care. Students are reminded not to take a procedural denial personally. (i.e.: critical patient, student may be allowed one (1) IV attempt to prevent on-scene delay)

### **Student Restrictions**

1. Students will not be allowed to drive any JCEMS vehicles.
2. Students will not be allowed to participate in any fire-related activities.
3. Students may perform **only** non-emergency radio communications.
4. JCEMS employees who are NFCC paramedic students may count their on duty time towards the Paramedic Internship only if they are assigned to a 3 person crew.
5. JCEMS employees interning on any shift other than their regular assigned shift must wear the NFCC Paramedic Student Uniform.
6. Fire service employees riding on JCEMS units performing as NFCC Paramedic students must wear NFCC Paramedic uniform.
7. Fire service employees who must return to fire-related duties (brush fires, house fires, etc.) must remove NFCC Paramedic uniform and cease hour time log towards required paramedic internship hours.
8. Students are not allowed to smoke on EMS Clinical Duty time at Jefferson County Fire Rescue.

### **Preceptor Responsibilities**

1. Direct supervision of paramedic students at all times.
2. Review of JCEMS operational procedures and policies, standing orders, and medical protocol.
3. Review of ALS/BLS equipment as determined in daily goals.
4. Confirm patient consent for permission of student to administer patient care.
5. Critique calls as soon as possible after completion of run.  
     include: evaluation and scene control, patient assessment, hx taking  
     communication/documentation skills, teamwork, judgment/treatment skills,  
     use of equipment, establishment of priorities
6. Problems or concerns should be brought to the attention of the NFCC EMS Coordinator.
7. Problems of a serious nature should be brought to the attention of the on-duty supervisor and the NFCC EMS Coordinator **IMMEDIATELY**. (i.e.: unprofessional conduct/manner, improper uniform, noncompliance with PPE, student/patient injury).
8. Complete daily student evaluation and review with student.

### **List of Objectives**

During the field internship, the paramedic student should have the opportunity to gain experience and develop proficiency in the following skills:

1. Physical assessment, patient history, and documentation in compliance with JCEMS policy for all age groups.
2. Recognize and react appropriately to scene/safety hazards.
3. Vital and diagnostic signs: recognition and significance.
4. Aseptic techniques and universal precautions.
5. Peripheral IV insertion and drip rate calculations.
6. Drug therapy: IV, IM, SQ, SL, ET, Updraft - dosage calculations.
7. Drug therapy: IV, IM, SQ, SL, ET, Updraft - drug administration. Student will **confirm all medications** prior to administration.
8. Cardiac arrest procedures.

- a. CPR
  - b. Airway management
  - c. Defibrillate/Cardioversion/External Pacing
  - d. Pharmacology management
9. Management of trauma, medical, peds, psychiatric, geriatric, OB/GYN emergencies.
  10. Airway management including: insertion of oral airways, suctioning, oxygen therapy, and oral/nasal endotracheal intubation
  11. Use of cardiac monitors and interpretation of rhythms.
  12. Use of PPE recognition and application.
  13. Proper needle disposal and infectious waste disposal/decontamination following JCEMS/OSHA guidelines.
  14. Emotional support of patient and family.
  15. Use of IV pumps.
  16. Wound care and bandaging.
  17. Splinting of extremity fractures.
  18. Cervical immobilization and proper extrication. (Students are **not** allowed to use heavy rescue extrication equipment such as jaws, etc.)
  19. Didactical understanding and practical application of all BLS equipment carried on JCEMS units.
  20. Didactical understanding and practical application of all ALS equipment carried on JCEMS units.

**STUDENTS MUST BE UNDER DIRECT SUPERVISION AT ALL TIMES.**

**Station Responsibilities**

1. Students are expected to actively participate in daily station cleaning duties (i.e.: mopping floors, dusting, etc) with EMS crew members.
2. Assist with cleaning, stocking, and inventory of ambulance.
3. Study and work with preceptor daily.
4. Utilize self-motivation and initiative for ultimate learning experiences.

### **Notification Procedures**

**LATE/SICK** - notify preceptor or on-duty JCEMS supervisor, and NFCC EMS Coordinator; if not in office, leave message on phone mail, do not page for late/sick notification.

**INJURY** - this includes any injury to self or patient, notify on-duty supervisor, on-duty supervisor will page NFCC EMS Coordinator

**INFECTIOUS DISEASE EXPOSURE** - complete Exposure Form and turn into NFCC EMS Coordinator

**EMS PRECEPTORS** - notify on-duty supervisor of any operational problems, and the NFCC EMS Coordinator of any internship concerns

**EMS SUPERVISORS** - page NFCC EMS Coordinator or NFCC EMS Coordinator for any problems requiring immediate attention

**NORTH FLORIDA COMMUNITY COLLEGE**  
**PARAMEDIC INTERNSHIP OBJECTIVES**  
**For**  
**HAMILTON COUNTY EMERGENCY MEDICAL SERVICES**

## **Introduction**

North Florida Community College and Hamilton County Emergency Medical Services would like to welcome the paramedic student to the Paramedic Field Internship. The student will be assigned to a paramedic preceptor. These NFCC/HCEMS approved preceptors are graciously volunteering their time to assist the student in this phase of paramedic preparation. The preceptor should be viewed as a role model, teacher, and evaluator. Educationally rewarding internship experiences require the cooperative effort of the students, HCEMS, and NFCC.

## **Conduct**

Student conduct and attitude should convey a message of serious interest in the care of the patient and the procedure performed.

Professional conduct shall reflect respect and consideration. Patient confidentiality shall be respected. Any discussion of the physical or social life of patients, EMS personnel, or personnel from other assisting agencies is strictly unethical.

Constructive criticism and suggestions are welcome. If the student notices things that the student does not understand or that is questionable, please talk to the person involved first. Additional clarification or information may be obtained from supervisors, training staff, or the NFCC EMS Coordinator. Use good judgment for the appropriate time to ask a question.

## **Dress Code**

### NFCC Paramedic Uniform

1. Clean, pressed NFCC EMS teal uniform shirt
2. NFCC name tag with student's name and Paramedic Student on tag, worn on right side of shirt
3. Clean, pressed navy or black uniform style pants

4. Blue or black socks
5. Clean black shoes or black boots (heels must be less than 1")
6. Pen with blue ink
7. Stethoscope, barrier device and gloves in pouch
8. Watch with secondhand

#### Personal Grooming

1. Wedding rings may be worn.
2. Additional jewelry is not allowed while in the NFCC uniform.
3. Appropriate fingernail length, care and use of soft, subtle polish shades are required
4. Cologne, shaving lotions, etc. that can be annoying, or cause discomfort to patients and personnel will be avoided
5. Hair must be neat and clean, if longer than shoulder length, it must be styled to prevent student's hair from patient contact. It must not touch the collar.
6. Daily bath or shower, avoid body odor by the use of soap, deodorant, and mouthwash

#### **Student Responsibilities**

1. The student should be on time and dressed in NFCC Paramedic Uniform.

- a. Shift assignments are prearranged with the assigned preceptor in conjunction with the EMS Coordinator. The student may complete a maximum of 24 hours within a 36 hour time frame.

**LATE POLICY** - A student who reports for an assigned shift who is late on three (3) separate occasions will be disciplined, up to removal from the program.

2. Report to the assigned station/preceptor.
3. If the uniform becomes soiled with blood or body fluids, it is to be removed, and the student is responsible for decontamination per OSHA guidelines. If further information is needed regarding decontamination, contact should be made with any of NFCC's EMS Faculty.
4. A second uniform is recommended. If the student does not have an additional uniform to change into once the initial uniform has become soiled, the student will be sent home immediately.
5. The student is to perform only those duties as identified on the List of Objectives, under **DIRECT** supervision of your preceptor.
6. Handwashing is to be completed between each response and as indicated.
7. Use of personal protective equipment (ppe), (i.e... gloves, face shield, gowns) as needed when exposure to blood and body fluids exists.  
  
***NOTE: FAILURE TO USE PPE WILL RESULT IN STUDENT BEING SENT HOME FOR REMAINDER OF SHIFT.*** Preceptor will document incident and NFCC EMS Coordinator is to be notified.
8. Valid CPR (Provider Course C or Basic Rescuer) card, Florida EMT-B license, and proper identification (DL) must be carried at all times.
9. The paramedic student must call the preceptor if he/she is going to be late. The student must notify the NFCC EMS Coordinator for tardiness or absence. (See notification list)

10. All shifts must be scheduled in advance with assigned preceptor. Arrangements will be made with the NFCC EMS Coordinator prior to the commencement of the internship
  
11. If a student must leave prior to the end of the scheduled shift, (due to illness or personal reasons), the NFCC EMS Coordinator and the HCEMS supervisor must be notified.
  
12. The student must complete a minimum of **300** hours on an ALS ambulance. Ride time may be extended based on below average documented performance evaluations and failure to meet listed objectives.
  
13. Paramedic preceptor is ultimately responsible for patient care. Students are reminded not to take a procedural denial personally. (i.e.: critical patient, student may be allowed one (1) IV attempt to prevent on-scene delay)

### **Student Restrictions**

1. Students will not be allowed to drive any HCEMS vehicles.
2. Students will not be allowed to participate in any fire related activities.
3. Students may perform **only** non-emergency radio communications.
4. HCEMS employees who are NFCC paramedic students may count their on duty time towards the Paramedic Internship only if they are assigned to a 3 person crew.
  1. HCEMS employees interning on any shift other than their regular assigned shift must wear the NFCC Paramedic Student Uniform.
  2. Fire service employees riding on HCEMS units performing as an NFCC Paramedic student must wear NFCC Paramedic uniform.
  3. Fire service employees who must return to fire-related duties (brush fires, house fires, etc.) must remove NFCC Paramedic uniform and cease hour time log towards required paramedic internship hours.

### **Preceptor Responsibilities**

1. Direct supervision of paramedic students at all times.
2. Review of HCEMS operational procedures and policies, standing orders, and medical protocol.
3. Review of ALS/BLS equipment as determined in daily goals.
4. Confirm patient consent for permission of student to administer patient care.
5. Critique calls as soon as possible after completion of run.
  - a. include: evaluation and scene control, patient assessment, hx taking, communication/documentation skills, teamwork, judgment/treatment skills, use of equipment, establishment of priorities
6. Problems or concerns should be brought to the attention of the NFCC EMS Coordinator.
7. Problems of a serious nature should be brought to the attention of the on-duty supervisor and the NFCC EMS Coordinator **IMMEDIATELY**. (i.e.: unprofessional conduct/manner, improper uniform, noncompliance with PPE, student/patient injury).
8. Complete daily student evaluation and review with student.

### List of Objectives

During the field internship, the paramedic student should have the opportunity to gain experience and develop proficiency in the following skills:

1. Physical assessment, patient history, and documentation in compliance with HCEMS policy for all age groups.
2. Recognize and react appropriately to scene/safety hazards.
3. Vital and diagnostic signs: recognition and significance.
4. Aseptic techniques and universal precautions.
5. Peripheral IV insertion and drip rate calculations.
6. Drug therapy: IV, IM, SQ, SL, ET, Updraft - dosage calculations.
7. Drug therapy: IV, IM, SQ, SL, ET, Updraft - drug administration. Student will **confirm all medications** prior to administration.
8. Cardiac arrest procedures.

- a. CPR
  - b. Airway management
  - c. Defibrillate/Cardioversion/External Pacing
  - d. Pharmacology management
9. Management of trauma, medical, peds, psychiatric, geriatric, OB/GYN emergencies.
  10. Airway management including: insertion of oral airways, suctioning, oxygen therapy, and oral/nasal endotracheal intubation
  11. Use of cardiac monitors and interpretation of rhythms.
  12. Use of PPE recognition and application.
  13. Proper needle disposal and infectious waste disposal/decontamination following HCEMS/OSHA guidelines.
  14. Emotional support of patient and family.
  15. Use of IV pumps.
  16. Wound care and bandaging.
  17. Splinting of extremity fractures.
  18. Cervical immobilization and proper extrication. (Students are **not** allowed to use heavy rescue extrication equipment such as jaws, etc.)
  19. Didactical understanding and practical application of all BLS equipment carried on HCCEMS units.
  20. Didactical understanding and practical application of all ALS equipment carried on HCEMS units.

**STUDENTS MUST BE UNDER DIRECT SUPERVISION AT ALL TIMES.**

### **Station Responsibilities**

1. Students are expected to actively participate in daily station cleaning duties (i.e.: mopping floors, dusting, etc) with EMS crew members.

2. Assist with cleaning, stocking, and inventory of ambulance.
3. Study and work with preceptor daily.
4. Utilize self-motivation and initiative for ultimate learning experiences.

### **Notification Procedures**

**LATE/SICK** - notify preceptor, HCEMS supervisor, and NFCC EMS Coordinator; if not in office, leave message on phone mail, do not page for late/sick notification

**INJURY** - this includes any injury to self or patient, notify on-duty supervisor, on-duty supervisor will page NFCC EMS Coordinator

**INFECTIOUS DISEASE EXPOSURE** - complete Exposure Form and turn into NFCC EMS Coordinator

**EMS PRECEPTORS** - notify on-duty supervisor of any operational problems, and the NFCC EMS Coordinator of any internship concerns

**EMS SUPERVISORS** - page NFCC EMS Coordinator or NFCC Allied Health Coordinator for any problems requiring immediate attention

**NORTH FLORIDA COMMUNITY COLLEGE  
PARAMEDIC INTERNSHIP OBJECTIVES**

**For**

**SUWANNEE COUNTY EMERGENCY MEDICAL SERVICES**

**Introduction**

North Florida Community College and Suwannee County EMS would like to welcome the paramedic student to the Paramedic Field Internship. The student will be assigned to a paramedic preceptor. These NFCC/SCEMS approved preceptors are graciously volunteering their time to assist the student in this phase of paramedic preparation. The preceptor should be viewed as a role model, teacher, and evaluator. Educationally rewarding internship experiences require the cooperative effort of the students, SCEMS, and NFCC.

## **Conduct**

Student conduct and attitude should convey a message of serious interest in the care of the patient and the procedure performed.

Professional conduct shall reflect respect and consideration. Patient confidentiality shall be respected. Any discussion of the physical or social life of patients, SCEMS personnel, or personnel from other assisting agencies is strictly unethical.

Constructive criticism and suggestions are welcome. If the student notices things that he/she does not understand or that is questionable, please talk to the person involved first. Additional clarification or information may be obtained from supervisors, training staff, or the clinical coordinator. Use good judgment for the appropriate time to ask a question.

## **Dress Code**

### NFCC Paramedic Uniform

1. Clean, pressed NFCC teal uniform shirt
2. NFCC name tag, worn on right side of shirt
3. Clean, pressed navy or black uniform style pants
4. Blue or black socks
5. Clean black shoes or black boots (heels must be less than 1")
6. Pen with blue ink
7. Stethoscope, gloves and barrier device in pouch
8. Watch with secondhand

### Personal Grooming

1. Wedding rings may be worn.
2. Additional jewelry is not allowed while in NFCC uniform.
3. Appropriate fingernail length, care and use of soft, subtle polish shades are required
4. Cologne, shaving lotions, etc. that can be annoying, or cause discomfort to patients and personnel will be avoided
5. Hair must be neat and clean, if longer than shoulder length, it must be styled to prevent student's hair from patient contact
6. Daily bath or shower, avoid body odor by the use of soap, deodorant, and mouthwash

### **Student Responsibilities**

1. Be on time and dressed in NFCC Paramedic Uniform.
  - a. Shift assignments are in 12-hour increments. Shift times are from 0800-2000.  
**LATE POLICY** - A student who reports for an assigned shift who is late on three (3) separate occasions will be disciplined, up to removal from the program.
2. The student should report to the assigned station/preceptor.
3. If the uniform becomes soiled with blood or body fluids, it is to be removed, and the student is responsible for decontamination per OSHA guidelines. If further information is needed regarding decontamination, contact should be made with any of NFCC's EMS Faculty.
4. A second uniform is recommended. If the student does not have an additional uniform to change into once the initial uniform has become soiled, the student will be sent home immediately.
5. The student is to perform only those duties as identified on the List of Objectives, under **DIRECT** supervision of your preceptor.

6. Handwashing is to be completed between each response and as indicated.

7. Use of personal protective equipment (ppe), (i.e. gloves, face shield, gowns) is required as needed when exposure to blood and body fluids exists.

***NOTE: FAILURE TO USE PPE WILL RESULT IN STUDENT BEING SENT HOME FOR REMAINDER OF SHIFT.*** Preceptor will document incident and NFCC EMS Coordinator is to be notified.

8. Valid CPR (Provider Course C or Basic Rescuer) card, Florida EMT-B license, and proper identification (DL) must be carried at all times.

9. The paramedic student must call the shift lieutenant if he/she is going to be late. The student must notify the NFCC EMS Coordinator for tardiness or absence. (See notification list)

10. All shifts must be scheduled on the SCEMS Ride Schedule posted in the EMS Lab.

11. If a student must leave prior to the end of the scheduled shift, (due to illness or personal reasons), the NFCC EMS Coordinator and the shift lieutenant must be notified.

12. The paramedic student must complete a minimum of 300 hours on an ALS ambulance (150 hours may be completed on an ALS engine with prior approval from the NFCC EMS Coordinator). Ride time may be extended based on below average documented performance evaluations and failure to meet listed objectives.

13. Paramedic preceptor is ultimately responsible for patient care. Students are reminded not to take a procedural denial personally. (i.e.: critical patient, student may be allowed one (1) IV attempt to prevent on-scene delay)

### **Student Restrictions**

1. Students will not be allowed to drive any SCEMS vehicles.
2. Students will not be allowed to participate in any fire-related activities.
3. Students may perform **only** non-emergency radio communications.
4. SCEMS employees who are NFCC paramedic students may count their on duty time towards the Paramedic Internship only if they are assigned to a 3 person crew.
5. SCEMS employees interning on any shift other than their regular assigned shift must wear the NFCC Paramedic Student uniform.
6. Fire service employees riding on SCEMS units performing as an NFCC Paramedic student must wear NFCC Paramedic uniform.
7. Fire service employees who must return to fire-related duties (brush fires, house fires, etc.) must remove NFCC Paramedic uniform and cease hour time log towards required paramedic internship hours.

### **Preceptor Responsibilities**

1. Direct supervision of paramedic students at all times.
2. Review of SCEMS operational procedures and policies, standing orders, and medical protocol.
3. Review of ALS/BLS equipment as determined in daily goals.
4. Confirm patient consent for permission of student to administer patient care.
5. Critique calls as soon as possible after completion of run.
  - a. include: evaluation and scene control, patient assessment, hx taking, communication/documentation skills, teamwork, judgement/treatment skills, use of equipment, establishment of priorities
6. Problems or concerns should be brought to the attention of the on-duty Lieutenant, SCEMS EMS Chief, and NFCC EMS Coordinator.
7. Problems of a serious nature should be brought to the attention of on-duty Lieutenant, SCEMS EMS Chief, and the NFCC EMS Coordinator **IMMEDIATELY**. (i.e.: unprofessional conduct/manner, improper uniform, noncompliance with PPE, student/patient injury).
8. Complete daily student evaluation and review with student.

### **List of Objectives**

During the field internship, the paramedic student should have the opportunity to gain experience and develop proficiency in the following skills:

1. Physical assessment, patient history, and documentation in compliance with SCEMS policy for all age groups.
2. Recognize and react appropriately to scene/safety hazards.
3. Vital and diagnostic signs: recognition and significance.
4. Aseptic techniques and universal precautions.
5. Peripheral IV insertion and drip rate calculations.
6. Drug therapy: IV, IM, SQ, SL, ET, Updraft - dosage calculations.
7. Drug therapy: IV, IM, SQ, SL, ET, Updraft - drug administration. Student will **confirm all medications** prior to administration.
8. Cardiac arrest procedures.
  - a. CPR
  - b. Airway management
  - c. Defibrillate/Cardioversion/External Pacing
  - d. Pharmacology management
9. Management of trauma, medical, peds, psychiatric, geriatric, OB/GYN emergencies.
10. Airway management including: insertion of oral airways, suctioning, oxygen therapy, and oral/nasal endotracheal intubation.
11. Use of cardiac monitors and interpretation of rhythms.
12. Use of PPE recognition and application.
13. Proper needle disposal and infectious waste disposal/decontamination following SCEMS/OSHA guidelines.
14. Emotional support of patient and family.
15. Use of IV pumps.
16. Wound care and bandaging.
17. Splinting of extremity fractures.

18. Cervical immobilization and proper extrication. (Students are **not** allowed to use heavy rescue extrication equipment such as jaws, etc.)
19. Didactical understanding and practical application of all BLS equipment carried on SCEMS units.
20. Didactical understanding and practical application of all ALS equipment carried on SCEMS units.

**STUDENTS MUST BE UNDER DIRECT SUPERVISION AT ALL TIMES.**

### **Station Responsibilities**

1. Students are expected to actively participate in daily station cleaning duties (i.e.: mopping floors, dusting, etc) with SCEMS crew members.
2. Assist with cleaning, stocking, and inventory of ambulance.
3. Study and work with preceptor daily.
4. Utilize self-motivation and initiative for ultimate learning experiences.

### **Notification Procedures**

**LATE/SICK** - notify on-duty Lieutenant/Preceptor, and NFCC EMS Coordinator; if not in office, leave message on phone mail, do not page for late/sick notification

**INJURY** - this includes any injury to self or patient notify on-duty Lieutenant, and on-duty Chief and they will page NFCC EMS Coordinator

**INFECTIOUS DISEASE EXPOSURE** - complete Exposure Form and turn into NFCC EMS Coordinator

**EMS PRECEPTORS** - notify your on-duty Lieutenant of any operational problems, and NFCC EMS Coordinator of any internship concerns

**LIEUTENANT** - notify Chief EMS of any internship concerns, page on-call Chief for any problems requiring immediate attention after 5:00pm. Page NFCC EMS Coordinator.

# **NORTH FLORIDA COMMUNITY COLLEGE PARAMEDIC INTERNSHIP OBJECTIVES**

**For**

## **LAFAYETTE COUNTY EMERGENCY MEDICAL SERVICES**

### **Introduction**

North Florida Community College and Lafayette County Emergency Medical Services would like to welcome the paramedic student to the Paramedic Field Internship. The student will be assigned to a paramedic preceptor. These NFCC/LCEMS approved preceptors are graciously volunteering their time to assist the student in this phase of paramedic preparation. The preceptor should be viewed as a role model, teacher, and evaluator. Educationally rewarding internship experiences require the cooperative effort of the students, LCEMS, and NFCC.

### **Conduct**

Student conduct and attitude should convey a message of serious interest in the care of the patient and the procedure performed.

Professional conduct shall reflect respect and consideration. Patient confidentiality shall be respected. Any discussion of the physical or social life of patients, EMS personnel, or personnel from other assisting agencies is strictly unethical.

Constructive criticism and suggestions are welcome. If the student notices things that the student does not understand or that is questionable, please talk to the person involved first. Additional clarification or information may be obtained from supervisors, training staff, or the clinical coordinator. Use good judgment for the appropriate time to ask a question.

### **Dress Code**

### NFCC Paramedic Uniform

1. Clean, pressed NFCC teal uniform shirt
2. NFCC name tag, worn on right side of shirt
3. Clean, pressed navy or black uniform style pants
4. Blue or black socks
5. Clean black shoes or black boots (heels must be less than 1")
6. Pen with blue ink
7. Stethoscope, gloves and barrier device in pouch
8. Watch with secondhand

### Personal Grooming

1. Wedding rings and small pierced ear posts (one in each ear) may be worn. (Per LCEMS, males may not wear pierced earrings)
2. Additional jewelry is not allowed while in NFCC uniform.
3. Appropriate fingernail length, care and use of soft, subtle polish shades are required
4. Cologne, shaving lotions, etc. that can be annoying, or cause discomfort to patients and personnel will be avoided
5. Hair must be neat and clean, if longer than shoulder length, it must be styled to prevent student's hair from patient contact
6. Daily bath or shower, avoid body odor by the use of soap, deodorant, and mouthwash

## Student Responsibilities

1. The student should be on time and dressed in NFCC Paramedic Uniform.
  - a. Shift assignments are in 12-hour increments. Shift times vary, with day and night shifts available. The student may complete a maximum of 24 hours within a 36 hour time frame.

**LATE POLICY** - A student who reports for an assigned shift who is late on three (3) separate occasions will be disciplined, up to removal from the program.

2. Report to the assigned station/preceptor.
3. If the uniform becomes soiled with blood or body fluids, it is to be removed, and the student is responsible for decontamination per OSHA guidelines. If further information is needed regarding decontamination, contact should be made with any of NFCC's EMS Faculty.
4. A second uniform is recommended. If the student does not have an additional uniform to change into once the initial uniform has become soiled, the student will be sent home immediately.
5. The student is to perform only those duties as identified on the List of Objectives, under **DIRECT** supervision of the preceptor.

1. Handwashing is to be completed between each response and as indicated.
7. Use of personal protective equipment (ppe), (i.e. gloves, face shield, gowns) is required as needed when exposure to blood and body fluids exists.

***NOTE: FAILURE TO USE PPE WILL RESULT IN STUDENT BEING SENT HOME FOR REMAINDER OF SHIFT.*** Preceptor will document incident and NFCC EMS Coordinator is to be notified.

8. Valid CPR (Provider Course C or Basic Rescuer) card, Florida EMT-B license, and proper identification (DL) must be carried at all times.
  
9. The paramedic student must call the shift duty officer if he/she is going to be late. The student must notify the NFCC EMS Coordinator for tardiness or absence. (See notification list)
  
10. All shifts must be scheduled on the LCEMS Ride Schedule posted in the EMS Lab.
  
11. If a student must leave prior to the end of the scheduled shift, (due to illness or personal reasons), the NFCC EMS Coordinator and the LCEMS supervisor must be notified.
  
12. The student must complete all assigned hours. Ride time may be extended based on below average documented performance evaluations and failure to meet listed objectives.
  
13. Paramedic preceptor is ultimately responsible for patient care. Students are reminded not to take a procedural denial personally. (i.e.: critical patient, student may be allowed one (1) IV attempt to prevent on-scene delay)

### **Student Restrictions**

1. Students will not be allowed to drive any LCEMS vehicles.
2. Students will not be allowed to participate in any fire-related activities.
3. Students may perform **only** non-emergency radio communications.
4. LCEMS employees who are NFCC paramedic students may count their on duty time towards the Paramedic Internship only if they are assigned to a 3 person crew.
6. LCEMS employees interning on any shift other than their regular assigned shift must wear the NFCC Paramedic Student uniform.

7. Fire service employees riding on LCEMS units performing as an NFCC Paramedic student must wear NFCC Paramedic uniform.
8. Fire service employees who must return to fire-related duties (brush fires, house fires, etc.) must remove NFCC Paramedic uniform and cease hour time log towards required paramedic internship hours.

### **Preceptor Responsibilities**

1. Direct supervision of paramedic students at all times.
2. Review of LCEMS operational procedures and policies, standing orders, and medical protocol.
3. Review of ALS/BLS equipment as determined in daily goals.
4. Confirm patient consent for permission of student to administer patient care.
5. Critique calls as soon as possible after completion of run.
  - a. include: evaluation and scene control, patient assessment, hx taking, communication/documentation skills, teamwork, judgment/treatment skills, use of equipment, establishment of priorities
6. Problems or concerns should be brought to the attention of the on-duty LCEMS supervisor, the EMS Coordinator, and the NFCC EMS Coordinator.
7. Problems of a serious nature should be brought to the attention of the on duty LCEMS supervisor, the EMS Coordinator, and the NFCC EMS Coordinator **IMMEDIATELY**. (i.e.: unprofessional conduct/manner, improper uniform, noncompliance with PPE, student/patient injury). LCEMS supervisor will document incident in writing to LCEMS Coordinator.
8. Complete daily student evaluation and review with student.

### **List of Objectives**

During the field internship, the paramedic student should have the opportunity to gain experience and develop proficiency in the following skills:

1. Physical assessment, patient history, and documentation in compliance with LCEMS policy for all age groups.
2. Recognize and react appropriately to scene/safety hazards.
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8. Cardiac arrest procedures.
  - a. CPR
  - b. Airway management
  - c. Defibrillate/Cardioversion/External Pacing
  - d. Pharmacology management
9. Management of trauma, medical, peds, psychiatric, geriatric, OB/GYN emergencies.
10. Airway management including: insertion of oral airways, suctioning, oxygen therapy, and oral/nasal endotracheal intubation.
11. Use of cardiac monitors and interpretation of rhythms.
12. Use of PPE recognition and application.
13. Proper needle disposal and infectious waste disposal/decontamination following LCEMS/OSHA guidelines.
14. Emotional support of patient and family.
15. Use of IV pumps.
16. Wound care and bandaging.
17. Splinting of extremity fractures.
18. Cervical immobilization and proper extrication. (Students are **not** allowed to use heavy rescue extrication equipment such as jaws, etc.)

19. Didactical understanding and practical application of all BLS equipment carried on LCEMS units.

20. Didactical understanding and practical application of all ALS equipment carried on LCEMS units.

**STUDENTS MUST BE UNDER DIRECT SUPERVISION AT ALL TIMES.**

**Station Responsibilities**

1. Students are expected to actively participate in daily station cleaning duties (i.e.: mopping floors, dusting, etc) with EMS crew members.
2. Assist with cleaning, stocking, and inventory of ambulance.
3. Study and work with preceptor daily.
4. Utilize self-motivation and initiative for ultimate learning experiences.

**Notification Procedures**

**LATE/SICK** - notify on-duty EMS supervisor AND NFCC EMS Coordinator; if not in office, leave message on phone mail, do not page for late/sick notification

**INJURY** - this includes any injury to self or patient notify on-duty supervisor, on-duty supervisor will page EMS Coordinator

**INFECTIOUS DISEASE EXPOSURE** - complete Exposure Form and turn into EMS Coordinator

**EMS PRECEPTORS** - notify LCEMS supervisor of any operational problems and the NFCC EMS Coordinator of any internship concerns

**EMS SUPERVISORS** - page EMS Coordinator and NFCC EMS Coordinator or NFCC Allied Health Coordinator for any problems requiring immediate attention, complete notification form.

### **Clinical Documentation**

This section contains the current course syllabus and documentation paperwork for the following courses: EMS 2656, EMS 2657, EMS 2658, and EMS 2659.

It is your responsibility to complete each section as you progress through the program. You are responsible for completing a patient care report for every patient encounter. No patient identifiers are to be documented on these reports. At the present time, these reports are to be considered as quality assurance and will be undiscoverable. These reports are to be kept confidential, and turned into the EMS instructor for evaluation.

It is also your responsibility to ensure that your preceptor turns completes the preceptor student evaluation report at the end of your shift. No time or patient contacts will be awarded without this form.

For any questions or further clarification, please contact the EMS Coordinator.



**EMS**

**2603C**

**NORTH FLORIDA COMMUNITY COLLEGE**

**EMS 2603C PARAMEDIC I / PARAMEDIC I LAB**

**Course Outline – Revised 05/08**

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**I. COURSE NUMBER AND TITLE:**

**EMS 2603C - Paramedic I /Lab**

**10 Credits**

This course introduces the roles and responsibilities of the paramedic. Medical, legal and ethical issues are explored. General principles of pathophysiology, pharmacology and shock and fluids are presented, introduction to advanced patient assessment, clinical decisions, communications and documentation, discussion of the respiratory system and assessment/treatment of respiratory distress.

Practical application of the didactic instruction will include role of the paramedic in the health care delivery system, duties and responsibilities, shock assessment and management, medication administration and IV therapy, advanced patient assessment, clinical decisions, communications and documentations, assessment and treatment of the respiratory distress patient.

## **II. PREREQUISITES/COREQUISITES FOR THE COURSE:**

Admission into NFCC, admission requirements for the Paramedic Certificate Program are identical to those for college degree programs.

- Completion of the Florida College Entry Level Placement Test (FCELPT) or submission of a full set of ACT-E or SAT-R scores.
- All applicable learning assistance courses and successful completion of BSC 2084C or higher, Anatomy and Physiology, with a grade of “C” or higher must be completed prior to entry into EMS 2603C.
- Grade Point Average of 2.0 or higher, Florida certification as an EMT-B, or eligible candidate for EMT-B certification. (Must become state certified within 90 days of commencement of EMS 2603C).
- Possess current AHA BLS for Healthcare Providers or ARC Basic Rescuer Certification.
- Co requisites: EMS 2656 – Paramedic I Field Internship.

## **III. GENERAL COURSE INFORMATION:**

**Topics to be covered include:**

- Course overview, Paramedic Handbook Review.
- Roles and Responsibilities, EMS Systems, Well Being of the EMT-P.
- Injury and Illness Prevention.
- Medical – Legal Considerations.
- Ethics.
- General Principles of Pathophysiology.
- Pharmacology.
- Venous Access and Medication Administration.
- Hemorrhage and Shock.
- Therapeutic Communication.
- Life Span Development.
- Airway Management and Ventilation.
- Pulmonary Diseases.
- Patient Assessment.
- History Taking.
- Techniques of Physical Examination.
- Clinical Decision Making.
- Communications.
- Documentations.

#### **IV. COURSE OUTCOMES:**

**At the conclusion of the course, the student will be able to:**

- Perform to the United States Department of Transportation National Standard Curriculum (USDOT-NSC), 1998 EMT- Paramedic Objectives; numbers 1-1 through 1-10, 2-1, 3-1 through 3-6, 4-2, and 5-1.

#### **UNIT TERMINAL OBJECTIVE**

1-1 At the completion of this unit, the paramedic student will understand his or her roles and responsibilities within an EMS system, and how these roles and responsibilities differ from other levels of providers.

#### **COGNITIVE OBJECTIVES**

AT THE COMPLETION OF THIS UNIT, THE PARAMEDIC STUDENT WILL BE ABLE TO:

- 1-1.1 Define the following terms: (C-1)
- a) EMS Systems.
  - b) Licensure.
  - c) Certification.
  - d) Registration.
  - e) Profession.
  - f) Professionalism.
  - g) Health care professional.
  - h) Ethics.
  - i) Peer review.
  - j) Medical Direction.
  - k) Protocols.
- 1-1.2 Describe key historical events that influenced the development of national Emergency Medical Services (EMS) systems. (C-1)
- 1-1.3 Identify national groups important to the development, education, and implementation of EMS. (C-1)
- 1-1.4 Differentiate among the four nationally recognized levels of EMS training/ education, leading to licensure/certification/registration. (C-1)
- 1-1.5 Describe the attributes of a paramedic as a health care professional. (C-1)
- 1-1.6 Describe the recognized levels of EMS training/education, leading to licensure/certification in his or her state. (C-1)
- 1-1.7 Explain paramedic licensure/certification, recertification and reciprocity requirements in his or her state. (C-1)

- 1-1.8 Evaluate the importance of maintaining one's paramedic license/certification. (C-3)
- 1-1.9 Describe the benefits of paramedic continuing education. (C-1)
- 1-1.10 List current state requirements for paramedic certification in his/her state. (C-1)
- 1-1.11 Discuss the role of national associations and of a national registry agency. (C-1)
- 1-1.12 Discuss current issues in his / her state impacting EMS. (C-1)
- 1-1.13 Discuss the roles of various EMS standard setting agencies. (C-1)
- 1-1.14 Identify the standards (components) of an EMS System as defined by the National Highway Traffic Safety Administration. (C-1)
- 1-1.15 Describe how professionalism applies to the paramedic while on and off duty. (C-1)
- 1-1.16 Describe examples of professional behaviors in the following areas: integrity, empathy, self-motivation, appearance and personal hygiene, self-confidence, communications, time management, teamwork and diplomacy, respect, patient advocacy, and careful delivery of service. (C-1)
- 1-1.17 Provide examples of activities that constitute appropriate professional behavior for a paramedic. (C-2)\
- 1-1.18 Describe the importance of quality EMS research in the future of EMS. (C-3)
- 1-1.19 Identify the benefits of paramedics teaching in their community. (C-1)
- 1-1.20 Describe what is meant by "citizen involvement in the EMS system." (C-1)
- 1-1.21 Analyze how the paramedic can benefit the health care system by supporting primary care to patients in the out-of-hospital setting. (C-3)
- 1-1.22 List the primary and additional responsibilities of paramedics. (C-1)
- 1-1.23 Describe the role of the EMS physician in providing medical direction. (C-1)
- 1-1.24 Describe the benefits of medical direction, both on-line and off-line. (C-1)
- 1-1.25 Describe the process for the development of local policies and protocols. (C-2)
- 1-1.26 Provide examples of local protocols. (C-1)
- 1-1.27 Discuss pre-hospital and out-of-hospital care as an extension of the physician. (C-1)
- 1-1.28 Describe the relationship between a physician on the scene and the paramedic on the scene, and the WMS physician providing on-line medical direction. (C-1)
- 1-1.29 Describe the components of continuous quality improvements. (C-1)
- 1-1.30 Analyze the role of continuous quality improvement with respect to continuing medical education and research. (C-3)
- 1-1.31 Define the role of the paramedic relative to the safety of the crew, the patient, and bystanders. (C-1)

- 1-1.32 Identify local health care agencies and transportation resources for patients with special needs. (C-1)
- 1-1.33 Describe the role of the paramedic in health education activities related to illness and injury prevention. (C-1)
- 1-1.34 Describe the importance and benefits of research. (C-2)
- 1-1.35 Explain the EMS provider's role in data collection. (C-1)
- 1-1.36 Explain the basic principles of research. (C-1)
- 1-1.37 Describe a process of evaluating and interpreting research. (C-3)

### **AFFECTIVE OBJECTIVES**

AT THE COMPLETION OF THIS UNIT, THE PARAMEDIC STUDENT WILL BE ABLE TO:

- 1-1.38 Assess personal practices relative to the responsibility for personal safety, the safety of the crew, the patient, and bystanders. (A-3)
- 1-1.39 Serve as a role model for others relative to professionalism in EMS. (A-3)
- 1-1.40 Value the need to serve as the patient advocate inclusive of those with special needs, alternate life styles and cultural diversity. (A-3)
- 1-1.41 Defend the importance of continuing medical education and skills retention. (A-3)
- 1-1.42 Advocate the need for supporting and participating in research efforts aimed at improving EMS systems. (A-3)
- 1-1.43 Assess personal attitudes and demeanor that may distract from professionalism. (A-3)
- 1-1.44 Value the role that family dynamics plays in the total care of patients. (A-3)
- 1-1.45 Advocate the need for injury prevention, including abusive situations. (A-1)
- 1-1.46 Exhibits professional behaviors in the following areas: integrity, empathy, self-motivation, appearance and personal hygiene, self-confidence, communications, time management, teamwork and diplomacy, respect, patient advocacy, and careful delivery of service. (A-2)

### **UNIT TERMINAL OBJECTIVE**

- 1-2 At the completion of this unit, the paramedic student will understand and value the importance of personal wellness in EMS and serve as a healthy role model for peers.

### **COGNITIVE OBJECTIVES**

AT THE COMPLETION OF THIS UNIT, THE PARAMEDIC STUDENT WILL BE ABLE TO:

- 1-2.1 Discuss the concept of wellness and its benefits. (C-1)
- 1-2.2 Define the components of wellness. (C-1)
- 1-2.3 Describe the role of the paramedic in promoting wellness. (C-1)
- 1-2.4 Discuss the components of wellness associated with proper nutrition. (C-1)
- 1-2.5 List principles of weight control. (C-1)
- 1-2.6 Discuss how cardiovascular endurance, muscle strength, and flexibility contribute to physical fitness. (C-2)
- 1-2.7 Describe the impact of shift work on circadian rhythms. (C-1)
- 1-2.8 Discuss how periodic risks assessments and knowledge of warning signs contribute to cancer and cardiovascular disease prevention. (C-1)
- 1-2.9 Differentiate proper from improper body mechanics for lifting and moving patients in emergency and non-emergency situations. (C-3)
- 1-2.10 Describe the problems that a paramedic might encounter in a hostile situation and the techniques used to manage the situation. (C-1)
- 1-2.11 Given a scenario involving arrival at the scene of a motor vehicle collision, assess the safety of the scene and propose ways to make the scene safer. (C-3)
- 1-2.12 List factors that contribute to safe vehicle operations. (C-1)
- 1-2.13 Describe the considerations that should be given to: (C-1)
  - a) Using escorts.
  - b) Adverse environmental conditions.
  - c) Using lights and siren.
  - d) Proceeding through intersections.
  - e) Parking at an emergency scene.
- 1-2.14 Discuss the concept of “due regard for the safety of all others” while operating an emergency vehicle. (C-1)
- 1-2.15 Describe the equipment available for self-protection when confronted with a variety of adverse situations. (C-1)
- 1-2.16 Describe the benefits and methods of smoking cessation. (C-1)
- 1-2.17 Describe the three phrases of the stress response. (C-1)
- 1-2.18 List factors that trigger the stress response. (C-1)
- 1-2.19 Differentiate between normal/ healthy and detrimental reactions to anxiety and stress. (C-3)
- 1-2.20 Describe the common physiological and psychological effects of stress. (C-1)
- 1-2.21 Identify causes of stress in EMS. (C-1)

- 1-2.22 Describe behavior that is a manifestation of stress on patients and those close to them and how these relate to paramedic stress. (C-1)
- 1-2.23 Identify and describe the defense mechanisms and management techniques commonly used to deal with stress. (C-1)
- 1-2.24 Describe the components of critical incident stress management (CISM). (C-1)
- 1-2.25 Provide examples of situations in which CISM would likely be beneficial to paramedics. (C-1)
- 1-2.26 Given a scenario involving a stressful situation, formulate a strategy to help cope with the stress. (C-3)
- 1-2.27 Describe the stages of the grieving process (Kubler-Ross). (C-1)
- 1-2.28 Describe the needs of the paramedic when dealing with death and dying. (C-1)
- 1-2.29 Describe the challenges for paramedics in dealing with the needs of children and other special populations related to their understanding or experience of death and dying. (C-1)
- 1-2.30 Discuss the importance of universal precautions and body substance isolation practices. (C-1)
- 1-2.31 Describe the steps to take for personal protection from airborne and blood borne pathogens. (C-1)
- 1-2.32 Given a scenario in which equipment and supplies have been exposed to body substances, plan for the proper cleaning, disinfection, and disposal of the items. (C-3)
- 1-2.33 Explain what is meant by an exposure and describe principles for management. (C-1)
- 1-2.34 Advocate the benefits of working toward the goal of a total personal wellness. (A-2)
- 1-2.35 Serve as a role model for other EMS providers in regard to a total wellness lifestyle. (A-3)
- 1-2.36 Value the need to assess his/her own lifestyle. (A-2)
- 1-2.37 Challenge his/herself to each wellness concept in his/ her role as a paramedic. (A-3)
- 1-2.38 Defend the need to treat each patient as an individual, with respect and dignity. (A-2)
- 1-2.39 Assess his/ her own prejudices related to the various aspects of cultural diversity. (A-3)
- 1-2.40 Improve personal physical well being through achieving and maintaining proper body weight, regular exercise and proper nutrition. (A-3)
- 1-2.41 Promote and practice stress management techniques. (A-3)
- 1-2.42 Defend the need to respect the emotional needs of dying patients and their families. (A-3)
- 1-2.43 Advocate and practice the use of personal safety precautions in all scene situations. (A-3)
- 1-2.44 Advocate and serve as a role model for other EMS providers relative to body substance isolation practices. (A-3)

### **PSYCHOMOTOR OBJECTIVES**

**At the completion of this unit, the paramedic student will be able to:**

- 1-2.45 Demonstrate safe methods for lifting and moving patients in emergency and non-emergency situations. (P-2)
- 1-2.46 Demonstrate the proper procedures to take for personal protection from disease. (P-2)

### **UNIT TERMINAL OBJECTIVE**

1-3 At the completion of this unit, the paramedic student will be able to integrate the implementation of primary injury prevention activities as an effective way to reduce death, disabilities and health care costs.

### **COGNITIVE OBJECTIVES**

**At the completion of this unit, the paramedic student will be able to:**

- 1.3-1 Describe the incidence, morbidity and mortality of unintentional and alleged unintentional events. (C-1)
- 1.3-2 Identify the human, environmental, and socioeconomic impact of unintentional and alleged unintentional events. (C-1)
- 1.3-3 Identify health hazards and potential crime areas within the community. (C-1)
- 1.3-4 Identify local municipal and community resources available for physical, socioeconomic crises. (C-1)
- 1.3-5 List the general and specific environmental parameters that should be inspected to assess a patient's need for preventative information and direction. (C-1)
- 1.3-6 Identify the role of EMS in local municipal and community prevention programs. (C-1)
- 1.3-7 Identify the local prevention programs that promote safety for all age populations. (C-2)
- 1.3-8 Identify patient situations where the paramedic can intervene in a preventative manner. (C-1)
- 1.3-9 Document primary and secondary injury prevention data. (C-1)

### **AFFECTIVE OBJECTIVES**

**At the completion of this unit, the paramedic student will be able to:**

- 1.3-10 Value and defend tenets of prevention in terms of personal safety and wellness. (A-3)
- 1.3-11 Value and defend tenets of prevention for patients and communities being served. (A-3)
- 1.3-12 Value the contribution of effective documentation as one justification for funding of prevention programs. (A-3)
- 1.3-13 Value personal commitment to success of prevention programs. (A-3)

## **PSYCHOMOTOR OBJECTIVES**

**At the completion of this unit, the paramedic student will be able to:**

1.3-14 **Demonstrate the use of protective equipment appropriate to the environment and scene. (P-3)**

## **UNIT TERMINAL OBJECTIVE**

1-4 **At the completion of this unit, the paramedic student will understand the legal issues that impact decisions made in the out-of-hospital environment.**

## **COGNITIVE OBJECTIVES**

**At the completion of this unit, the paramedic student will be able to:**

- 1-4.1 Differentiate between legal and ethical responsibilities. (C-2)
- 1-4.2 Describe the basic structure of the legal system in the United States. (C-1)
- 1-4.3 Differentiate between civil and criminal law as it pertains to the paramedic. (C-1)
- 1-4.4 Identify and explain the importance of laws pertinent to the paramedic. (C-1)
- 1-4.5 Differentiate between licensure and certification as they apply to the paramedic. (C-1)
- 1-4.6 List the specific problems or conditions encountered while providing care that a paramedic is required to report, and identify in each instance to whom the report is to be made. (C-1)
- 1-4.7 Define the following terms: (C-1)
  - a. Abandonment
  - b. Advance directives
  - c. Assault
  - d. Battery
  - e. Breach of duty
  - f. Confidentiality
  - g. Consent (expressed, implied, informed, involuntary)
  - h. Do not resuscitate (DNR) orders
  - I. Duty to act

- j. Emancipated minor
  - k. False imprisonment
  - l. Immunity
  - m. Liability
  - n. Libel
  - o. Minor
  - p. Negligence
  - q. Proximate cause
  - r. Scope of practice
  - s. Slander
  - t. Standard of care
  - u. Tort
- 1-4.8 Differentiate between the scope of practice and the standard of care for paramedic practice. (C-3)
- 1-4.9 Discuss the concept of medical direction, including off-line medical direction and on-line medical direction, and its relationship to the standard of care of a paramedic. (C-1)
- 1-4.10 Describe the four elements that must be present in order to prove negligence. (C-1)
- 1-4.11 Given a scenario in which a patient is injured while a paramedic is providing care, determine whether the four components of negligence are present. (C-2)
- 1-4.12 Given a scenario, demonstrate patient care behaviors that would protect the paramedic from claims of negligence. (C-3)
- 1-4.13 Explain the concept of liability as it might apply to paramedic practice, including physicians providing medical direction and paramedic supervision of other care providers. (C-2)
- 1-4.14 Discuss the legal concept of immunity, including Good Samaritan statutes and governmental immunity, as it applies to the paramedic. (C-1)
- 1-4.15 Explain the importance and necessity of patient confidentiality and the standards for maintaining patient confidentiality that apply to the paramedic. (C-1)
- 1-4.16 Differentiate among expressed, informed, implied, and involuntary consent. (C-2)
- 1-4.17 Given a scenario in which a paramedic is presented with a conscious patient in need of care, describe the process used to obtain consent. (C-2)
- 1-4.18 Identify the steps to take if a patient refuses care. (C-1)

- 1-4.19 Given a scenario, demonstrate appropriate patient management and care techniques in a refusal of care situation. (C-3)
- 1-4.20 Describe what constitutes abandonment. (C-1)
- 1-4.21 Identify the legal issues involved in the decision not to transport a patient, or to reduce the level of care being provided during transportation. (C-1)
- 1-4.22 Describe how hospitals are selected to receive patients based on patient need and hospital capability and the role of the paramedic in such selection. (C-1)
- 1-4.23 Differentiate between assault and battery and describe how to avoid each. (C-2)
- 1-4.24 Describe the conditions under which the use of force, including restraint, is acceptable. (C-1)
- 1-4.25 Explain the purpose of advance directives relative to patient care and how the paramedic should care for a patient who is covered by an advance directive. (C-1)
- 1-4.26 Discuss the responsibilities of the paramedic relative to resuscitation efforts for patients who are potential organ donors. (C-1)
- 1-4.27 Describe the actions that the paramedic should take to preserve evidence at a crime or accident scene. (C-1)
- 1-4.28 Describe the importance of providing accurate documentation (oral and written) in substantiating an incident. (C-1)
- 1-4.29 Describe the characteristics of a patient care report required to make it an effective legal document. (C-1)
- 1-4.30 Given a scenario, prepare a patient care report, including an appropriately detailed narrative. (C-2)

### **AFFECTIVE OBJECTIVES**

**At the completion of this unit, the paramedic student will be able to:**

- 1-4.31 Advocate the need to show respect for the rights and feelings of patients. (A-3)
- 1-4.32 Assess his/ her personal commitment to protecting patient confidentiality. (A-3)

- 1-4.33 Given a scenario involving a new employee, explain the importance of obtaining consent for adults and minors. (A-2)
- 1-4.34 Defend personal beliefs about withholding or stopping patient care. (A-3)
- 1-4.35 Defend the value of advance medical directives. (A-3)

### **PSYCHOMOTOR OBJECTIVES**

**None identified for this unit.**

### **UNIT TERMINAL OBJECTIVE**

- 1-5 **At the completion of this unit, the paramedic student will understand the role that ethics plays in decision-making in the out-of-hospital environment.**

### **COGNITIVE OBJECTIVES**

**At the completion of this unit, the paramedic student will be able to:**

- 1-5.1 Define ethics. (C-1)
- 1-5.2 Distinguish between ethical and moral decisions. (C-3)
- 1-5.3 Identify the premise that should underlie the paramedic's ethical decisions in out-of hospital care. (C-1)
- 1-5.4 Analyze the relationship between the law and ethics in EMS. (C-3)
- 1-5.5 Compare and contrast the criteria that may be used in allocating scarce EMS resources. (C-3)
- 1-5.6 Identify the issues surrounding the use of advance directives, in making a prehospital resuscitation decision. (C-1)
- 1-5.7 Describe the criteria necessary to honor an advance directive in your state. (C-1)

### **AFFECTIVE OBJECTIVES**

**At the completion of this unit, the paramedic student will be able to:**

- 1-5.8 Value the patient's autonomy in the decision-making process. (A-2)
- 1-5.9 Defend the following ethical positions: (A-3)
  - a. The paramedic is accountable to the patient.

- b. The paramedic is accountable to the medical director.
  - c. The paramedic is accountable to the EMS system.
  - d. The paramedic is accountable for fulfilling the standard of care.
- 1-5.10 Given a scenario, defend or challenge a paramedic's actions concerning a patient who is treated against his/her wishes. (A-3)
- 1-5.11 Given a scenario, defend a paramedic's actions in a situation where a physician orders therapy the paramedic feels to be detrimental to the patient's best interests. (A-3)

### **PSYCHOMOTOR OBJECTIVES**

**None identified for this unit.**

### **UNIT TERMINAL OBJECTIVE**

- 1-6 **At the completion of this unit, the paramedic student will be able to apply the general concepts of pathophysiology for the assessment and management of emergency patients.**

### **COGNITIVE OBJECTIVES**

**At the completion of this unit, the paramedic student will be able to:**

- 1-6.1 Discuss cellular adaptation. (C-1)
- 1-6.2 Describe cellular injury and cellular death. (C-1)
- 1-6.3 Describe the factors that precipitate disease in the human body. (C-1)
- 1-6.4 Describe the cellular environment. (C-1)
- 1-6.5 Discuss analyzing disease risk. (C-1)
- 1-6.6 Describe environmental risk factors. (C-1)
- 1-6.7 Discuss combined effects and interaction among risk factors. (C-1)
- 1-6.8 Describe aging as a risk factor for disease. (C-1)
- 1-6.9 Discuss familial diseases and associated risk factors. (C-1)
- 1-6.10 Discuss hypoperfusion. (C-1)
- 1-6.11 Define cardiogenic, hypovolemic, neurogenic, anaphylactic and septic shock. (C-1)

- 1-6.12 Describe multiple organ dysfunction syndrome. (C-1)
- 1-6.13 Define the characteristics of the immune response. (C-1)
- 1-6.14 Discuss induction of the immune system. (C-1)
- 1-6.15 Discuss fetal and neonatal immune function. (C-1)
- 1-6.16 Discuss aging and the immune function in the elderly. (C-1)
- 1-6.17 Describe the inflammation response. (C-1)
- 1-6.18 Discuss the role of mast cells as part of the inflammation response. (C-1)
- 1-6.19 Describe the plasma protein system. (C-1)
- 1-6.20 Discuss the cellular components of inflammation. (C-1)
- 1-6.21 Describe the systemic manifestations of the inflammation response. (C-1)
- 1-6.22 Describe the resolution and repair from inflammation. (C-1)
- 1-6.23 Discuss the effect of aging on the mechanisms of self-defense. (C-1)
- 1-6.24 Discuss hypersensitivity. (C-1)
- 1-6.25 Describe deficiencies in immunity and inflammation. (C-1)
- 1-6.26 Describe homeostasis as a dynamic steady state. (C-1)
- 1-6.27 List types of tissue. (C-1)
- 1-6.28 Describe the systemic manifestations that result from cellular injury. (C-1)
- 1-6.29 Describe neuroendocrine regulation. (C-1)
- 1-6.30 Discuss the inter-relationships between stress, coping, and illness. (C-1)

### **AFFECTIVE OBJECTIVES**

**At the completion of this unit, the paramedic student will be able to:**

- 1-6.31 Advocate the need to understand and apply the knowledge of pathophysiology to patient assessment and treatment. (A-2)

### **PSYCHOMOTOR OBJECTIVES**

**None identified for this unit.**

### UNIT TERMINAL OBJECTIVE

- 1-7     **At the completion of this unit, the paramedic student will be able to integrate pathophysiological principles of pharmacology and the assessment findings to formulate a field impression and implement a pharmacologic management plan.**

### COGNITIVE OBJECTIVES

**At the completion of this unit, the paramedic student will be able to:**

- 1-7.1    Describe historical trends in pharmacology. (C-1)
- 1-7.2    Differentiate among the chemical, generic (nonproprietary), and trade (proprietary) names of a drug. (C-3)
- 1-7.3    List the four main sources of drug products. (C-1)
- 1-7.4    Describe how drugs are classified. (C-1)
- 1-7.5    List the authoritative sources for drug information. (C-1)
- 1-7.6    List legislative acts controlling drug use and abuse in the United States. (C-1)
- 1-7.7    Differentiate among Schedule I, II, III, IV, and V substances. (C-3)
- 1-7.8    List examples of substances in each schedule. (C-1)
- 1-7.9    Discuss standardization of drugs. (C-1)
- 1-7.10   Discuss investigational drugs, including the Food and Drug Administration (FDA) approval process and the FDA classifications for newly approved drugs. (C-1)
- 1-7.11   Discuss special consideration in drug treatment with regard to pregnant, pediatric and geriatric patients. (C-1)
- 1-7.12   Discuss the paramedic's responsibilities and scope of management pertinent to the administration of medications. (C-1)
- 1-7.13   Review the specific anatomy and physiology pertinent to pharmacology with additional attention to autonomic pharmacology. (C-1)
- 1-7.14   List and describe general properties of drugs. (C-1)
- 1-7.15   List and describe liquid and solid drug forms. (C-1)
- 1-7.16   List and differentiate routes of drug administration. (C-3)

- 1-7.17 Differentiate between enteral and parenteral routes of drug administration. (C-3)
- 1-7.18 Describe mechanisms of drug action. (C-1)
- 1-7.19 List and differentiate the phases of drug activity, including the pharmaceutical, pharmacokinetic, and pharmacodynamic phases. (C-3)
- 1-7.20 Describe the process called pharmacokinetics, pharmacodynamics, including theories of drug action, drug-response relationship, factors altering drug responses, predictable drug responses, iatrogenic drug responses, and unpredictable adverse drug responses. (C-1)
- 1-7.21 Differentiate among drug interactions. (C-3)
- 1-7.22 Discuss considerations for storing and securing medications. (C-1)
- 1-7.23 List the component of a drug profile by classification. (C-1)
- 1-7.24 List and describe drugs that the paramedic may administer according to local protocol. (C-1)
- 1-7.25 Integrate pathophysiological principles of pharmacology with patient assessment. (C-3)
- 1-7.26 Synthesize patient history information and assessment findings to form a field impression. (C-3)
- 1-7.27 Synthesize a field impression to implement a pharmacologic management plan. (C-3)
- 1-7.28 Assess the pathophysiology of a patient's condition by identifying classifications of drugs. (C-3)

### **AFFECTIVE OBJECTIVES**

**At the completion of this unit, the paramedic student will be able to:**

- 1-7.29 Serve as a model for obtaining a history by identifying classifications of drugs. (A-3)
- 1-7.30 Defend the administration of drugs by a paramedic to affect positive therapeutic affect. (A-3)
- 1-7.31 Advocate drug education through identification of drug classifications. (A-3)

### **PSYCHOMOTOR OBJECTIVES**

None identified for this unit.

### **UNIT TERMINAL OBJECTIVE**

- 1-8 **At the completion of this unit, the paramedic student will be able to safely and precisely access the venous circulation and administer medications.**

## **COGNITIVE OBJECTIVES**

**At the completion of this unit, the paramedic student will be able to:**

- 1-8.1 Review the specific anatomy and physiology pertinent to medication administration. (C-1)
- 1-8.2 Review mathematical principles. (C-1)
- 1-8.3 Review mathematical equivalents. (C-1)
- 1-8.4 Differentiate temperature readings between the Centigrade and Fahrenheit scales. (C-3)
- 1-8.5 Discuss formulas as a basis for performing drug calculations. (C-1)
- 1-8.6 Discuss applying basic principles of mathematics to the calculation of problems associated with medication dosages. (C-1)
- 1-8.7 Describe how to perform mathematical conversions from the household system to the metric system. (C-1)
- 1-8.8 Describe the indications, equipment needed, technique used, precautions, and general principles of peripheral venous or external jugular cannulation. (C-1)
- 1-8.9 Describe the indications, equipment needed, technique used, precautions, and general principles of intraosseous needle placement and infusion. (C-1)
- 1-8.10 Discuss legal aspects affecting medication administration. (C-1)
- 1-8.11 Discuss the "six rights" of drug administration and correlate these with the principles of medication administration. (C-1)
- 1-8.12 Discuss medical asepsis and the differences between clean and sterile techniques. (C-1)
- 1-8.13 Describe use of antiseptics and disinfectants. (C-1)
- 1-8.14 Describe the use of universal precautions and body substance isolation (BSI) procedures when administering a medication. (C-1)
- 1-8.15 Differentiate among the different dosage forms of oral medications. (C-3)
- 1-8.16 Describe the equipment needed and general principles of administering oral medications. (C-3)
- 1-8.17 Describe the indications, equipment needed, techniques used, precautions, and general principles of administering medications by the inhalation route. (C-3)
- 1-8.18 Describe the indications, equipment needed, techniques used, precautions, and general principles of administering medications by the gastric tube. (C-3)
- 1-8.19 Describe the indications, equipment needed, techniques used, precautions, and general principles of rectal medication administration. (C-3)
- 1-8.20 Differentiate among the different parenteral routes of medication administration. (C-3)

- 1-8.21 Describe the equipment needed, techniques used, complications, and general principles for the preparation and administration of parenteral medications. (C-1)
- 1-8.22 Differentiate among the different percutaneous routes of medication administration. (C-3)
- 1-8.23 Describe the purpose, equipment needed, techniques used, complications, and general principles for obtaining a blood sample. (C-1)
- 1-8.24 Describe disposal of contaminated items and sharps. (C-1)
- 1-8.25 Synthesize a pharmacologic management plan including medication administration. (C-3)
- 1-8.26 Integrate pathophysiological principles of medication administration with patient management. (C-3)

### **AFFECTIVE OBJECTIVES**

**At the completion of this unit, the paramedic student will be able to:**

- 1-8.27 Comply with paramedic standards of medication administration. (A-1)
- 1-8.28 Comply with universal precautions and body substance isolation (BSI). (A-1)
- 1-8.29 Defend a pharmacologic management plan for medication administration. (A-3)
- 1-8.30 Serve as a model for medical asepsis. (A-3)
- 1-8.31 Serve as a model for advocacy while performing medication administration. (A-3)
- 1-8.32 Serve as a model for disposing contaminated items and sharps. (A-3)

### **PSYCHOMOTOR OBJECTIVES**

**At the completion of this unit, the paramedic student will be able to:**

- 1-8.33 Use universal precautions and body substance isolation (BSI) procedures during medication administration. (P-2)
- 1-8.34 Demonstrate cannulation of peripheral or external jugular veins. (P-2)
- 1-8.35 Demonstrate intraosseous needle placement and infusion. (P-2)
- 1-8.36 Demonstrate clean technique during medication administration. (P-3)
- 1-8.37 Demonstrate administration of oral medications. (P-2)
- 1-8.38 Demonstrate administration of medications by the inhalation route. (P-2)

- 1-8.39 Demonstrate administration of medications by the gastric tube. (P-2)
- 1-8.40 Demonstrate rectal administration of medications. (P-2)
- 1-8.41 Demonstrate preparation and administration of parenteral medications. (P-2)
- 1-8.42 Demonstrate preparation and techniques for obtaining a blood sample. (P-2)
- 1-8.43 Perfect disposal of contaminated items and sharps. (P-3)

### **UNIT TERMINAL OBJECTIVE**

- 1-9 **At the completion of this unit, the paramedic student will be able to integrate the principles of therapeutic communication to effectively communicate with any patient while providing care.**

### **COGNITIVE OBJECTIVES**

**At the completion of this unit, the paramedic student will be able to:**

- 1-9.1 Define communication. (C-1)
- 1-9.2 Identify internal and external factors that affect a patient/ bystander interview conducted by a paramedic. (C-1)
- 1-9.3 Restate the strategies for developing patient rapport. (C-1)
- 1-9.4 Provide examples of open-ended and closed or direct questions. (C-1)
- 1-9.5 Discuss common errors made by paramedics when interviewing patients. (C-1)
- 1-9.6 Identify the nonverbal skills that are used in patient interviewing. (C-1)
- 1-9.7 Restate the strategies to obtain information from the patient. (C-1)
- 1-9.8 Summarize the methods to assess mental status based on interview techniques. (C-1)
- 1-9.9 Discuss the strategies for interviewing a patient who is unmotivated to talk. (C-1)
- 1-9.10 Differentiate the strategies a paramedic uses when interviewing a patient who is hostile compared to one who is cooperative. (C-3)

- 1-9.11 Summarize developmental considerations of various age groups that influence patient interviewing. (C-1)
- 1-9.12 Restate unique interviewing techniques necessary to employ with patients who have special needs. (C-1)
- 1-9.13 Discuss interviewing considerations used by paramedics in cross-cultural communications. (C-1)

### **AFFECTIVE OBJECTIVES**

- 1-9.14 Serve as a model for an effective communication process. (A-3)
- 1-9.15 Advocate the importance of external factors of communication. (A-2)
- 1-9.16 Promote proper responses to patient communication. (A-2)
- 1-9.17 Exhibit professional non-verbal behaviors. (A-2)
- 1-9.18 Advocate development of proper patient rapport. (A-2)
- 1-9.19 Value strategies to obtain patient information. (A-2)
- 1-9.20 Exhibit professional behaviors in communicating with patients in special situations. (A-3)
- 1-9.21 Exhibit professional behaviors in communication with patient from different cultures. (A-3)

### **PSYCHOMOTOR OBJECTIVES**

None identified for this unit.

### **UNIT TERMINAL OBJECTIVE:**

- 1-10 At the completion of this unit the paramedic student will be able to integrate the physiological, psychological, and sociological changes throughout human development with assessment and communication strategies for patients of all ages.

### **COGNITIVE OBJECTIVES**

**At the completion of this unit, the paramedic student will be able to:**

- 1-10.1 Compare the physiological and psychosocial characteristics of an infant with those of an early adult. (C-3)
- 1-10.2 Compare the physiological and psychosocial characteristics of a toddler with those of an early adult. (C-3)

- 1-10.3 Compare the physiological and psychosocial characteristics of a pre-school child with those of an early adult. (C-3)
- 1-10.4 Compare the physiological and psychosocial characteristics of a school-aged child with those of an early adult. (C-3)
- 1-10.5 Compare the physiological and psychosocial characteristics of an adolescent with those of an early adult. (C-3)
- 1-10.6 Summarize the physiological and psychosocial characteristics of an early adult. (C-3)
- 1-10.7 Compare the physiological and psychosocial characteristics of a middle-aged adult with those of an early adult. (C-3)
- 1-10.8 Compare the physiological and psychosocial characteristics of a person in late adulthood with those of an early adult. (C-3)

### **AFFECTIVE OBJECTIVES**

- 1-10.9 Value the uniqueness of infants, toddlers, pre-school, school aged, adolescents, early adulthood, middle-aged, and late adulthood physiological and psychosocial characteristics. (A-3)

### **PSYCHOMOTOR OBJECTIVES:**

None identified for this unit

### **UNIT TERMINAL OBJECTIVE**

- 2-1 **At the completion of this unit, the paramedic student will be able to establish and/ or maintain a patent airway, oxygenate, and ventilate a patient.**

### **COGNITIVE OBJECTIVES**

**At the completion of this unit, the paramedic student will be able to:**

- 2-1.1 Explain the primary objective of airway maintenance. (C-1)
- 2-1.2 Identify commonly neglected prehospital skills related to airway. (C-1)
- 2-1.3 Identify the anatomy of the upper and lower airway. (C-1)
- 2-1.4 Describe the functions of the upper and lower airway. (C-1)
- 2-1.5 Explain the differences between adult and pediatric airway anatomy. (C-1)
- 2-1.6 Define gag reflex. (C-1)
- 2-1.7 Explain the relationship between pulmonary circulation and respiration. (C-3)
- 2-1.8 List the concentration of gases that comprise atmospheric air. (C-1)
- 2-1.9 Describe the measurement of oxygen in the blood. (C-1)
- 2-1.10 Describe the measurement of carbon dioxide in the blood. (C-1)
- 2-1.11 Describe peak expiratory flow. (C-1)

- 2-1.12 List factors that cause decreased oxygen concentrations in the blood. (C-1)
- 2-1.13 List the factors that increase and decrease carbon dioxide production in the body. (C-1)
- 2-1.14 Define atelectasis. (C-1)
- 2-1.15 Define  $\text{FiO}_2$ . (C-1)
- 2-1.16 Define and differentiate between hypoxia and hypoxemia. (C-1)
- 2-1.17 Describe the voluntary and involuntary regulation of respiration. (C-1)
- 2-1.18 Describe the modified forms of respiration. (C-1)
- 2-1.19 Define normal respiratory rates and tidal volumes for the adult, child, and infant. (C-1)
- 2-1.20 List the factors that affect respiratory rate and depth. (C-1)
- 2-1.21 Explain the risk of infection to EMS providers associated with ventilation. (C-3)
- 2-1.22 Define pulsus paradoxes. (C-1)
- 2-1.23 Define and explain the implications of partial airway obstruction with good and poor air exchange. (C-1)
- 2-1.24 Define complete airway obstruction. (C-1)
- 2-1.25 Describe causes of upper airway obstruction. (C-1)
- 2-1.26 Describe causes of respiratory distress. (C-1)
- 2-1.27 Describe manual airway maneuvers. (C-1)
- 2-1.28 Describe the Sellick (cricoid pressure) maneuver. (C-1)
- 2-1.29 Describe complete airway obstruction maneuvers. (C-1)
- 2-1.30 Explain the purpose for suctioning the upper airway. (C-1)
- 2-1.31 Identify types of suction equipment. (C-1)
- 2-1.32 Describe the indications for suctioning the upper airway. (C-3)
- 2-1.33 Identify types of suction catheters, including hard or rigid catheters and soft catheters. (C-1)
- 2-1.34 Identify techniques of suctioning the upper airway. (C-1)
- 2-1.35 Identify special considerations of suctioning the upper airway. (C-1)
- 2-1.36 Describe the indications, contraindications, advantages, disadvantages, complications, equipment and technique of tracheobronchial suctioning in the intubated patient. (C-3)
- 2-1.37 Describe the use of an oral and nasal airway. (C-1)
- 2-1.38 Identify special considerations of tracheobronchial suctioning in the intubated patient. (C-1)

- 2-1.39 Define gastric distention. (C-1)
- 2-1.40 Describe the indications, contraindications, advantages, disadvantages, complications, equipment and technique for inserting a nasogastric tube and orogastric tube. (C-1)
- 2-1.41 Identify special considerations of gastric decompression. (C-1)
- 2-1.42 Describe the indications, contraindications, advantages, disadvantages, complications, and technique for inserting an oropharyngeal and nasopharyngeal airway (C-1)
- 2-1.43 Describe the indications, contraindications, advantages, disadvantages, complications, and technique for ventilating a patient by: (C-1)
  - a. Mouth-to-mouth
  - b. Mouth-to-nose
  - c. Mouth-to-mask
  - d. One person bag-valve-mask
  - e. Two person bag-valve-mask
  - f. Three person bag-valve-mask
  - g. Flow-restricted, oxygen-powered ventilation device
- 2-1.44 Explain the advantage of the two-person method when ventilating with the bag-valve-mask. (C-1)
- 2-1.45 Compare the ventilation techniques used for an adult patient to those used for pediatric patients. (C-3)
- 2-1.46 Describe indications, contraindications, advantages, disadvantages, complications, and technique for ventilating a patient with an automatic transport ventilator (ATV). (C-1)
- 2-1.47 Explain safety considerations of oxygen storage and delivery. (C-1)
- 2-1.48 Identify types of oxygen cylinders and pressure regulators (including a high-pressure regulator and a therapy regulator). (C-1)
- 2-1.49 List the steps for delivering oxygen from a cylinder and regulator. (C-1)
- 2-1.50 Describe the use, advantages and disadvantages of an oxygen humidifier. (C-1)
- 2-1.51 Describe the indications, contraindications, advantages, disadvantages, complications, liter flow range, and concentration of delivered oxygen for supplemental oxygen delivery devices. (C-3)
- 2-1.52 Define, identify and describe a tracheostomy, stoma, and tracheostomy tube. (C-1)
- 2-1.53 Define, identify, and describe a laryngectomy. (C-1)
- 2-1.54 Define how to ventilate with a patient with a stoma, including mouth-to-stoma and bag-valve-mask-to-stoma ventilation. (C-1)
- 2-1.55 Describe the special considerations in airway management and ventilation for patients with facial injuries. (C-1)
- 2-1.56 Describe the special considerations in airway management and ventilation for the pediatric patient. (C-1)
- 2-1.57 Differentiate endotracheal intubation from other methods of advanced airway management. (C-3)

- 2-1.58 Describe the indications, contraindications, advantages, disadvantages and complications of endotracheal intubation. (C-1)
- 2-1.59 Describe laryngoscopy for the removal of a foreign body airway obstruction. (C-1)
- 2-1.60 Describe the indications, contraindications, advantages, disadvantages, complications, equipment, and technique for direct laryngoscopy. (C-1)
- 2-1.61 Describe visual landmarks for direct laryngoscopy. (C-1)
- 2-1.62 Describe use of cricoid pressure during intubation. (C-1)
- 2-1.63 Describe indications, contraindications, advantages, disadvantages, complications, equipment and technique for digital endotracheal intubation. (C-1)
- 2-1.64 Describe the indications, contraindications, advantages, disadvantages, complications, equipment and technique for using a dual lumen airway. (C-3)
- 2-1.65 Describe the indications, contraindications, advantages, disadvantages, complications and equipment for rapid sequence intubation with neuromuscular blockade. (C-1)
- 2-1.66 Identify neuromuscular blocking drugs and other agents used in rapid sequence intubation. (C-1)
- 2-1.67 Describe the indications, contraindications, advantages, disadvantages, complications and equipment for sedation during intubation. (C-1)
- 2-1.68 Identify sedative agents used in airway management. (C-1)
- 2-1.69 Describe the indications, contraindications, advantages, disadvantages, complications, equipment and technique for nasotracheal intubation. (C-1)
- 2-1.70 Describe the indications, contraindications, advantages, disadvantages and complications for performing an open cricothyrotomy. (C-3)
- 2-1.71 Describe the equipment and technique for performing an open cricothyrotomy. (C-1)
- 2-1.72 Describe the indications, contraindications, advantages, disadvantages, complications, equipment and technique for transthyroglottic catheter ventilation (needle cricothyrotomy). (C-3)
- 2-1.73 Describe methods of assessment for confirming correct placement of an endotracheal tube. (C-1)
- 2-1.74 Describe methods for securing an endotracheal tube. (C-1)
- 2-1.75 Describe the indications, contraindications, advantages, disadvantages, complications, equipment and technique for extubation. (C-1)
- 2-1.76 Describe methods of endotracheal intubation in the pediatric patient. (C-1)

### **AFFECTIVE OBJECTIVES**

**At the completion of this unit, the paramedic student will be able to:**

- 2-1.77 Defend the need to oxygenate and ventilate a patient. (A-1)
- 2-1.78 Defend the necessity of establishing and/ or maintaining patency of a patient's airway. (A-1)
- 2-1.79 Comply with standard precautions to defend against infectious and communicable diseases. (A-1)

### **PSYCHOMOTOR OBJECTIVES**

**At the completion of this unit, the paramedic student will be able to:**

- 2-1.80 Perform body substance isolation (BSI) procedures during basic airway management, advanced airway management, and ventilation. (P-2)
- 2-1.81 Perform pulse oximetry. (P-2)
- 2-1.82 Perform end-tidal CO<sub>2</sub> detection. (P-2)
- 2-1.83 Perform peak expiratory flow testing. (P-2)
- 2-1.84 Perform manual airway maneuvers, including: (P-2)
  - a. Opening the mouth
  - b. Head-tilt/ chin-lift maneuver
  - c. Jaw-thrust without head-tilt maneuver
  - d. Modified jaw-thrust maneuver
- 2-1.85 Perform manual airway maneuvers for pediatric patients, including: (P-2)
  - a. Opening the mouth
  - b. Head-tilt/ chin-lift maneuver
  - c. Jaw-thrust without head-tilt maneuver
  - d. Modified jaw-thrust maneuver
- 2-1.86 Perform the Sellick maneuver (cricoid pressure). (P-2)
- 2-1.87 Perform complete airway obstruction maneuvers, including: (P-2)
  - a. Heimlich maneuver
  - b. Finger sweep
  - c. Chest thrusts
  - d. Removal with Magill forceps
- 2-1.88 Demonstrate suctioning the upper airway by selecting a suction device, catheter and technique. (P-2)

- 2-1.89 Perform tracheobronchial suctioning in the intubated patient by selecting a suction device, catheter and technique. (P-2)
- 2-1.90 Demonstrate insertion of a nasogastric tube. (P-2)
- 2-1.91 Demonstrate insertion of an orogastric tube. (P-2)
- 2-1.92 Perform gastric decompression by selecting a suction device, catheter and technique. (P-2)
- 2-1.93 Demonstrate insertion of an oropharyngeal airway. (P-2)
- 2-1.94 Demonstrate insertion of a nasopharyngeal airway. (P-2)
- 2-1.95 Demonstrate ventilating a patient by the following techniques: (P-2)
  - a. Mouth-to-mask ventilation
  - b. One person bag-valve-mask
  - c. Two person bag-valve-mask
  - d. Three person bag-valve-mask
  - e. Flow-restricted, oxygen-powered ventilation device
  - f. Automatic transport ventilator
  - g. Mouth-to-stoma
  - h. Bag-valve-mask-to-stoma ventilation
- 2-1.96 Ventilate a pediatric patient using the one and two person techniques. (P-2)
- 2-1.97 Perform ventilation with a bag-valve-mask with an in-line small-volume nebulizer. (P-2)
- 2-1.98 Perform oxygen delivery from a cylinder and regulator with an oxygen delivery device. (P-2)
- 2-1.99 Perform oxygen delivery with an oxygen humidifier. (P-2)
- 2-1.100 Deliver supplemental oxygen to a breathing patient using the following devices: nasal cannula, simple facemask, partial rebreather mask, non-rebreather mask, and venturi mask (P-2)
- 2-1.101 Perform stoma suctioning. (P-2)
- 2-1.102 Perform retrieval of foreign bodies from the upper airway. (P-2)
- 2-1.103 Perform assessment to confirm correct placement of the endotracheal tube. (P-2)
- 2-1.104 Intubate the trachea by the following methods: (P-2)
  - a. Orotracheal intubation
  - b. Nasotracheal intubation
  - c. Multi-lumen airways
  - d. Digital intubation
  - e. Transillumination
  - f. Open cricothyrotomy
- 2-1.105 Adequately secure an endotracheal tube. (P-1)
- 2-1.106 Perform endotracheal intubation in the pediatric patient. (P-2)
- 2-1.107 Perform transtracheal catheter ventilation (needle cricothyrotomy). (P-2)

2-1.108 Perform extubation. (P-2)

**2-1.109 Perform replacement of a tracheostomy tube through a stoma. (P-2)**

**UNIT TERMINAL OBJECTIVE**

3-1 **At the completion of this unit, the paramedic student will be able to use the appropriate techniques to obtain a medical history from a patient.**

**COGNITIVE OBJECTIVES**

**At the completion of this unit, the paramedic student will be able to:**

- 3-1.1 Describe the techniques of history taking. (C-1)
- 3-1.2 Discuss the importance of using open ended questions. (C-1)
- 3-1.3 Describe the use of facilitation, reflection, clarification, empathetic responses, confrontation, and interpretation. (C-1)
- 3-1.4 Differentiate between facilitation, reflection, clarification, sympathetic responses, confrontation, and interpretation. (C-3)
- 3-1.5 Describe the structure and purpose of a health history. (C-1)
- 3-1.6 Describe how to obtain a comprehensive health history. (C-1)
- 3-1.7 List the components of a comprehensive history of an adult patient. (C-1)

**AFFECTIVE OBJECTIVES**

**At the completion of this unit, the paramedic student will be able to:**

- 3-1.8 Demonstrate the importance of empathy when obtaining a health history. (A-1)
- 3-1.9 Demonstrate the importance of confidentiality when obtaining a health history. (A-1)

**PSYCHOMOTOR OBJECTIVES**

None identified for this unit.

**UNIT TERMINAL OBJECTIVE**

3-2 **At the completion end of this unit, the paramedic student will be able to explain the pathophysiological significance of physical exam findings.**

## **COGNITIVE OBJECTIVES**

**At the completion of this unit, the paramedic student will be able to:**

- 3-2.1 Define the terms inspection, palpation, percussion, auscultation. (C-1)
- 3-2.2 Describe the techniques of inspection, palpation, percussion, and auscultation. (C-1)
- 3-2.3 Describe the evaluation of mental status. (C-1)
- 3-2.4 Evaluate the importance of a general survey. (C-3)
- 3-2.5 Describe the examination of skin, hair and nails. (C-1)
- 3-2.6 Differentiate normal and abnormal findings of the assessment of the skin. (C-3)
- 3-2.7 Distinguish the importance of abnormal findings of the assessment of the skin. (C-3)
- 3-2.8 Describe the examination of the head and neck. (C-1)
- 3-2.9 Differentiate normal and abnormal findings of the scalp examination. (C-3)
- 3-2.10 Describe the normal and abnormal assessment findings of the skull. (C-1)
- 3-2.11 Describe the assessment of visual acuity. (C-1)
- 3-2.12 Explain the rationale for the use of an ophthalmoscope. (C-1)
- 3-2.13 Describe the examination of the eyes. (C-1)
- 3-2.14 Distinguish between normal and abnormal assessment findings of the eyes. (C-3)
- 3-2.15 Explain the rationale for the use of an otoscope. (C-1)
- 3-2.16 Describe the examination of the ears. (C-1)
- 3-2.17 Differentiate normal and abnormal assessment findings of the ears. (C-3)
- 3-2.18 Describe the examination of the nose. (C-1)
- 3-2.19 Differentiate normal and abnormal assessment findings of the nose. (C-3)
- 3-2.20 Describe the examination of the mouth and pharynx. (C-1)
- 3-2.21 Differentiate normal and abnormal assessment findings of the mouth and pharynx. (C-3)
- 3-2.22 Describe the examination of the neck. (C-1)
- 3-2.23 Differentiate normal and abnormal assessment findings the neck. (C-3)
- 3-2.24 Describe the survey of the thorax and respiration. (C-1)
- 3-2.25 Describe the examination of the posterior chest. (C-1)

- 3-2.26 Describe percussion of the chest. (C-1)
- 3-2.27 Differentiate the percussion notes and their characteristics. (C-3)
- 3-2.28 Differentiate the characteristics of breath sounds. (C-3)
- 3-2.29 Describe the examination of the anterior chest. (C-1)
- 3-2.30 Differentiate normal and abnormal assessment findings of the chest examination. (C-3)
- 3-2.31 Describe special examination techniques related to the assessment of the chest. (C-1)
- 3-2.32 Describe the examination of the arterial pulse including rate, rhythm, and amplitude. (C-1)
- 3-2.33 Distinguish normal and abnormal findings of arterial pulse. (C-3)
- 3-2.34 Describe the assessment of jugular venous pressure and pulsations. (C-1)
- 3-2.35 Distinguish normal and abnormal examination findings of jugular venous pressure and pulsations. (C-3)
- 3-2.36 Describe the examination of the heart and blood vessels. (C-1)
- 3-2.37 Differentiate normal and abnormal assessment findings of the heart and blood vessels. (C-3)
- 3-2.38 Describe the auscultation of the heart. (C-1)
- 3-2.39 Differentiate the characteristics of normal and abnormal findings associated with the auscultation of the heart. (C-3)
- 3-2.40 Describe special examination techniques of the cardiovascular examination. (C-1)
- 3-2.41 Describe the examination of the abdomen. (C-1)
- 3-2.42 Differentiate normal and abnormal assessment findings of the abdomen. (C-3)
- 3-2.43 Describe auscultation of the abdomen. (C-1)
- 3-2.44 Distinguish normal and abnormal findings of the auscultation of the abdomen. (C-3)
- 3-2.45 Describe the examination of the female genitalia. (C-1)
- 3-2.46 Differentiate normal and abnormal assessment findings of the female genitalia. (C-3)
- 3-2.47 Describe the examination of the male genitalia. (C-1)
- 3-2.48 Differentiate normal and abnormal findings of the male genitalia. (C-3)
- 3-2.49 Describe the examination of the anus and rectum. (C-3)
- 3-2.50 Distinguish between normal and abnormal findings of the anus and rectum. (C-3)
- 3-2.51 Describe the examination of the peripheral vascular system. (C-1)
- 3-2.52 Differentiate normal and abnormal findings of the peripheral vascular system. (C-3)

- 3-2.53 Describe the examination of the musculoskeletal system. (C-1)
- 3-2.54 Differentiate normal and abnormal findings of the musculoskeletal system. (C-3)
- 3-2.55 Describe the examination of the nervous system. (C-1)
- 3-2.56 Differentiate normal and abnormal findings of the nervous system. (C-3)
- 3-2.57 Describe the assessment of the cranial nerves. (C-1)
- 3-2.58 Differentiate normal and abnormal findings of the cranial nerves. (C-3)
- 3-2.59 Describe the general guidelines of recording examination information. (C-1)
- 3-2.60 Discuss the considerations of examination of an infant or child. (C-1)

### **AFFECTIVE OBJECTIVES**

**At the completion of this unit, the paramedic student will be able to:**

- 3-2.61 Demonstrate a caring attitude when performing physical examination skills. (A-3)
- 3-2.62 Discuss the importance of a professional appearance and demeanor when performing physical examination skills. (A-1)
- 3-2.63 Appreciate the limitations of conducting a physical exam in the out-of-hospital environment. (A-2)

### **PSYCHOMOTOR OBJECTIVES**

**At the completion of this unit, the paramedic student will be able to:**

- 3-2.64 Demonstrate the examination of skin, hair and nails. (P-2)
- 3-2.65 Demonstrate the examination of the head and neck. (P-2)
- 3-2.66 Demonstrate the examination of the eyes. (P-2)
- 3-2.67 Demonstrate the examination of the ears. (P-2)
- 3-2.68 Demonstrate the assessment of visual acuity. (P-2)
- 3-2.69 Demonstrate the examination of the nose. (P-2)
- 3-2.70 Demonstrate the examination of the mouth and pharynx. (P-2)
- 3-2.71 Demonstrate the examination of the neck. (P-2)

- 3-2.72 Demonstrate the examination of the thorax and ventilation. (P-2)
- 3-2.73 Demonstrate the examination of the posterior chest. (P-2)
- 3-2.74 Demonstrate auscultation of the chest. (P-2)
- 3-2.75 Demonstrate percussion of the chest. (P-2)
- 3-2.76 Demonstrate the examination of the anterior chest. (P-2)
- 3-2.77 Demonstrate special examination techniques related to the assessment of the chest. (P-2)
- 3-2.78 Demonstrate the examination of the arterial pulse including location, rate, rhythm, and amplitude. (P-2)
- 3-2.79 Demonstrate the assessment of jugular venous pressure and pulsations. (P-2)
- 3-2.80 Demonstrate the examination of the heart and blood vessels. (P-2)
- 3-2.81 Demonstrate special examination techniques of the cardiovascular examination. (P-2)
- 3-2.82 Demonstrate the examination of the abdomen. (P-2)
- 3-2.83 Demonstrate auscultation of the abdomen. (P-2)
- 3-2.84 Demonstrate the external visual examination of the female genitalia. (P-2)
- 3-2.85 Demonstrate the examination of the male genitalia. (P-2)
- 3-2.86 Demonstrate the examination of the peripheral vascular system. (P-2)
- 3-2.87 Demonstrate the examination of the musculoskeletal system. (P-2)
- 3-2.88 Demonstrate the examination of the nervous system. (P-2)**

### **UNIT TERMINAL OBJECTIVE**

- 3-3 At the end of this unit, the paramedic student will be able to integrate the principles of history taking and techniques of physical exam to perform a patient assessment.**

### **COGNITIVE OBJECTIVES**

**At the completion of this unit, the paramedic student will be able to:**

- 3-3.1 Recognize hazards/ potential hazards. (C-1)
- 3-3.2 Describe common hazards found at the scene of a trauma and a medical patient. (C-1)
- 3-3.3 Determine hazards found at the scene of a medical or trauma patient. (C-2)
- 3-3.4 Differentiate safe from unsafe scenes. (C-3)

- 3-3.5 Describe methods to making an unsafe scene safe. (C-1)
- 3-3.6 Discuss common mechanisms of injury/ nature of illness. (C-1)
- 3-3.7 Predict patterns of injury based on mechanism of injury. (C-2)
- 3-3.8 Discuss the reason for identifying the total number of patients at the scene. (C-1)
- 3-3.9 Organize the management of a scene following size-up. (C-3)
- 3-3.10 Explain the reasons for identifying the need for additional help or assistance. (C-1)
- 3-3.11 Summarize the reasons for forming a general impression of the patient. (C-1)
- 3-3.12 Discuss methods of assessing mental status. (C-1)
- 3-3.13 Categorize levels of consciousness in the adult, infant and child. (C-3)
- 3-3.14 Differentiate between assessing the altered mental status in the adult, child and infant patient. (C-3)
- 3-3.15 Discuss methods of assessing the airway in the adult, child and infant patient. (C-1)
- 3-3.16 State reasons for management of the cervical spine once the patient has been determined to be a trauma patient. (C-1)
- 3-3.17 Analyze a scene to determine if spinal precautions are required. (C-3)
- 3-3.18 Describe methods used for assessing if a patient is breathing. (C-1)
- 3-3.19 Differentiate between a patient with adequate and inadequate minute ventilation. (C-3)
- 3-3.20 Distinguish between methods of assessing breathing in the adult, child and infant patient. (C-3)
- 3-3.21 Compare the methods of providing airway care to the adult, child and infant patient. (C-3)
- 3-3.22 Describe the methods used to locate and assess a pulse. (C-1)
- 3-3.23 Differentiate between locating and assessing a pulse in an adult, child and infant patient. (C-3)
- 3-3.24 Discuss the need for assessing the patient for external bleeding. (C-1)
- 3-3.25 Describe normal and abnormal findings when assessing skin color. (C-1)
- 3-3.26 Describe normal and abnormal findings when assessing skin temperature. (C-1)
- 3-3.27 Describe normal and abnormal findings when assessing skin condition. (C-1)
- 3-3.28 Explain the reason for prioritizing a patient for care and transport. (C-1)
- 3-3.29 Identify patients who require expeditious transport. (C-3)
- 3-3.30 Describe the evaluation of patient's perfusion status based on findings in the initial assessment. (C-1)
- 3-3.31 Describe orthostatic vital signs and evaluate their usefulness in assessing a patient in shock. (C-1)

- 3-3.32 Apply the techniques of physical examination to the medical patient. (C-1)
- 3-3.33 Differentiate between the assessment that is performed for a patient who is unresponsive or has an altered mental status and other medical patients requiring assessment. (C-3)
- 3-3.34 Discuss the reasons for reconsidering the mechanism of injury. (C-1)
- 3-3.35 State the reasons for performing a rapid trauma assessment. (C-1)
- 3-3.36 Recite examples and explain why patients should receive a rapid trauma assessment. (C-1)
- 3-3.37 Apply the techniques of physical examination to the trauma patient. (C-1)
- 3-3.38 Describe the areas included in the rapid trauma assessment and discuss what should be evaluated. (C-1)
- 3-3.39 Differentiate cases when the rapid assessment may be altered in order to provide patient care. (C-3)
- 3-3.40 Discuss the reason for performing a focused history and physical exam. (C-1)
- 3-3.41 Describe when and why a detailed physical examination is necessary. (C-1)
- 3-3.42 Discuss the components of the detailed physical exam in relation to the techniques of examination. (C-1)
- 3-3.43 State the areas of the body that are evaluated during the detailed physical exam. (C-1)
- 3-3.44 Explain what additional care should be provided while performing the detailed physical exam. (C-1)
- 3-3.45 Distinguish between the detailed physical exam that is performed on a trauma patient and that of the medical patient. (C-3)
- 3-3.46 Differentiate patients requiring a detailed physical exam from those who do not. (C-3)
- 3-3.47 Discuss the reasons for repeating the initial assessment as part of the on-going assessment. (C-1)
- 3-3.48 Describe the components of the on-going assessment. (C-1)
- 3-3.49 Describe trending of assessment components. (C-1)
- 3-3.50 Discuss medical identification devices/ systems. (C-1)

### **AFFECTIVE OBJECTIVES**

**At the completion of this unit, the paramedic student will be able to:**

- 3-3.51 Explain the rationale for crewmembers to evaluate scene safety prior to entering. (A-2)
- 3-3.52 Serve as a model for others explaining how patient situations affect your evaluation of mechanism of injury or illness. (A-3)
- 3-3.53 Explain the importance of forming a general impression of the patient. (A-1)

- 3-3.54 Explain the value of performing an initial assessment. (A-2)
- 3-3.55 Demonstrate a caring attitude when performing an initial assessment. (A-3)
- 3-3.56 Attend to the feelings that patients with medical conditions might be experiencing. (A-1)
- 3-3.57 Value the need for maintaining a professional caring attitude when performing a focused history and physical examination. (A-3)
- 3-3.58 Explain the rationale for the feelings that these patients might be experiencing. (A-3)
- 3-3.59 Demonstrate a caring attitude when performing a detailed physical examination. (A-3)
- 3-3.60 Explain the value of performing an on-going assessment. (A-2)
- 3-3.61 Recognize and respect the feelings that patients might experience during assessment. (A-1)
- 3-3.62 Explain the value of trending assessment components to other health professionals who assume care of the patient. (A-2)

### **PSYCHOMOTOR OBJECTIVES**

**At the completion of this unit, the paramedic student will be able to:**

- 3-3.63 Observe various scenarios and identify potential hazards. (P-1)
- 3-3.64 Demonstrate the scene-size-up. (P-2)
- 3-3.65 Demonstrate the techniques for assessing mental status. (P-2)
- 3-3.66 Demonstrate the techniques for assessing the airway. (P-2)
- 3-3.67 Demonstrate the techniques for assessing if the patient is breathing. (P-2)
- 3-3.68 Demonstrate the techniques for assessing if the patient has a pulse. (P-2)
- 3-3.69 Demonstrate the techniques for assessing the patient for external bleeding. (P-2)
- 3-3.70 Demonstrate the techniques for assessing the patient's skin color, temperature, and condition. (P-2)
- 3-3.71 Demonstrate the ability to prioritize patients. (P-2)
- 3-3.72 Using the techniques of examination, demonstrate the assessment of a medical patient. (P-2)
- 3-3.73 Demonstrate the patient care skills that should be used to assist with a patient who is responsive with no known history. (P-2)
- 3-3.74 Demonstrate the patient care skills that should be used to assist with a patient who is unresponsive or has an altered mental status. (P-2)
- 3-3.75 Perform a rapid medical assessment. (P-2)

- 3-3.76 Perform a focused history and physical exam of the medical patient. (P-2)
- 3-3.77 Using the techniques of physical examination, demonstrate the assessment of a trauma patient. (P-2)
- 3-3.78 Demonstrate the rapid trauma assessment used to assess a patient based on mechanism of injury. (P-2)
- 3-3.79 Perform a focused history and physical exam on a non-critically injured patient. (P-2)
- 3-3.80 Perform a focused history and physical exam on a patient with life-threatening injuries. (P-2)
- 3-3.81 Perform a detailed physical examination. (P-2)
- 3-3.82 Demonstrate the skills involved in performing the on-going assessment. (P-2)**

### **UNIT TERMINAL OBJECTIVE**

- 3-4 **At the end of this unit, the paramedic student will be able to apply a process of clinical decision making to use the assessment findings to help form a field impression.**

### **COGNITIVE OBJECTIVES**

**At the end of this unit, the paramedic student will be able to:**

- 3-4.1 Compare the factors influencing medical care in the out-of-hospital environment to other medical settings. (C-2)
- 3-4.2 Differentiate between critical life threatening, potentially life-threatening, and non life-threatening patient presentations. (C-3)
- 3-4.3 Evaluate the benefits and shortfalls of protocols, standing orders and patient care algorithms. (C-3)
- 3-4.4 Define the components, stages and sequences of the critical thinking process for paramedics. (C-1)
- 3-4.5 Apply the fundamental elements of critical thinking for paramedics. (C-2)
- 3-4.6 Describe the effects of the “fight or flight” response and the positive and negative effects on a paramedic’s decision making. (C-1)
- 3-4.7 Summarize the “six Rs” of putting it all together: Read the patient, Read the scene, React, Reevaluate, Revise the management plan, Review performance. (C-1)

### **AFFECTIVE OBJECTIVES**

**At the end of this unit, the paramedic student will be able to:**

- 3-4.8 Defend the position that clinical decision-making is the cornerstone of effective paramedic practice. (A-3)

3-4.9 Practice facilitating behaviors when thinking under pressure. (A-1)

### **PSYCHOMOTOR OBJECTIVES**

None identified for this unit.

### **UNIT TERMINAL OBJECTIVE**

3-5 **At the completion of this unit, the paramedic student will be able to follow an accepted format for dissemination of patient information in verbal form, either in person or over the radio.**

### **COGNITIVE OBJECTIVES**

**At the completion of this unit, the paramedic student will be able to:**

- 3-5.1 Identify the importance of communications when providing EMS. (C-1)
- 3-5.2 Identify the role of verbal, written, and electronic communications in the provision of EMS. (C-1)
- 3-5.3 Describe the phases of communications necessary to complete a typical EMS event. (C-1)
- 3-5.4 Identify the importance of proper terminology when communicating during an EMS event. (C-1)
- 3-5.5 Identify the importance of proper verbal communications during an EMS event. (C-1)
- 3-5.6 List factors that impede effective verbal communications. (C-1)
- 3-5.7 List factors, which enhance verbal communications. (C-1)
- 3-5.8 Identify the importance of proper written communications during an EMS event. (C-1)
- 3-5.9 List factors, which impede effective written communications. (C-1)
- 3-5.10 List factors, which enhance written communications. (C-1)
- 3-5.11 Recognize the legal status of written communications related to an EMS event. (C-1)
- 3-5.12 State the importance of data collection during an EMS event. (C-1)
- 3-5.13 Identify technology used to collect and exchange patient and/ or scene information electronically. (C-1)
- 3-5.14 Recognize the legal status of patient medical information exchanged electronically. (C-1)
- 3-5.15 Identify the components of the local EMS communications system and describe their function and use. (C-1)
- 3-5.16 Identify and differentiate among the following communications systems: (C-3)
  - a. Simplex

- b. Multiplex
  - c. Duplex
  - d. Trunked
  - e. Digital communications
  - f. Cellular telephone
  - g. Facsimile
  - h. Computer
- 3-5.17 Identify the components of the local dispatch communications system and describe their function and use. (C-1)
- 3-5.18 Describe the functions and responsibilities of the Federal Communications Commission. (C-1)
- 3-5.19 Describe how an EMS dispatcher functions as an integral part of the EMS team. (C-1)
- 3-5.20 List appropriate information to be gathered by the Emergency Medical Dispatcher. (C-1)
- 3-5.21 Identify the role of Emergency Medical Dispatch in a typical EMS event. (C-1)
- 3-5.22 Identify the importance of pre-arrival instructions in a typical EMS event. (C-1)
- 3-5.23 Describe the purpose of verbal communication of patient information to the hospital. (C-1)
- 3-5.24 Describe information that should be included in patient assessment information verbally reported to medical direction. (C-1)
- 3-5.25 Diagram a basic model of communications. (C-3)
- 3-5.26 Organize a list of patient assessment information in the correct order for electronic transmission to medical direction according to the format used locally. (C-3)

### **AFFECTIVE OBJECTIVES**

**At the end of this unit, the paramedic student will be able to:**

- 3-5.27 Show appreciation for proper terminology when describing a patient or patient condition. (A-2)

### **PSYCHOMOTOR OBJECTIVES**

**At the end of this unit, the paramedic student will be able to:**

- 3-5.28 Demonstrate the ability to use the local dispatch communications system. (P-1)

3-5.29 Demonstrate the ability to use a radio. (P-1)

**3-5.30 Demonstrate the ability to use the biotelemetry equipment used locally. (P-1)**

**UNIT TERMINAL OBJECTIVE**

3-6 **At the completion of this unit, the paramedic student will be able to effectively document the essential elements of patient assessment, care and transport.**

**COGNITIVE OBJECTIVES**

**At the completion of this unit, the paramedic student will be able to:**

- 3-6.1 Identify the general principles regarding the importance of EMS documentation and ways in which documents are used. (C-1)
- 3-6.2 Identify and use medical terminology correctly. (C-1)
- 3-6.3 Recite appropriate and accurate medical abbreviations and acronyms. (C-1)
- 3-6.4 Record all pertinent administrative information. (C-1)
- 3-6.5 Explain the role of documentation in agency reimbursement. (C-1)
- 3-6.6 Analyze the documentation for accuracy and completeness, including spelling. (C-3)
- 3-6.7 Identify and eliminate extraneous or nonprofessional information. (C-1)
- 3-6.8 Describe the differences between subjective and objective elements of documentation. (C-1)
- 3-6.9 Evaluate a finished document for errors and omissions. (C-3)
- 3-6.10 Evaluate a finished document for proper use and spelling of abbreviations and acronyms. (C-3)
- 3-6.11 Evaluate the confidential nature of an EMS report. (C-3)
- 3-6.12 Describe the potential consequences of illegible, incomplete, or inaccurate documentation. (C-1)
- 3-6.13 Describe the special considerations concerning patient refusal of transport. (C-3)
- 3-6.14 Record pertinent information using a consistent narrative format. (C-3)
- 3-6.15 Explain how to properly record direct patient or bystander comments. (C-1)
- 3-6.16 Describe the special considerations concerning mass casualty incident documentation. (C-1)
- 3-6.17 Apply the principles of documentation to computer charting, as access to this technology becomes available. (C-2)
- 3-6.18 Identify and record the pertinent, reportable clinical data of each patient interaction. (C-1)

- 3-6.19 Note and record “pertinent negative” clinical findings. (C-1)
- 3-6.20 Correct errors and omissions, using proper procedures as defined under local protocol. (C-1)
- 3-6.21 Revise documents, when necessary, using locally approved procedures. (C-1)
- 3-6.22 Assume responsibility for self-assessment of all documentation. (C-3)
- 3-6.23 Demonstrate proper completion of an EMS event record used locally. (C-3)

### **AFFECTIVE OBJECTIVES**

**At the completion of this unit, the paramedic student will be able to:**

- 3-6.24 Advocate among peers the relevance and importance of properly completed documentation. (A-3)
- 3-6.25 Resolve the common negative attitudes toward the task of documentation. (A-3)

### **PSYCHOMOTOR OBJECTIVES**

None identified for this unit.

### **UNIT TERMINAL OBJECTIVE**

- 4-2 **the completion of this unit, the paramedic student will be able to integrate pathophysiological principles and assessment findings to formulate a field impression and implement the treatment plan for the patient with shock or hemorrhage.**

### **COGNITIVE OBJECTIVES**

**At the completion of this unit, the paramedic student will be able to:**

- 4-2.1 Describe the epidemiology, including the morbidity/ mortality and prevention strategies, for shock and hemorrhage. (C-1)
- 4-2.2 Discuss the anatomy and physiology of the cardiovascular system. (C-1)
- 4-2.3 Predict shock and hemorrhage based on mechanism of injury. (C-1)
- 4-2.4 Discuss the various types and degrees of shock and hemorrhage. (C-1)
- 4-2.5 Discuss the pathophysiology of hemorrhage and shock. (C-1)
- 4-2.6 Discuss the assessment findings associated with hemorrhage and shock. (C-1)

- 4-2.7 Identify the need for intervention and transport of the patient with hemorrhage or shock. (C-1)
- 4-2.8 Discuss the treatment plan and management of hemorrhage and shock. (C-1)
- 4-2.9 Discuss the management of external hemorrhage. (C-1)
- 4-2.10 Differentiate between controlled and uncontrolled hemorrhage. (C-3)
- 4-2.11 Differentiate between the administration rate and amount of IV fluid in a patient with controlled versus uncontrolled hemorrhage. (C-3)
- 4-2.12 Relate internal hemorrhage to the pathophysiology of compensated and decompensated hemorrhagic shock. (C-3)
- 4-2.13 Relate internal hemorrhage to the assessment findings of compensated and decompensated hemorrhagic shock. (C-3)
- 4-2.14 Discuss the management of internal hemorrhage. (C-1)
- 4-2.15 Define shock based on aerobic and anaerobic metabolism. (C-1)
- 4-2.16 Describe the incidence, morbidity, and mortality of shock. (C-1)
- 4-2.17 Describe the body's physiologic response to changes in perfusion. (C-1)
- 4-2.18 Describe the effects of decreased perfusion at the capillary level. (C-1)
- 4-2.19 Discuss the cellular ischemic phase related to hemorrhagic shock. (C-1)
- 4-2.20 Discuss the capillary stagnation phase related to hemorrhagic shock. (C-1)
- 4-2.21 Discuss the capillary washout phase related to hemorrhagic shock. (C-1)
- 4-2.22 Discuss the assessment findings of hemorrhagic shock. (C-1)
- 4-2.23 Relate pulse pressure changes to perfusion status. (C-3)
- 4-2.24 Relate orthostatic vital sign changes to perfusion status. (C-3)
- 4-2.25 Define compensated and decompensated hemorrhagic shock. (C-1)
- 4-2.26 Discuss the pathophysiological changes associated with compensated shock. (C-1)
- 4-2.27 Discuss the assessment findings associated with compensated shock. (C-1)
- 4-2.28 Identify the need for intervention and transport of the patient with compensated shock. (C-1)
- 4-2.29 Discuss the treatment plan and management of compensated shock. (C-1)
- 4-2.30 Discuss the pathophysiological changes associated with decompensated shock. (C-1)
- 4-2.31 Discuss the assessment findings associated with decompensated shock. (C-1)
- 4-2.32 Identify the need for intervention and transport of the patient with decompensated shock. (C-1)

- 4-2.33 Discuss the treatment plan and management of the patient with decompensated shock. (C-1)
- 4-2.34 Differentiate between compensated and decompensated shock. (C-3)
- 4-2.35 Relate external hemorrhage to the pathophysiology of compensated and decompensated hemorrhagic shock. (C-3)
- 4-2.36 Relate external hemorrhage to the assessment findings of compensated and decompensated hemorrhagic shock. (C-3)
- 4-2.37 Differentiate between the normotensive, hypotensive, or profoundly hypotensive patient. (C-3)
- 4-2.38 Differentiate between the administration of fluid in the normotensive, hypotensive, or profoundly hypotensive patient. (C-3)
- 4-2.39 Discuss the physiologic changes associated with the pneumatic anti-shock garment (PASG). (C-1)
- 4-2.40 Discuss the indications and contraindications for the application and inflation of the PASG. (C-1)
- 4-2.41 Apply epidemiology to develop prevention strategies for hemorrhage and shock. (C-1)
- 4-2.42 Integrate the pathophysiological principles to the assessment of a patient with hemorrhage or shock. (C-3)
- 4-2.43 Synthesize assessment findings and patient history information to form a field impression for the patient with hemorrhage or shock. (C-3)
- 4-2.44 Develop, execute and evaluate a treatment plan based on the field impression for the hemorrhage or shock patient. (C-3)

### **AFFECTIVE OBJECTIVES**

**None identified for this unit.**

### **PSYCHOMOTOR OBJECTIVES**

**At the completion of this unit, the paramedic student will be able to:**

- 4-2.45 Demonstrate the assessment of a patient with signs and symptoms of hemorrhagic shock. (P-2)
- 4-2.46 Demonstrate the management of a patient with signs and symptoms of hemorrhagic shock. (P-2)
- 4-2.47 Demonstrate the assessment of a patient with signs and symptoms of compensated hemorrhagic shock. (P-2)
- 4-2.48 Demonstrate the management of a patient with signs and symptoms of compensated hemorrhagic shock. (P-2)

- 4-2.49 Demonstrate the assessment of a patient with signs and symptoms of decompensated hemorrhagic shock. (P-2)
- 4-2.50 Demonstrate the management of a patient with signs and symptoms of decompensated hemorrhagic shock. (P-2)
- 4-2.51 Demonstrate the assessment of a patient with signs and symptoms of external hemorrhage. (P-2)
- 4-2.52 Demonstrate the management of a patient with signs and symptoms of external hemorrhage. (P-2)
- 4-2.53 Demonstrate the assessment of a patient with signs and symptoms of internal hemorrhage. (P-2)
- 4-2.54 Demonstrate the management of a patient with signs and symptoms of internal hemorrhage. (P-2)**

#### **UNIT TERMINAL OBJECTIVE**

- 5-1 **At the completion of this unit, the paramedic student will be able to integrate pathophysiological principles and assessment findings to formulate a field impression and implement the treatment plan for the patient with respiratory problems.**

#### **COGNITIVE OBJECTIVES**

**At the completion of this unit, the paramedic student will be able to:**

- 5-1.1 Discuss the epidemiology of pulmonary diseases and conditions. (C-1)
- 5-1.2 Identify and describe the function of the structures located in the upper and lower airway. (C-1)
- 5-1.3 Discuss the physiology of ventilation and respiration. (C-1)
- 5-1.4 Identify common pathological events that affect the pulmonary system. (C-1)
- 5-1.5 Discuss abnormal assessment findings associated with pulmonary diseases and conditions. (C-1)
- 5-1.6 Compare various airway and ventilation techniques used in the management of pulmonary diseases. (C-3)
- 5-1.7 Review the pharmacological preparations that paramedics use for management of respiratory diseases and conditions. (C-1)
- 5-1.8 Review the pharmacological preparations used in managing patients with respiratory diseases that may be prescribed by physicians. (C-1)
- 5-1.9 Review the use of equipment used during the physical examination of patients with complaints associated with respiratory diseases and conditions. (C-1)
- 5-1.10 Identify the epidemiology, anatomy, physiology, pathophysiology, assessment findings, and management for the following respiratory diseases and conditions: (C-1)
  - a. Adult respiratory distress syndrome

- b. Bronchial asthma
- c. Chronic bronchitis
- d. Emphysema
- e. Pneumonia
- f. Pulmonary edema
- g. Pulmonary thromboembolism
- h. Neoplasms of the lung
- i. Upper respiratory infections
- j. Spontaneous pneumothorax
- k. Hyperventilation syndrome

### **AFFECTIVE OBJECTIVES**

**At the completion of this unit, the paramedic student will be able to:**

- 5-1.11 Recognize and value the assessment and treatment of patients with respiratory diseases. (A-2)
- 5-1.12 Indicate appreciation for the critical nature of accurate field impressions of patients with respiratory diseases and conditions. (A-2)

### **PSYCHOMOTOR OBJECTIVES**

**At the completion of this unit, the paramedic student will be able to:**

- 5-1.13 Demonstrate proper use of airway and ventilation devices. (P-1)
- 5-1.14 Conduct a history and patient assessment for patients with pulmonary diseases and conditions. (P-1)
- 5-1.15 Demonstrate the application of a CPAP/ BiPAP unit. (P-1)

# **FIELD INTERNSHIP I**

**EMS 2656**



# NORTH FLORIDA COMMUNITY COLLEGE

## EMS TECHNOLOGY PROGRAM

### EMS 2656 Paramedic Field Internship I

#### Course Outline – Revised 5/08

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Instructor: Albert M Leggett

Contact: 850-973-1673

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**I. COURSE NUMBER AND TITLE:**

**EMS 2656 - Paramedic Field Internship I                      2 Credits**

This course will involve ride experience with an Advanced Life Support provider. It will provide the beginning paramedic student an opportunity to master basic life support skills and therapeutic communications. Seventy-two (72) hours of learning experience in a work environment will be required. Enrollment is restricted to those students with concurrent enrollment in the Paramedic Program. The student will rotate through the Operating Room in the hospital. The student will be under the direct supervision of an Anesthesiologist and/or CRNA while observing/performing intubations. A minimum of 3 intubations and/or demonstration of skill mastery are required. Rotation through emergency room while observing/performing the mastery of basic life support skills and therapeutic communications under the direct supervision of the coordinator and/or assigned preceptor.

**II. PREREQUISITES/COREQUISITES FOR THE COURSE:**

- Acceptance into the Paramedic Certificate Program
- EMS 2603C - Paramedic I / Paramedic I Lab

**III. GENERAL COURSE INFORMATION:**

**Topics to be covered include:**

- 8 hours of 911 EMS dispatch communication experience.
- 24 hours of Emergency Room Clinical Experience of development and refinement of therapeutic communications with patients of all age groups, advancement of BLS skills, and airway management skills under the direct supervision of a paramedic preceptor.
- 8 – 16 hours of Operating Room / Recovery Room observation / performing intubations under the direct supervision of an Anesthesiologist and/or a CRNA, with a minimum of 3 successful intubations. A demonstration of skill mastery will also be required.

- 0 - 24 hours Field orientation, map reading skills, BLS equipment review.
- 24 - 72 hours Development/refinement of therapeutic communications with patients of all age groups under the direct supervision of a paramedic preceptor.

**IV. COURSE OUTCOMES:**

**At the conclusion of the course, the student will be able to:**

- Perform to the United States Department of Transportation National Standard Curriculum (USDOT-NSC) 1998 EMT-Paramedic Objectives; numbers 1-1 and 1-9, 2-1, 3-1 through 3-6, 4-2, and 5-1. These objectives are listed in the NFCC Paramedic Handbook.

V. **REQUIREMENTS FOR THE STUDENTS:**

- A. Learning experiences are designed to progress sequentially from simple concepts to complex integration of those concepts. They are directed toward assisting the student in meeting objectives of the course. These learning experiences include:

**EMS CLINICAL RIDE TIME:**

1. 0 - 24 hours      Field orientation, map reading skills, BLS equipment review.
2. 24 - 72 hours      Development/refinement of therapeutic communications with patients of all age groups under the Direct supervision of a paramedic preceptor.
3. Completion of 8 case studies
4. Documentation of ride time and skills/procedures performed on the Fisdap system.
5. Complete an evaluation form at the end of each shift.

**OPERATING ROOM/RECOVERY ROOM CLINICAL TIME:**

1. Observing / performing intubations under the direct supervision of an Anesthesiologist and/or a CRNA.
2. Successful completion of 3 intubations or a minimum of 80 hours and at least 10 successful intubations with confirmation of mastery made by the EMS Coordinator. It is the student's responsibility to contact the EMS Coordinator within 72 hours of completion of the 80 hours / 10 intubations. The EMS Coordinator will confirm mastery level with the clinical site. Once 3 intubations is achieved, there is no need for this confirmation process.
3. Documentation of intubations performed on the Fisdap system.
4. Complete the intubation log.

**HOSPITAL CLINICAL:**

1. Assessment and development of BLS and Advanced BLS skills, Airway skills management of the trauma, medical, psychiatric, respiratory and cardiac emergency patient for all age groups.
2. Completion of 10 case studies.
3. Completion of 10 pathophysiology reports.
4. Documentation of skills/procedures performed on the Fisdap system.
5. Complete an evaluation form at the end of each shift.

- B. Paramedic Program Continuation

Student must adhere to policies and procedures as set forth in the NFCC Paramedic Handbook.

- C. Uniform Required

Refer to NFCC Paramedic Handbook for uniform requirements.

- D. Student must carry current EMT-B certification and CPR card at all times while attending clinical sites.

**VI. ATTENDANCE POLICY:**

- A. Attendance is required in all scheduled ride assignments. Student must follow notification policy as stated in NFCC Paramedic Handbook for specific EMS Provider if the student will miss a ride assignment due to illness.

**VII. GRADING POLICY:**

**A. Scoring Range for EMS Ride Clinical Time:**

- A = successful completion of 72 hours of ride time, evaluations reflect above average performance, 100% completion of required case studies and 100% completion of FISDAP.
- B = successful completion of 72 hours of ride time, evaluations reflect average performance, 80-99% completion of required case studies and 80-99% completion of FISDAP.
- C = successful completion of 72 hours of ride time, evaluations reflect average performance, 70-80% completion of required case studies and 70-80% completion of FISDAP.
- D = completion of 72 hours of ride time, evaluations reflect below average performance or less than 70% completion of required case studies or less than 70% completion of FISDAP.
- F = non-completion of 72 hours of ride time, evaluations reflect below average performance.

**B. Scoring Range for Intubation/OR/RR time:**

- A= Successful completion of 3 intubations, evaluation reflects above average performance and 100% completion of FISDAP.
- B= successful completion of 3 intubations or 80 hours and at least 10 intubations with confirmation of mastery, evaluations reflect average performance and a minimum of 80% completion of FISDAP.

- C= Successful completion of 3 intubations or 80 hours and at least 10 intubations with confirmation of mastery, evaluation reflect average performance and a minimum of 70% completion of FISDAP.
- D= Successful completion of 3 intubations or 80 hours and at least 10 intubations with confirmation of mastery, evaluation reflect below average performance or less than 70% completion of FISDAP.
- F= non-completion of 3 intubations or 80 hours and at least 10 intubations, evaluations reflect below average performance.

**C. Scoring Range for Hospital Clinical:**

- A= successful completion of 24 hours of clinical time, evaluations reflect above average performance, 100% completion of required case studies and pathophysiology reports and 100% completion of FISDAP. 94% or better on the clinical skills sheet.
- B= successful completion of 24 hours of clinical time, evaluations reflect average performance, minimum of 80% completion of required case studies and pathophysiology reports and minimum of 80% completion of FISDAP. 85-93% on the clinical skills sheet.
- C= successful completion of 24 hours of clinical time, evaluations reflect average performance, minimum of 70% completion of required case studies and pathophysiology reports and minimum of 70% completion of FISDAP. 80-84% on the clinical skills sheet.
- D= completion of 24 hours of clinical time, evaluations reflect below average performance or less than 70% completion of required case studies and pathophysiology reports and minimum of 70% completion of FISDAP. 70-79% on the clinical skills sheet.
- F= non-completion of 24 hours of clinical time, evaluations reflect below average performance. Less 70% on the clinical skills sheet.

A grade of “C” or better must be earned in order to qualify for eligibility to take the Florida Paramedic Certification Examination.

**VIII. TEXTBOOK REQUIREMENTS:**

The following books are available for purchase at all NFCC Campus bookstores:

**Bledsoe – Paramedic Care: Principles & Practice 3/e**

Package: 5 volumes textbooks

ISBN# 013-7146965

**Campbell – Paramedic Lab Manual**

ISBN# 013-1194372

**IX. RESERVED MATERIALS FOR THE COURSE:**

Not applicable.

**X. CLAST COMPETENCIES INVOLVED IN THE COURSE:**

Not applicable.

**XI. CLASS SCHEDULE:**

As arranged with EMS Agency and NFCC Coordinator.

**XII. ANY OTHER INFORMATION OR CLASS PROCEDURES OR POLICIES:**

- A. Students are required to follow the policies and procedures as set forth in the NFCC Paramedic Handbook and NFCC College Catalog.
  
- B. Students with disabilities are responsible for ensuring that North Florida Community College and faculty members are aware of disabilities that require accommodations in the educational process. Students with disabilities should contact the Auxiliary Aids Specialist (973-1606).

Students should refer to the current college catalog regarding other academic regulations not listed in this syllabus and be governed accordingly.

**NORTH FLORIDA COMMUNITY COLLEGE  
PARAMEDIC CUMULATIVE EVALUATION**

Paramedic Student \_\_\_\_\_

Interning EMS Agency \_\_\_\_\_

Evaluation Start Date \_\_\_\_\_ End Date \_\_\_\_\_

***RATING CRITERIA***

- 1 - Frequently fails to perform procedures in a competent manner.
- 2 - Inconsistent in performing procedures in a competent manner, but is showing improvement.
- 3 - Consistently performs procedures in a safe and competent manner according to established standards.
- 4 - Performs procedures in an above average manner.

N/A - Not applicable. Has not performed skill.

Skills not observed in the field shall be evaluated in a "mock"<sup>1</sup> situation prior to the completion of internship.

***SUMMARY OF PERFORMANCE***                      *(Must be completed by preceptor on a daily basis)*

<u>DATE</u>	<u>PRECEPTOR Signature</u>	<u>COMMENTS</u>



Performs well under stress, uses good judgment	
Able to accept constructive criticism and guidance	
<b>TREATMENT SKILLS</b>	<b>XXXXXXXXXXXXXXXXXXXX</b>
Airway management	
Antishock trousers	
Bandaging and splinting	
Burn therapy	
Carotid sinus massage/Valsalva resuscitation	
Defibrillation/Cardioversion/Pacing	
Drug administration	
Emergency childbirth	
EOA / Endotracheal intubation (circle one)	
Extrication/disentanglement	
IV technique	
Oxygen administration (cannula, mask, etc)	
Spinal immobilization	
Suctioning	

<b>Treatment Skills (continued)</b>	<b>Date:</b>	<b>Rating / Preceptor's Initials</b>
Pericardiocentesis, thoracentesis		
<b>Evaluation and Control of Scene</b>		
Determines scene safety / personal safety		

Initiates appropriate crowd control	
Requests additional assistance and equipment (police, extra EMS units, etc) as needed	
Establishes and maintains rapport with patient and bystanders	
<b>PATIENT ASSESSMENT TREATMENT SKILLS</b>	
Performs a complete primary assessment (60 seconds) and intervenes  Immediately Primary survey: scene safe, ABC's	
Obtains chief complaint	
Obtains relevant and accurate patient history, medications, and allergies in a systematic manor (secondary assessment)	
Performs an appropriate physical exam	
Recognizes the need to make base hospital contact	
Obtains accurate vital signs in a timely manner when indicated	
Dysrhythmia recognition	
Interprets assessment information correctly and takes appropriate	

action	
<b>Communication Skills</b>	
Accurately reports all pertinent information in a systematic manner	
Speaks clearly and concisely and is easily understood	
Repeats all orders and reports patient response to therapy	
Keeps accurate, complete, and legible written records	

NORTH FLORIDA COMMUNITY COLLEGE  
EMERGENCY MEDICAL SERVICES TECHNOLOGY PROGRAM  
**PERSONAL DEVELOPMENT ASSESSMENT - PARAMEDIC**

Student: \_\_\_\_\_ Hospital / Department \_\_\_\_\_

Date: \_\_\_\_\_

Directions: For each category, please mark an "X" in the box which best describes your assessment of this student.

Category	Assessment			
<b>Interpersonal Skills</b>	Consistently relates well to staff, peers, and patients	Usually relates well to staff, peers, and patients.	Occasionally relates well to staff, peers and patients.	Does not relate well to staff, peers and patients
<b>Use and Care of Equipment</b>	Consistently utilizes equipment with care	Usually careful with equipment	Occasionally careful with equipment	Careless with equipment
<b>Cooperation / Team Participation</b>	Consistently displays cooperative effort and functions well as team	Usually displays cooperative effort and functions as a team member	Occasionally displays cooperative effort and functions as a team member	Uncooperative and does not function well as a team member
<b>Application of Knowledge</b>	Consistently applies classroom learning experiences to the clinical setting.	Usually applies classroom learning experiences to the clinical setting.	Occasionally applies classroom learning experiences to the clinical setting.	Does not apply classroom learning experiences to the clinical setting.
<b>Attitude towards Criticism</b>	Consistently accepts criticism and implements improvements/changes	Usually accepts criticism and implements improvement/changes	Accepts criticism but demonstrates little improvement	Unwilling to accept criticism and does not improve/change.
<b>Initiative</b>	Consistently seeks additional responsibilities	Usually seeks additional responsibilities	Occasionally seeks Additional responsibilities	Does not seek additional responsibilities

<b>Self-confidence</b>	Consistently displays confidence and good judgment	Usually displays confidence and good judgment	Occasionally displays confidence and good judgment	Does not display confidence or good judgment
<b>Adaptability</b>	Consistently adapts to changes in procedure	Usually adapts to changes in procedure	Occasionally adapts to changes in procedure	Does not adapt to changes in procedure
<b>Quality of work</b>	Work is consistently accurate, neat and meets department standards	Work is usually accurate, neat and meets department standards	Work is occasionally accurate, neat, and meets department standards	Work is not accurate, neat, and falls below department standards

<b>Overall Evaluation:</b> Excellent      Above Average      Average      Marginal      Unsatisfactory
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Additional comments about the student's strengths and weaknesses in Personal Development.

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Preceptor                      Date                      Instructor's Signature                      Date                      \*Student's Signature

\*I have read and discussed this evaluation with the Instructor.

NORTH FLORIDA COMMUNITY COLLEGE  
EMERGENCY MEDICAL SERVICES TECHNOLOGY PROGRAM  
**Daily Evaluation**

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Directions: For each category, please mark an "X" in the box which best describes your assessment of this student.

Category	Assessment			
<b>Interpersonal Skills</b>	Consistently relates well to staff, peers, and patients	Usually relates well to staff, peers, and patients.	Occasionally relates well to staff, peers and patients.	Does not relate well to staff, peers and patients
<b>Use and Care of Equipment</b>	Consistently utilizes equipment with care	Usually careful with equipment	Occasionally careful with equipment	Careless with equipment
<b>Cooperation / Team Participation</b>	Consistently displays cooperative effort and functions well as team	Usually displays cooperative effort and functions as a team member	Occasionally displays cooperative effort and functions as a team member	Uncooperative and does not function well as a team member
<b>Application of Knowledge</b>	Consistently applies classroom learning experiences to the clinical setting.	Usually applies classroom-learning experiences to the clinical setting.	Occasionally applies classroom-learning experiences to the clinical setting.	Does not apply classroom-learning experiences to the clinical setting.
<b>Attitude towards Criticism</b>	Consistently accepts criticism and implements improvements/changes	Usually accepts criticism and implements improvement/changes	Accepts criticism but demonstrates little improvement	Unwilling to accept criticism and does not improve/change.

<b>Initiative</b>	Consistently seeks additional responsibilities	Usually seeks additional responsibilities	Occasionally seeks Additional responsibilities	Does not seek additional responsibilities
<b>Self-confidence</b>	Consistently displays confidence and good judgment	Usually displays confidence and good judgment	Occasionally displays confidence and good judgment	Does not display confidence or good judgment
<b>Adaptability</b>	Consistently adapts to changes in procedure	Usually adapts to changes in procedure	Occasionally adapts to changes in procedure	Does not adapt to changes in procedure
<b>Quality of work</b>	Work is consistently accurate, neat and meets department standards	Work is usually accurate, neat and meets department standards	Work is occasionally accurate, neat, and meets department standards	Work is not accurate, neat, and falls below department standards

<b>Overall Evaluation:</b> Excellent      Above Average      Average      Marginal      Unsatisfactory
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Additional comments about the student's strengths and weaknesses in Personal Development.

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Preceptor                      Date                      Clinical Instructor's Signature                      Date                      \*Student's Signature

\*I have read and discussed this evaluation with the Instructor.

**NORTH FLORIDA COMMUNITY COLLEGE  
PARAMEDIC FIELD / HOSPITAL CLINICAL FORM  
MUST BE FILLED OUT EACH CLINICAL DAY**

<b>CASE STUDY#</b>	<b>DATE</b>	<b>AGE</b>	<b>SEX</b>

<b>CC:</b>	
<b>HPI:</b>	

<b>PE:</b>	
<b>PMHX:</b>	
<b>MEDS:</b>	
<b>TX:</b>	

<b>CASE STUDY#</b>	<b>DATE</b>	<b>AGE</b>	<b>SEX</b>

<b>CC:</b>	
<b>HPI:</b>	
<b>PE:</b>	

<b>PMHX:</b>	
<b>MEDS:</b>	
<b>TX:</b>	

**NORTH FLORIDA COMMUNITY COLLEGE**

**INTUBATION LOG**

**STUDENT:**

**HOSPITAL:**

	<b>DATE</b>	<b>TIME</b>	<b>ROOM #</b>	<b>MD/CRNA (Print Name)</b>	<b>PRECEPTOR SIGNATURE</b>
<b>1</b>					
<b>2</b>					
<b>3</b>					
<b>4</b>					
<b>5</b>					
<b>6</b>					
<b>7</b>					

8					
9					
10					

**STUDENT :**

**HOSPITAL:**

**DAILY TIME LOG**

	DATE	TIME IN	TIME OUT	PRECEPTOR'S SIGNATURE
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

**North Florida Community College  
Pathophysiology Form  
FOR HOSPITAL / PSY USE**

**Must be done each day.**

Student: \_\_\_\_\_

Date: \_\_\_\_\_

Patient Age and Sex: \_\_\_\_\_

Admitting Diagnosis: \_\_\_\_\_

Describe the pathophysiology of the disease: \_\_\_\_\_

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Reference Source: \_\_\_\_\_

<b>Medication</b>	<b>Drug Actions</b>	<b>Significant Precautions</b>	<b>Dosage</b>
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**EMS**

**2604C**

**NORTH FLORIDA COMMUNITY COLLEGE**

**EMS 2604C PARAMEDIC II / PARAMEDIC II LAB**

**Course Outline – Revised 05/08**

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**I. COURSE NUMBER AND TITLE:  
EMS 2604C - PARAMEDIC II / LAB 12 CREDITS**

This course will discuss the anatomy, physiology, and pathophysiology of the cardiovascular system; identification of dysrhythmias and 12 lead EKG interpretation. Assessment and management of the patient with suspected cardiovascular emergencies. Discussion of the anatomy and physiology of the nervous, Integumentary and musculoskeletal systems. Pathophysiology and management of patients presenting with diseases and trauma to these systems, as well as identification and management of medical emergencies. Practical application of the didactic instruction will include anatomy, physiology and pathophysiology of the cardiovascular system, Dysrhythmia identification, 12 lead EKG interpretation, patient assessment and management of cardiovascular emergencies, patient management and assessment of the nervous, Integumentary, musculoskeletal emergencies. Patient assessment and management with disease, medical and trauma to these systems.

**II. PREREQUISITES/COREQUISITES FOR THE COURSE:  
Successful completion of EMS 2603C and EMS 2656 with a grade of “C” or better.**

- EMS 2657 – Paramedic II Field Internship

### **III. GENERAL COURSE INFORMATION:**

#### **Topics to be covered include:**

- Anatomy of Heart and Peripheral Circulatory System, Physiology of the Heart, Electrophysiology.
- Dysrhythmia Recognition, Introduction to EKG Monitoring, Rhythm Strip Analysis.
- Dysrhythmia Originating in the SA Node.
- Dysrhythmia Originating in the Atria.
- Dysrhythmia Originating in the AV Junction
- Dysrhythmia Originating in the Ventricles.
- Dysrhythmia that are Disorders in Conduction.
- Assessment of the Cardiac Patient.
- Pathophysiology of Atherosclerosis and Specific Conditions Resulting from Atherosclerosis Heart Disease.
- Peripheral Vascular Emergencies and Other Cardiovascular Related Conditions.
- 12 Lead Interpretation.
- Techniques of Management, Pharmacologic Intervention.
- Neurology
- Endocrinology.
- Allergies and Anaphylaxis.
- Gastroenterology.
- Renal / Urology.
- Toxicology.
- Hematology.
- Environmental Emergencies.
- Infectious and Communicable Diseases.
- Behavioral Emergencies.
- Trauma Systems and Mechanisms of Injury.
- Soft Tissue Trauma.
- Burns.
- Head and Facial Trauma
- Spinal Trauma.
- Thoracic Trauma.
- Abdominal Trauma.
- Musculoskeletal Trauma.

### **IV. COURSE OUTCOMES:**

**At the conclusion of the course, the student will be able to:**



Perform to the United States Department of Transportation National Standard Curriculum (USDOT-NSC) 1998 EMT-Paramedic Objectives; number 4-1, 4-3 through 4-9,5-2 through 5-12.

#### **UNIT TERMINAL OBJECTIVE**

- 4-1 **At the completion of this unit, the Paramedic student will be able to integrate the principles of kinematics to enhance the patient assessment and predict the likelihood of injuries based on the patient's mechanism of injury.**

## **COGNITIVE OBJECTIVES**

**At the completion of this unit, the Paramedic student will be able to:**

- 4-1.1 List and describe the components of a comprehensive trauma system. (C-1)
- 4-1.2 Describe the role of and differences between levels of trauma centers. (C-3)
- 4-1.3 Describe the criteria for transport to a trauma center. (C-1)
- 4-1.4 Describe the criteria and procedure for air medical transport. (C-1)
- 4-1.5 Define energy and force as they relate to trauma. (C-1)
- 4-1.6 Define laws of motion and energy and understand the role that increased speed has on injuries. (C-1)
- 4-1.7 Describe each type of impact and its effect on unrestrained victims (e.g., “down and under,” “up and over,” compression, deceleration). (C-1)
- 4-1.8 Describe the pathophysiology of the head, spine, thorax, and abdomen that result from the above forces. (C-1)
- 4-1.9 List specific injuries and their causes as related to interior and exterior vehicle damage. (C-1)
- 4-1.10 Describe the kinematics of penetrating injuries. (C-1)
- 4-1.11 List the motion and energy considerations of mechanisms other than motor vehicle crashes. (C-1)
- 4-1.12 Define the role of kinematics as an additional tool for patient assessment. (C-1)

## **AFFECTIVE OBJECTIVES**

**None identified for this unit.**

## **PSYCHOMOTOR OBJECTIVES**

**None identified for this unit.**

## **UNIT TERMINAL OBJECTIVE**

- 4-3 **At the completion of this unit, the paramedic student will be able to integrate pathophysiological principles and the assessment findings to formulate a field impression and implement the treatment plan for the patient with soft tissue trauma.**

## **COGNITIVE OBJECTIVES**

**At the completion of this unit, the paramedic student will be able to:**

- 4-3.1 Describe the incidence, morbidity, and mortality of soft tissue injuries. (C-1)
- 4-3.2 Describe the layers of the skin, specifically: (C-1)
  - a. Epidermis and dermis (cutaneous)
  - b. Superficial fascia (subcutaneous)
  - c. Deep fascia
- 4-3.3 Identify the major functions of the integumentary system. (C-1)
- 4-3.4 Identify the skin tension lines of the body. (C-1)
- 4-3.5 Predict soft tissue injuries based on mechanism of injury. (C-1)
- 4-3.6 Discuss the pathophysiology of wound healing, including: (C-1)
  - a. Hemostasis
  - b. Inflammation phase
  - c. Epithelialization
  - d. Neovascularization
  - e. Collagen synthesis
- 4-3.7 Discuss the pathophysiology of soft tissue injuries. (C-2)
- 4-3.8 Differentiate between the following types of closed soft tissue injuries: (C-3)
  - a. Contusion
  - b. Hematoma
  - c. Crush injuries
- 4-3.9 Discuss the assessment findings associated with closed soft tissue injuries. (C-1)
- 4-3.10 Discuss the management of a patient with closed soft tissue injuries. (C-2)
- 4-3.11 Discuss the pathophysiology of open soft tissue injuries. (C-2)
- 4-3.12 Differentiate between the following types of open soft tissue injuries: (C-3)
  - a. Abrasions
  - b. Lacerations
  - c. Major arterial lacerations
  - d. Avulsions
  - e. Impaled objects
  - f. Amputations
  - g. Incisions
  - h. Crush injuries
  - i. Blast injuries

- j. Penetrations/ punctures
- 4-3.13 Discuss the incidence, morbidity, and mortality of blast injuries. (C-1)
- 4-3.14 Predict blast injuries based on mechanism of injury, including: (C-2)
  - a. Primary
  - b. Secondary
  - c. Tertiary
- 4-3.15 Discuss types of trauma including: (C-1)
  - a. Blunt
  - b. Penetrating
  - c. Barotrauma
  - d. Burns
- 4-3.16 Discuss the pathophysiology associated with blast injuries. (C-1)
- 4-3.17 Discuss the effects of an explosion within an enclosed space on a patient. (C-1)
- 4-3.18 Discuss the assessment findings associated with blast injuries. (C-1)
- 4-3.19 Identify the need for rapid intervention and transport of the patient with a blast injury. (C-1)
- 4-3.20 Discuss the management of a patient with a blast injury. (C-1)
- 4-3.21 Discuss the incidence, morbidity, and mortality of crush injuries. (C-1)
- 4-3.22 Define the following conditions: (C-1)
  - a. Crush injury
  - b. Crush syndrome
  - c. Compartment syndrome
- 4-3.23 Discuss the mechanisms of injury in a crush injury. (C-1)
- 4-3.24 Discuss the effects of reperfusion and rhabdomyolysis on the body. (C-1)
- 4-3.25 Discuss the assessment findings associated with crush injuries. (C-1)
- 4-3.26 Identify the need for rapid intervention and transport of the patient with a crush injury. (C-1)
- 4-3.27 Discuss the management of a patient with a crush injury. (C-1)
- 4-3.28 Discuss the pathophysiology of hemorrhage associated with soft tissue injuries, including: (C-2)
  - a. Capillary
  - b. Venous
  - c. Arterial
- 4-3.29 Discuss the assessment findings associated with open soft tissue injuries. (C-1)
- 4-3.30 Discuss the assessment of hemorrhage associated with open soft tissue injuries. (C-1)
- 4-3.31 Differentiate between the various management techniques for hemorrhage control of open soft tissue injuries, including: (C-3)

- a. Direct pressure
  - b. Elevation
  - c. Pressure dressing
  - d. Pressure point
  - e. Tourniquet application
- 4-3.32 Differentiate between the types of injuries requiring the use of an occlusive versus non-occlusive dressing. (C-3)
- 4-3.33 Identify the need for rapid assessment, intervention and appropriate transport for the patient with a soft tissue injury. (C-2)
- 4-3.34 Discuss the management of the soft tissue injury patient. (C-2)
- 4-3.35 Define and discuss the following: (C-1)
- a. Dressings
    - 1. Sterile
    - 2. Non-sterile
    - 3. Occlusive
    - 4. Non-occlusive
    - 5. Adherent
    - 6. Non-adherent
    - 7. Absorbent
    - 8. Non-absorbent
    - 9. Wet
    - 10. Dry
  - b. Bandages
    - 1. Absorbent
    - 2. Non-absorbent
    - 3. Adherent
    - 4. Non-adherent
  - c. Tourniquet
- 4-3.36 Predict the possible complications of an improperly applied dressing, bandage, or tourniquet. (C-2)
- 4-3.37 Discuss the assessment of wound healing. (C-1)
- 4-3.38 Discuss the management of wound healing. (C-1)
- 4-3.39 Discuss the pathophysiology of wound infection. (C-1)
- 4-3.40 Discuss the assessment of wound infection. (C-1)
- 4-3.41 Discuss the management of wound infection. (C-1)
- 4-3.42 Integrate pathophysiological principles to the assessment of a patient with a soft tissue injury. (C-3)
- 4-3.43 Formulate treatment priorities for patients with soft tissue injuries in conjunction with: (C-3)
- a. Airway/ face/ neck trauma
  - b. Thoracic trauma (open/ closed)
  - c. Abdominal trauma

- 4-3.44 Synthesize assessment findings and patient history information to form a field impression for the patient with soft tissue trauma. (C-3)
- 4-3.45 Develop, execute, and evaluate a treatment plan based on the field impression for the patient with soft tissue trauma. (C-3)

### **AFFECTIVE OBJECTIVES**

**At the completion of this unit, the paramedic student will be able to:**

- 4-3.46 Defend the rationale explaining why immediate life-threats must take priority over wound closure. (A-3)
- 4-3.47 Defend the management regimens for various soft tissue injuries. (A-3)
- 4-3.48 Defend why immediate life-threatening conditions take priority over soft tissue management. (A-3)
- 4-3.49 Value the importance of a thorough assessment for patients with soft tissue injuries. (A-3)
- 4-3.50 Attend to the feelings that the patient with a soft tissue injury may experience. (A-2)
- 4-3.51 Appreciate the importance of good follow-up care for patients receiving sutures. (A-2)
- 4-3.52 Understand the value of the written report for soft tissue injuries, in the continuum of patient care. (A-2)

### **PSYCHOMOTOR OBJECTIVES**

**At the completion of this unit, the paramedic student will be able to:**

- 4-3.53 Demonstrate the assessment and management of a patient with signs and symptoms of soft tissue injury, including: (P-2)
- a. Contusion
  - b. Hematoma
  - c. Crushing
  - d. Abrasion
  - e. Laceration
  - f. Avulsion
  - g. Amputation
  - h. Impaled object
  - i. Penetration/ puncture
  - j. Blast

### **UNIT TERMINAL OBJECTIVE**

- 4-4 **At the completion of this unit, the paramedic student will be able to integrate pathophysiological principles and the assessment findings to formulate a field impression and implement the management plan for the patient with a burn injury.**

### **COGNITIVE OBJECTIVES**

**At the completion of this unit, the paramedic student will be able to:**

- 4-4.1 Describe the anatomy and physiology pertinent to burn injuries. (C-1)
- 4-4.2 Describe the epidemiology, including incidence, mortality/ morbidity, risk factors, and prevention strategies for the patient with a burn injury. (C-1)
- 4-4.3 Describe the pathophysiologic complications and systemic complications of a burn injury. (C-1)
- 4-4.4 Identify and describe types of burn injuries, including a thermal burn, an inhalation burn, a chemical burn, an electrical burn, and a radiation exposure. (C-1)
- 4-4.5 Identify and describe the depth classifications of burn injuries, including a superficial burn, a partial-thickness burn, a full-thickness burn, and other depth classifications described by local protocol. (C-1)
- 4-4.6 Identify and describe methods for determining body surface area percentage of a burn injury including the "rules of nines," the "rules of palms," and other methods described by local protocol. (C-1)
- 4-4.7 Identify and describe the severity of a burn including a minor burn, a moderate burn, a severe burn, and other severity classifications described by local protocol. (C-1)
- 4-4.8 Differentiate criteria for determining the severity of a burn injury between a pediatric patient and an adult patient. (C-3)
- 4-4.9 Describe special considerations for a pediatric patient with a burn injury. (C-1)
- 4-4.10 Discuss considerations which impact management and prognosis of the burn injured patient. (C-1)
- 4-4.11 Discuss mechanisms of burn injuries. (C-1)
- 4-4.12 Discuss conditions associated with burn injuries, including trauma, blast injuries, airway compromise, respiratory compromise, and child abuse. (C-1)
- 4-4.13 Describe the management of a burn injury, including airway and ventilation, circulation, pharmacological, non-pharmacological, transport considerations, psychological support/ communication strategies, and other management described by local protocol. (C-1)
- 4-4.14 Describe the epidemiology of a thermal burn injury. (C-1)
- 4-4.15 Describe the specific anatomy and physiology pertinent to a thermal burn injury. (C-1)
- 4-4.16 Describe the pathophysiology of a thermal burn injury. (C-1)
- 4-4.17 Identify and describe the depth classifications of a thermal burn injury. (C-1)

- 4-4.18 Identify and describe the severity of a thermal burn injury. (C-1)
- 4-4.19 Describe considerations which impact management and prognosis of the patient with a thermal burn injury. (C-1)
- 4-4.20 Discuss mechanisms of burn injury and conditions associated with a thermal burn injury. (C-1)
- 4-4.21 Describe the management of a thermal burn injury, including airway and ventilation, circulation, pharmacological, non-pharmacological, transport considerations, and psychological support/ communication strategies. (C-1)
- 4-4.22 Describe the epidemiology of an inhalation burn injury. (C-1)
- 4-4.23 Describe the specific anatomy and physiology pertinent to an inhalation burn injury. (C-1)
- 4-4.24 Describe the pathophysiology of an inhalation burn injury. (C-1)
- 4-4.25 Differentiate between supraglottic and infraglottic inhalation injuries. (C-3)
- 4-4.26 Identify and describe the depth classifications of an inhalation burn injury. (C-1)
- 4-4.27 Identify and describe the severity of an inhalation burn injury. (C-1)
- 4-4.28 Describe considerations which impact management and prognosis of the patient with an inhalation burn injury. (C-1)
- 4-4.29 Discuss mechanisms of burn injury and conditions associated with an inhalation burn injury. (C-1)
- 4-4.30 Describe the management of an inhalation burn injury, including airway and ventilation, circulation, pharmacological, non-pharmacological, transport considerations, and psychological support/ communication strategies. (C-1)
- 4-4.31 Describe the epidemiology of a chemical burn injury and a chemical burn injury to the eye. (C-1)
- 4-4.32 Describe the specific anatomy and physiology pertinent to a chemical burn injury and a chemical burn injury to the eye. (C-1)
- 4-4.33 Describe the pathophysiology of a chemical burn injury, including types of chemicals and their burning processes and a chemical burn injury to the eye. (C-1)
- 4-4.34 Identify and describe the depth classifications of a chemical burn injury. (C-1)
- 4-4.35 Identify and describe the severity of a chemical burn injury. (C-1)
- 4-4.36 Describe considerations which impact management and prognosis of the patient with a chemical burn injury and a chemical burn injury to the eye. (C-1)
- 4-4.37 Discuss mechanisms of burn injury and conditions associated with a chemical burn injury. (C-1)
- 4-4.38 Describe the management of a chemical burn injury and a chemical burn injury to the eye, including airway and ventilation, circulation, pharmacological, non-pharmacological, transport considerations, and psychological support/ communication strategies. (C-1)
- 4-4.39 Describe the epidemiology of an electrical burn injury. (C-1)

- 4-4.40 Describe the specific anatomy and physiology pertinent to an electrical burn injury. (C-1)
- 4-4.41 Describe the pathophysiology of an electrical burn injury. (C-1)
- 4-4.42 Identify and describe the depth classifications of an electrical burn injury. (C-1)
- 4-4.43 Identify and describe the severity of an electrical burn injury. (C-1)
- 4-4.44 Describe considerations which impact management and prognosis of the patient with an electrical burn injury. (C-1)
- 4-4.45 Discuss mechanisms of burn injury and conditions associated with an electrical burn injury. (C-1)
- 4-4.46 Describe the management of an electrical burn injury, including airway and ventilation, circulation, pharmacological, non-pharmacological, transport considerations, and psychological support/communication strategies. (C-1)
- 4-4.47 Describe the epidemiology of a radiation exposure. (C-1)
- 4-4.48 Describe the specific anatomy and physiology pertinent to a radiation exposure. (C-1)
- 4-4.49 Describe the pathophysiology of a radiation exposure, including the types and characteristics of ionizing radiation. (C-1)
- 4-4.50 Identify and describe the depth classifications of a radiation exposure. (C-1)
- 4-4.51 Identify and describe the severity of a radiation exposure. (C-1)
- 4-4.52 Describe considerations which impact management and prognosis of the patient with a radiation exposure. (C-1)
- 4-4.53 Discuss mechanisms of burn injury associated with a radiation exposure. (C-1)
- 4-4.54 Discuss conditions associated with a radiation exposure. (C-1)
- 4-4.55 Describe the management of a radiation exposure, including airway and ventilation, circulation, pharmacological, non-pharmacological, transport considerations, and psychological support/communication strategies. (C-1)
- 4-4.56 Integrate pathophysiological principles to the assessment of a patient with a thermal burn injury. (C-3)
- 4-4.57 Integrate pathophysiological principles to the assessment of a patient with an inhalation burn injury. (C-3)
- 4-4.58 Integrate pathophysiological principles to the assessment of a patient with a chemical burn injury. (C-3)
- 4-4.59 Integrate pathophysiological principles to the assessment of a patient with an electrical burn injury. (C-3)
- 4-4.60 Integrate pathophysiological principles to the assessment of a patient with a radiation exposure. (C-3)
- 4-4.61 Synthesize patient history information and assessment findings to form a field impression for the patient with a thermal burn injury. (C-3)
- 4-4.62 Synthesize patient history information and assessment findings to form a field impression for the patient with an inhalation burn injury. (C-3)

- 4-4.63 Synthesize patient history information and assessment findings to form a field impression for the patient with a chemical burn injury. (C-3)
- 4-4.64 Synthesize patient history information and assessment findings to form a field impression for the patient with an electrical burn injury. (C-3)
- 4-4.65 Synthesize patient history information and assessment findings to form a field impression for the patient with a radiation exposure. (C-3)
- 4-4.66 Develop, execute and evaluate a management plan based on the field impression for the patient with a thermal burn injury. (C-3)
- 4-4.67 Develop, execute and evaluate a management plan based on the field impression for the patient with an inhalation burn injury. (C-3)
- 4-4.68 Develop, execute and evaluate a management plan based on the field impression for the patient with a chemical burn injury. (C-3)
- 4-4.69 Develop, execute and evaluate a management plan based on the field impression for the patient with an electrical burn injury. (C-3)
- 4-4.70 Develop, execute and evaluate a management plan based on the field impression for the patient with a radiation exposure. (C-3)

### **AFFECTIVE OBJECTIVES**

**At the completion of this unit, the paramedic student will be able to:**

- 4-4.71 Value the changes of a patient's self-image associated with a burn injury. (A-2)
- 4-4.72 Value the impact of managing a burn injured patient. (A-2)
- 4-4.73 Advocate empathy for a burn injured patient. (A-2)
- 4-4.74 Assess safety at a burn injury incident. (A-3)
- 4-4.75 Characterize mortality and morbidity based on the pathophysiology and assessment findings of a patient with a burn injury. (A-3)
- 4-4.76 Value and defend the sense of urgency in burn injuries. (A-3)
- 4-4.77 Serve as a model for universal precautions and body substance isolation (BSI). (A-3)

### **PSYCHOMOTOR OBJECTIVES**

**At the completion of this unit, the paramedic student will be able to:**

- 4-4.78 Take body substance isolation procedures during assessment and management of patients with a burn injury. (P-2)
- 4-4.79 Perform assessment of a patient with a burn injury. (P-2)
- 4-4.80 Perform management of a thermal burn injury, including airway and ventilation, circulation, pharmacological, non-pharmacological, transport considerations, psychological support/ communication strategies, and other management described by local protocol. (P-2)
- 4-4.81 Perform management of an inhalation burn injury, including airway and ventilation, circulation, pharmacological, non-pharmacological, transport considerations, psychological support/ communication strategies, and other management described by local protocol. (P-2)
- 4-4.82 Perform management of a chemical burn injury, including airway and ventilation, circulation, pharmacological, non-pharmacological, transport considerations, psychological support/ communication strategies, and other management described by local protocol. (P-2)
- 4-4.83 Perform management of an electrical burn injury, including airway and ventilation, circulation, pharmacological, non-pharmacological, transport considerations, psychological support/ communication strategies, and other management described by local protocol. (P-2)
- 4-4.84 Perform management of a radiation exposure, including airway and ventilation, circulation, pharmacological, non-pharmacological, transport considerations, psychological support/ communication strategies, and other management described by local protocol. (P-2)

#### **UNIT TERMINAL OBJECTIVE**

- 4-5 **At the completion of this unit, the paramedic student will be able to integrate pathophysiological principles and the assessment findings to formulate a field impression and implement a treatment plan for the trauma patient with a suspected head injury.**

#### **COGNITIVE OBJECTIVES**

**At the completion of this unit, the paramedic student will be able to:**

- 4-5.1 Describe the incidence, morbidity, and mortality of facial injuries. (C-1)
- 4-5.2 Explain facial anatomy and relate physiology to facial injuries. (C-1)
- 4-5.3 Predict facial injuries based on mechanism of injury. (C-1)
- 4-5.4 Predict other injuries commonly associated with facial injuries based on mechanism of injury. (C-2)
- 4-5.5 Differentiate between the following types of facial injuries, highlighting the defining characteristics of each: (C-3)
  - a. Eye
  - b. Ear

- c. Nose
  - d. Throat
  - e. Mouth
- 4-5.6 Integrate pathophysiological principles to the assessment of a patient with a facial injury. (C-3)
  - 4-5.7 Differentiate between facial injuries based on the assessment and history. (C-3)
  - 4-5.8 Formulate a field impression for a patient with a facial injury based on the assessment findings. (C-3)
  - 4-5.9 Develop a patient management plan for a patient with a facial injury based on the field impression. (C-3)
  - 4-5.10 Explain the pathophysiology of eye injuries. (C-1)
  - 4-5.11 Relate assessment findings associated with eye injuries to pathophysiology. (C-3)
  - 4-5.12 Integrate pathophysiological principles to the assessment of a patient with an eye injury. (C-3)
  - 4-5.13 Formulate a field impression for a patient with an eye injury based on the assessment findings. (C-3)
  - 4-5.14 Develop a patient management plan for a patient with an eye injury based on the field impression. (C-3)
  - 4-5.15 Explain the pathophysiology of ear injuries. (C-1)
  - 4-5.16 Relate assessment findings associated with ear injuries to pathophysiology. (C-3)
  - 4-5.17 Integrate pathophysiological principles to the assessment of a patient with an ear injury. (C-3)
  - 4-5.18 Formulate a field impression for a patient with an ear injury based on the assessment findings. (C-3)
  - 4-5.19 Develop a patient management plan for a patient with an ear injury based on the field impression. (C-3)
  - 4-5.20 Explain the pathophysiology of nose injuries. (C-1)
  - 4-5.21 Relate assessment findings associated with nose injuries to pathophysiology. (C-3)
  - 4-5.22 Integrate pathophysiological principles to the assessment of a patient with a nose injury. (C-3)
  - 4-5.23 Formulate a field impression for a patient with a nose injury based on the assessment findings. (C-3)
  - 4-5.24 Develop a patient management plan for a patient with a nose injury based on the field impression. (C-3)
  - 4-5.25 Explain the pathophysiology of throat injuries. (C-1)
  - 4-5.26 Relate assessment findings associated with throat injuries to pathophysiology. (C-3)
  - 4-5.27 Integrate pathophysiological principles to the assessment of a patient with a throat injury. (C-3)
  - 4-5.28 Formulate a field impression for a patient with a throat injury based on the assessment findings. (C-3)
  - 4-5.29 Develop a patient management plan for a patient with a throat injury based on the field impression. (C-3)
  - 4-5.30 Explain the pathophysiology of mouth injuries. (C-1)
  - 4-5.31 Relate assessment findings associated with mouth injuries to pathophysiology. (C-3)

- 4-5.32 Integrate pathophysiological principles to the assessment of a patient with a mouth injury. (C-3)
- 4-5.33 Formulate a field impression for a patient with a mouth injury based on the assessment findings. (C-3)
- 4-5.34 Develop a patient management plan for a patient with a mouth injury based on the field impression. (C-3)
- 4-5.35 Describe the incidence, morbidity, and mortality of head injuries. (C-1)
- 4-5.36 Explain anatomy and relate physiology of the CNS to head injuries. (C-1)
- 4-5.37 Predict head injuries based on mechanism of injury. (C-2)
- 4-5.38 Distinguish between head injury and brain injury. (C-3)
- 4-5.39 Explain the pathophysiology of head/ brain injuries. (C-1)
- 4-5.40 Explain the concept of increasing intracranial pressure (ICP). (C-1)
- 4-5.41 Explain the effect of increased and decreased carbon dioxide on ICP. (C-1)
- 4-5.42 Define and explain the process involved with each of the levels of increasing ICP. (C-1)
- 4-5.43 Relate assessment findings associated with head/ brain injuries to the pathophysiologic process. (C-3)
- 4-5.44 Classify head injuries (mild, moderate, severe) according to assessment findings. (C-2)
- 4-5.45 Identify the need for rapid intervention and transport of the patient with a head/ brain injury. (C-1)
- 4-5.46 Describe and explain the general management of the head/ brain injury patient, including pharmacological and non-pharmacological treatment. (C-1)
- 4-5.47 Analyze the relationship between carbon dioxide concentration in the blood and management of the airway in the head/ brain injured patient. (C-3)
- 4-5.48 Explain the pathophysiology of diffuse axonal injury. (C-1)
- 4-5.49 Relate assessment findings associated with concussion, moderate and severe diffuse axonal injury to pathophysiology. (C-3)
- 4-5.50 Develop a management plan for a patient with a moderate and severe diffuse axonal injury. (C-3)
- 4-5.51 Explain the pathophysiology of skull fracture. (C-1)
- 4-5.52 Relate assessment findings associated with skull fracture to pathophysiology. (C-3)
- 4-5.53 Develop a management plan for a patient with a skull fracture. (C-3)
- 4-5.54 Explain the pathophysiology of cerebral contusion. (C-1)
- 4-5.55 Relate assessment findings associated with cerebral contusion to pathophysiology. (C-3)
- 4-5.56 Develop a management plan for a patient with a cerebral contusion. (C-3)
- 4-5.57 Explain the pathophysiology of intracranial hemorrhage, including: (C-1)

- a. Epidural
  - b. Subdural
  - c. Intracerebral
  - d. Subarachnoid
- 4-5.58 Relate assessment findings associated with intracranial hemorrhage to pathophysiology, including: (C-3)
- a. Epidural
  - b. Subdural
  - c. Intracerebral
  - d. Subarachnoid
- 4-5.59 Develop a management plan for a patient with a intracranial hemorrhage, including: (C-1)
- a. Epidural
  - b. Subdural
  - c. Intracerebral
  - d. Subarachnoid
- 4-5.60 Describe the various types of helmets and their purposes. (C-1)
- 4-5.61 Relate priorities of care to factors determining the need for helmet removal in various field situations including sports related incidents. (C-3)
- 4-5.62 Develop a management plan for the removal of a helmet for a head injured patient. (C-3)
- 4-5.63 Integrate the pathophysiological principles to the assessment of a patient with head/ brain injury. (C-3)
- 4-5.64 Differentiate between the types of head/ brain injuries based on the assessment and history. (C-3)
- 4-5.65 Formulate a field impression for a patient with a head/ brain injury based on the assessment findings. (C-3)
- 4-5.66 Develop a patient management plan for a patient with a head/ brain injury based on the field impression. (C-3)

### **AFFECTIVE OBJECTIVES**

**None identified for this unit.**

### **PSYCHOMOTOR OBJECTIVES**

**None identified for this unit.**

### **UNIT TERMINAL OBJECTIVE**

- 4-6 **At the completion of this unit, the paramedic student will be able to integrate pathophysiological principles and the assessment findings to formulate a field impression and implement a treatment plan for the patient with a suspected spinal injury.**

### **COGNITIVE OBJECTIVES**

**At the completion of this unit, the paramedic student will be able to:**

- 4-6.1 Describe the incidence, morbidity, and mortality of spinal injuries in the trauma patient. (C-1)
- 4-6.2 Describe the anatomy and physiology of structures related to spinal injuries. (C-1)
- a. Cervical
  - b. Thoracic
  - c. Lumbar
  - d. Sacrum
  - e. Coccyx
  - f. Head
  - g. Brain
  - h. Spinal cord
  - i. Nerve tract(s)
  - j. Dermatomes
- 4-6.3 Predict spinal injuries based on mechanism of injury. (C-2)
- 4-6.4 Describe the pathophysiology of spinal injuries. (C-1)
- 4-6.5 Explain traumatic and non-traumatic spinal injuries. (C-1)
- 4-6.6 Describe the assessment findings associated with spinal injuries. (C-1)
- 4-6.7 Describe the management of spinal injuries. (C-1)
- 4-6.8 Identify the need for rapid intervention and transport of the patient with spinal injuries. (C-1)
- 4-6.9 Integrate the pathophysiological principles to the assessment of a patient with a spinal injury. (C-3)
- 4-6.10 Differentiate between spinal injuries based on the assessment and history. (C-3)
- 4-6.11 Formulate a field impression based on the assessment findings. (C-3)
- 4-6.12 Develop a patient management plan based on the field impression. (C-3)
- 4-6.13 Describe the pathophysiology of traumatic spinal injury related to: (C-1)
- a. Spinal shock
  - b. Spinal neurogenic shock

- c. Quadriplegia/ paraplegia
  - d. Incomplete cord injury/ cord syndromes:
    - 1. Central cord syndrome
    - 2. Anterior cord syndrome
    - 3. Brown-Sequard syndrome
- 4-6.14 Describe the assessment findings associated with traumatic spinal injuries. (C-1)
- 4-6.15 Describe the management of traumatic spinal injuries. (C-1)
- 4-6.16 Integrate pathophysiological principles to the assessment of a patient with a traumatic spinal injury. (C-3)
- 4-6.17 Differentiate between traumatic and non-traumatic spinal injuries based on the assessment and history. (C-3)
- 4-6.18 Formulate a field impression for traumatic spinal injury based on the assessment findings. (C-3)
- 4-6.19 Develop a patient management plan for traumatic spinal injury based on the field impression. (C-3)
- 4-6.20 Describe the pathophysiology of non-traumatic spinal injury, including: (C-1)
- a. Low back pain
  - b. Herniated intervertebral disk
  - c. Spinal cord tumors
- 4-6.21 Describe the assessment findings associated with non-traumatic spinal injuries. (C-1)
- 4-6.22 Describe the management of non-traumatic spinal injuries. (C-1)
- 4-6.23 Integrate pathophysiological principles to the assessment of a patient with non-traumatic spinal injury. (C-3)
- 4-6.24 Differentiate between traumatic and non-traumatic spinal injuries based on the assessment and history. (C-3)
- 4-6.25 Formulate a field impression for non-traumatic spinal injury based on the assessment findings. (C-3)
- 4-6.26 Develop a patient management plan for non-traumatic spinal injury based on the field impression. (C-3)

### **AFFECTIVE OBJECTIVES**

**At the completion of this unit, the paramedic student will be able to:**

- 4-6.27 Advocate the use of a thorough assessment when determining the proper management modality for spine injuries. (A-3)
- 4-6.28 Value the implications of failing to properly immobilize a spine-injured patient. (A-2)

### **PSYCHOMOTOR OBJECTIVES**

**At the completion of this unit, the paramedic student will be able to:**

- 4-6.29 Demonstrate a clinical assessment to determine the proper management modality for a patient with a suspected traumatic spinal injury. (P-1)
- 4-6.30 Demonstrate a clinical assessment to determine the proper management modality for a patient with a suspected non-traumatic spinal injury. (P-1)
- 4-6.31 Demonstrate immobilization of the urgent and non-urgent patient with assessment findings of spinal injury from the following presentations: (P-1)
  - a. Supine
  - b. Prone
  - c. Semi-prone
  - d. Sitting
  - e. Standing
- 4-6.32 Demonstrate documentation of suspected spinal cord injury to include: (P-1)
  - a. General area of spinal cord involved
  - b. Sensation
  - c. Dermatomes
  - d. Motor function
  - e. Area(s) of weakness
- 4-6.33 Demonstrate preferred methods for stabilization of a helmet from a potentially spine injured patient. (P-1)
- 4-6.34 Demonstrate helmet removal techniques. (P-1)
- 4-6.35 Demonstrate alternative methods for stabilization of a helmet from a potentially spine injured patient. (P-1)
- 4-6.36 Demonstrate documentation of assessment before spinal immobilization. (P-1)
- 4-6.37 Demonstrate documentation of assessment during spinal immobilization. (P-1)
- 4-6.38 Demonstrate documentation of assessment after spinal immobilization. (P-1)

#### **UNIT TERMINAL OBJECTIVE**

- 4-7 **At the completion of this unit, the paramedic student will be able to integrate pathophysiological principles and the assessment findings to formulate a field impression and implement a treatment plan for a patient with a thoracic injury.**

#### **COGNITIVE OBJECTIVES**

**At the completion of this unit, the paramedic student will be able to:**

- 4-7.1 Describe the incidence, morbidity, and mortality of thoracic injuries in the trauma patient. (C-1)
- 4-7.2 Discuss the anatomy and physiology of the organs and structures related to thoracic injuries. (C-1)
- 4-7.3 Predict thoracic injuries based on mechanism of injury. (C-2)
- 4-7.4 Discuss the types of thoracic injuries. (C-1)
- 4-7.5 Discuss the pathophysiology of thoracic injuries. (C-1)
- 4-7.6 Discuss the assessment findings associated with thoracic injuries. (C-1)
- 4-7.7 Discuss the management of thoracic injuries. (C-1)
- 4-7.8 Identify the need for rapid intervention and transport of the patient with thoracic injuries. (C-1)
- 4-7.9 Discuss the pathophysiology of specific chest wall injuries, including: (C-1)
  - a. Rib fracture
  - b. Flail segment
  - c. Sternal fracture
- 4-7.10 Discuss the assessment findings associated with chest wall injuries. (C-1)
- 4-7.11 Identify the need for rapid intervention and transport of the patient with chest wall injuries. (C-1)
- 4-7.12 Discuss the management of chest wall injuries. (C-1)
- 4-7.13 Discuss the pathophysiology of injury to the lung, including: (C-1)
  - a. Simple pneumothorax
  - b. Open pneumothorax
  - c. Tension pneumothorax
  - d. Hemothorax
  - e. Hemopneumothorax
  - f. Pulmonary contusion
- 4-7.14 Discuss the assessment findings associated with lung injuries. (C-1)
- 4-7.15 Discuss the management of lung injuries. (C-1)
- 4-7.16 Identify the need for rapid intervention and transport of the patient with lung injuries. (C-1)
- 4-7.17 Discuss the pathophysiology of myocardial injuries, including: (C-1)
  - a. Pericardial tamponade
  - b. Myocardial contusion
  - c. Myocardial rupture
- 4-7.18 Discuss the assessment findings associated with myocardial injuries. (C-1)
- 4-7.19 Discuss the management of myocardial injuries. (C-1)
- 4-7.20 Identify the need for rapid intervention and transport of the patient with myocardial injuries. (C-1)
- 4-7.21 Discuss the pathophysiology of vascular injuries, including injuries to: (C-1)

- a. Aorta
  - b. Vena cava
  - c. Pulmonary arteries/ veins
- 4-7.22 Discuss the assessment findings associated with vascular injuries. (C-1)
- 4-7.23 Discuss the management of vascular injuries. (C-1)
- 4-7.24 Identify the need for rapid intervention and transport of the patient with vascular injuries. (C-1)
- 4-7.25 Discuss the pathophysiology of diaphragmatic injuries. (C-1)
- 4-7.26 Discuss the assessment findings associated with diaphragmatic injuries. (C-1)
- 4-7.27 Discuss the management of diaphragmatic injuries. (C-1)
- 4-7.28 Identify the need for rapid intervention and transport of the patient with diaphragmatic injuries. (C-1)
- 4-7.29 Discuss the pathophysiology of esophageal injuries. (C-1)
- 4-7.30 Discuss the assessment findings associated with esophageal injuries. (C-1)
- 4-7.31 Discuss the management of esophageal injuries. (C-1)
- 4-7.32 Identify the need for rapid intervention and transport of the patient with esophageal injuries. (C-1)
- 4-7.33 Discuss the pathophysiology of tracheo-bronchial injuries. (C-1)
- 4-7.34 Discuss the assessment findings associated with tracheo-bronchial injuries. (C-1)
- 4-7.35 Discuss the management of tracheo-bronchial injuries. (C-1)
- 4-7.36 Identify the need for rapid intervention and transport of the patient with tracheo-bronchial injuries. (C-1)
- 4-7.37 Discuss the pathophysiology of traumatic asphyxia. (C-1)
- 4-7.38 Discuss the assessment findings associated with traumatic asphyxia. (C-1)
- 4-7.39 Discuss the management of traumatic asphyxia. (C-1)
- 4-7.40 Identify the need for rapid intervention and transport of the patient with traumatic asphyxia. (C-1)
- 4-7.41 Integrate the pathophysiological principles to the assessment of a patient with thoracic injury. (C-1)
- 4-7.42 Differentiate between thoracic injuries based on the assessment and history. (C-3)
- 4-7.43 Formulate a field impression based on the assessment findings. (C-3)
- 4-7.44 Develop a patient management plan based on the field impression. (C-3)

### **AFFECTIVE OBJECTIVES**

**At the completion of this unit, the paramedic student will be able to:**

- 4-7.45 Advocate the use of a thorough assessment to determine a differential diagnosis and treatment plan for thoracic trauma. (A-3)
- 4-7.46 Advocate the use of a thorough scene survey to determine the forces involved in thoracic trauma. (A-3)
- 4-7.47 Value the implications of failing to properly diagnose thoracic trauma. (A-2)
- 4-7.48 Value the implications of failing to initiate timely interventions to patients with thoracic trauma. (A-2)

### **PSYCHOMOTOR OBJECTIVES**

**At the completion of this unit, the paramedic student will be able to:**

- 4-7.49 Demonstrate a clinical assessment for a patient with suspected thoracic trauma. (P-1)
- 4-7.50 Demonstrate the following techniques of management for thoracic injuries: (P-1)
  - a. Needle decompression
  - b. Fracture stabilization
  - c. Elective intubation
  - d. ECG monitoring
  - e. Oxygenation and ventilation

### **UNIT TERMINAL OBJECTIVE**

- 4-8 **At the completion of this unit, the paramedic student will be able to integrate pathophysiologic principles and the assessment findings to formulate a field impression and implement the treatment plan for the patient with suspected abdominal trauma.**

### **COGNITIVE OBJECTIVES**

**At the completion of this unit, the paramedic student will be able to:**

- 4-8.1 Describe the epidemiology, including the morbidity/mortality and prevention strategies for a patient with abdominal trauma. (C-1)
- 4-8.2 Describe the anatomy and physiology of organs and structures related to abdominal injuries. (C-1)
- 4-8.3 Predict abdominal injuries based on blunt and penetrating mechanisms of injury. (C-2)
- 4-8.4 Describe open and closed abdominal injuries. (C-1)
- 4-8.5 Explain the pathophysiology of abdominal injuries. (C-1)

- 4-8.6 Describe the assessment findings associated with abdominal injuries. (C-1)
- 4-8.7 Identify the need for rapid intervention and transport of the patient with abdominal injuries based on assessment findings. (C-1)
- 4-8.8 Describe the management of abdominal injuries. (C-1)
- 4-8.9 Integrate the pathophysiological principles to the assessment of a patient with abdominal injury. (C-3)
- 4-8.10 Differentiate between abdominal injuries based on the assessment and history. (C-3)
- 4-8.11 Formulate a field impression for patients with abdominal trauma based on the assessment findings. (C-3)
- 4-8.12 Develop a patient management plan for patients with abdominal trauma based on the field impression. (C-3)
- 4-8.13 Describe the epidemiology, including the morbidity/ mortality and prevention strategies for solid organ injuries. (C-1)
- 4-8.14 Explain the pathophysiology of solid organ injuries. (C-1)
- 4-8.15 Describe the assessment findings associated with solid organ injuries. (C-1)
- 4-8.16 Describe the treatment plan and management of solid organ injuries. (C-1)
- 4-8.17 Describe the epidemiology, including the morbidity/ mortality and prevention strategies for hollow organ injuries. (C-1)
- 4-8.18 Explain the pathophysiology of hollow organ injuries. (C-1)
- 4-8.19 Describe the assessment findings associated with hollow organ injuries. (C-1)
- 4-8.20 Describe the treatment plan and management of hollow organ injuries. (C-1)
- 4-8.21 Describe the epidemiology, including the morbidity/ mortality and prevention strategies for abdominal vascular injuries. (C-1)
- 4-8.22 Explain the pathophysiology of abdominal vascular injuries. (C-1)
- 4-8.23 Describe the assessment findings associated with abdominal vascular injuries. (C-1)
- 4-8.24 Describe the treatment plan and management of abdominal vascular injuries. (C-1)
- 4-8.25 Describe the epidemiology, including the morbidity/ mortality and prevention strategies for pelvic fractures. (C-1)
- 4-8.26 Explain the pathophysiology of pelvic fractures. (C-1)
- 4-8.27 Describe the assessment findings associated with pelvic fractures. (C-1)
- 4-8.28 Describe the treatment plan and management of pelvic fractures. (C-1)
- 4-8.29 Describe the epidemiology, including the morbidity/ mortality and prevention strategies for other related abdominal injuries. (C-1)

- 4-8.30 Explain the pathophysiology of other related abdominal injuries. (C-1)
- 4-8.31 Describe the assessment findings associated with other related abdominal injuries. (C-1)
- 4-8.32 Describe the treatment plan and management of other related abdominal injuries. (C-1)
- 4-8.33 Apply the epidemiologic principles to develop prevention strategies for abdominal injuries. (C-2)
- 4-8.34 Integrate the pathophysiological principles to the assessment of a patient with abdominal injuries. (C-3)
- 4-8.35 Differentiate between abdominal injuries based on the assessment and history. (C-3)
- 4-8.36 Formulate a field impression based upon the assessment findings for a patient with abdominal injuries. (C-3)
- 4-8.37 Develop a patient management plan for a patient with abdominal injuries, based upon field impression. (C-3)

### **AFFECTIVE OBJECTIVES**

**At the completion of this unit, the paramedic student will be able to:**

- 4-8.38 Advocate the use of a thorough assessment to determine a differential diagnosis and treatment plan for abdominal trauma. (A-3)
- 4-8.39 Advocate the use of a thorough scene survey to determine the forces involved in abdominal trauma. (A-3)
- 4-8.40 Value the implications of failing to properly diagnose abdominal trauma and initiate timely interventions to patients with abdominal trauma. (A-2)

### **PSYCHOMOTOR OBJECTIVES**

**At the completion of this unit, the paramedic student will be able to:**

- 4-8.41 Demonstrate a clinical assessment to determine the proper treatment plan for a patient with suspected abdominal trauma. (P-1)
- 4-8.42 Demonstrate the proper use of PASG in a patient with suspected abdominal trauma. (P-1)
- 4-8.43 Demonstrate the proper use of PASG in a patient with suspected pelvic fracture. (P-1)

### **UNIT TERMINAL OBJECTIVE**

- 4-9 **At the completion of this unit, the paramedic student will be able to integrate pathophysiological principles and the assessment findings to formulate a field impression and implement the treatment plan for the patient with a musculoskeletal injury.**

### **COGNITIVE OBJECTIVE**

**At the completion of this unit, the paramedic student will be able to:**

- 4-9.1 Describe the incidence, morbidity, and mortality of musculoskeletal injuries. (C-1)
- 4-9.2 Discuss the anatomy and physiology of the musculoskeletal system. (C-1)
- 4-9.3 Predict injuries based on the mechanism of injury, including: (C-3)
- a. Direct
  - b. Indirect
  - c. Pathologic
- 4-9.4 Discuss the types of musculoskeletal injuries: (C-1)
- a. Fracture (open and closed)
  - b. Dislocation/ fracture
  - c. Sprain
  - d. Strain
- 4-9.5 Discuss the pathophysiology of musculoskeletal injuries. (C-1)
- 4-9.6 Discuss the assessment findings associated with musculoskeletal injuries. (C-1)
- 4-9.7 List the six "P"s of musculoskeletal injury assessment. (C-1)
- 4-9.8 List the primary signs and symptoms of extremity trauma. (C-1)
- 4-9.9 List other signs and symptoms that can indicate less obvious extremity injury. (C-1)
- 4-9.10 Discuss the need for assessment of pulses, motor and sensation before and after splinting. (C-1)
- 4-9.11 Identify the need for rapid intervention and transport when dealing with musculoskeletal injuries. (C-1)
- 4-9.12 Discuss the management of musculoskeletal injuries. (C-1)
- 4-9.13 Discuss the general guidelines for splinting. (C-1)
- 4-9.14 Explain the benefits of cold application for musculoskeletal injury. (C-1)
- 4-9.15 Explain the benefits of heat application for musculoskeletal injury. (C-1)
- 4-9.16 Describe age associated changes in the bones. (C-1)
- 4-9.17 Discuss the pathophysiology of open and closed fractures. (C-1)
- 4-9.18 Discuss the relationship between volume of hemorrhage and open or closed fractures. (C-3)

- 4-9.19 Discuss the assessment findings associated with fractures. (C-1)
- 4-9.20 Discuss the management of fractures. (C-1)
- 4-9.21 Discuss the usefulness of the pneumatic anti-shock garment (PASG) in the management of fractures. (C-1)
- 4-9.22 Describe the special considerations involved in femur fracture management. (C-1)
- 4-9.23 Discuss the pathophysiology of dislocations. (C-1)
- 4-9.24 Discuss the assessment findings of dislocations. (C-1)
- 4-9.25 Discuss the out-of-hospital management of dislocation/ fractures, including splinting and realignment. (C-1)
- 4-9.26 Explain the importance of manipulating a knee dislocation/ fracture with an absent distal pulse. (C-1)
- 4-9.27 Describe the procedure for reduction of a shoulder, finger or ankle dislocation/ fracture. (C-1)
- 4-9.28 Discuss the pathophysiology of sprains. (C-1)
- 4-9.29 Discuss the assessment findings of sprains. (C-1)
- 4-9.30 Discuss the management of sprains. (C-1)
- 4-9.31 Discuss the pathophysiology of strains. (C-1)
- 4-9.32 Discuss the assessment findings of strains. (C-1)
- 4-9.33 Discuss the management of strains. (C-1)
- 4-9.34 Discuss the pathophysiology of a tendon injury. (C-1)
- 4-9.35 Discuss the assessment findings of tendon injury. (C-1)
- 4-9.36 Discuss the management of a tendon injury. (C-1)
- 4-9.37 Integrate the pathophysiological principles to the assessment of a patient with a musculoskeletal injury. (C-3)
- 4-9.38 Differentiate between musculoskeletal injuries based on the assessment findings and history. (C-3)
- 4-9.39 Formulate a field impression of a musculoskeletal injury based on the assessment findings. (C-3)
- 4-9.40 Develop a patient management plan for the musculoskeletal injury based on the field impression. (C-3)

### **AFFECTIVE OBJECTIVES**

**At the completion of this unit, the paramedic student will be able to:**

4-9.41 Advocate the use of a thorough assessment to determine a working diagnosis and treatment plan for musculoskeletal injuries. (A-3)

4-9.42 Advocate for the use of pain management in the treatment of musculoskeletal injuries. (A-3)

### **PSYCHOMOTOR OBJECTIVES**

**At the completion of this unit, the paramedic student will be able to:**

4-9.43 Demonstrate a clinical assessment to determine the proper treatment plan for a patient with a suspected musculoskeletal injury. (P-1)

4-9.44 Demonstrate the proper use of fixation, soft and traction splints for a patient with a suspected fracture. (P-1)

### **UNIT TERMINAL OBJECTIVE**

5-2 **At the completion of this unit, the paramedic student will be able to integrate pathophysiological principles and assessment findings to formulate a field impression and implement the treatment plan for the patient with cardiovascular disease.**

### **COGNITIVE OBJECTIVES**

**At the completion of this unit, the paramedic student will be able to:**

5-2.1 Describe the incidence, morbidity and mortality of cardiovascular disease. (C-1)

5-2.2 Discuss prevention strategies that may reduce the morbidity and mortality of cardiovascular disease. (C-1)

5-2.3 Identify the risk factors most predisposing to coronary artery disease. (C-1)

5-2.4 Describe the anatomy of the heart, including the position in the thoracic cavity, layers of the heart, chambers of the heart, and location and function of cardiac valves. (C-1)

5-2.5 Identify the major structures of the vascular system. (C-1)

5-2.6 Identify the factors affecting venous return. (C-1)

5-2.7 Identify and define the components of cardiac output. (C-1)

5-2.8 Identify phases of the cardiac cycle. (C-1)

5-2.9 Identify the arterial blood supply to any given area of the myocardium. (C-1)

5-2.10 Compare and contrast the coronary arterial distribution to the major portions of the cardiac conduction system. (C-3)

- 5-2.11 Identify the structure and course of all divisions and subdivisions of the cardiac conduction system. (C-1)
- 5-2.12 Identify and describe how the heart's pacemaking control, rate, and rhythm are determined. (C-2)
- 5-2.13 Explain the physiological basis of conduction delay in the AV node. (C-3)
- 5-2.14 Define the functional properties of cardiac muscle. (C-1)
- 5-2.15 Define the events comprising electrical potential. (C-1)
- 5-2.16 List the most important ions involved in myocardial action potential and their primary function in this process. (C-2)
- 5-2.17 Describe the events involved in the steps from excitation to contraction of cardiac muscle fibers. (C-1)
- 5-2.18 Describe the clinical significance of Starling's law. (C-3)
- 5-2.19 Identify the structures of the autonomic nervous system (ANS). (C-1)
- 5-2.20 Identify the effect of the ANS on heart rate, rhythm and contractility. (C-1)
- 5-2.21 Define and give examples of positive and negative inotropism, chronotropism and dromotropism. (C-2)
- 5-2.22 Discuss the pathophysiology of cardiac disease and injury. (C-1)
- 5-2.23 Identify and describe the details of inspection, auscultation and palpation specific to the cardiovascular system. (C-1)
- 5-2.24 Define pulse deficit, pulsus paradoxus and pulsus alternans. (C-1)
- 5-2.25 Identify the normal characteristics of the point of maximal impulse (PMI). (C-1)
- 5-2.26 Identify and define the heart sounds. (C-1)
- 5-2.27 Relate heart sounds to hemodynamic events in the cardiac cycle. (C-2)
- 5-2.28 Describe the differences between normal and abnormal heart sounds. (C-2)
- 5-2.29 Identify and describe the components of the focused history as it relates to the patient with cardiovascular compromise. (C-1)
- 5-2.30 Explain the purpose of ECG monitoring. (C-1)
- 5-2.31 Describe how ECG waveforms are produced. (C-2)
- 5-2.32 Correlate the electrophysiological and hemodynamic events occurring throughout the entire cardiac cycle with the various ECG waveforms, segments and intervals. (C-2)
- 5-2.33 Identify how heart rates, durations, and amplitudes may be determined from ECG recordings. (C-3)
- 5-2.34 Relate the cardiac surfaces or areas represented by the ECG leads. (C-2)
- 5-2.35 Given an ECG, identify the arrhythmia. (C-3)
- 5-2.36 Identify the limitations to the ECG. (C-1)

- 5-2.37 Differentiate among the primary mechanisms responsible for producing cardiac arrhythmias. (C-1)
- 5-2.38 Describe a systematic approach to the analysis and interpretation of cardiac arrhythmias. (C-2)
- 5-2.39 Describe the arrhythmias originating in the sinus node, the AV junction, the atria, and the ventricles. (C-3)
- 5-2.40 Describe the arrhythmias originating or sustained in the AV junction. (C-3)
- 5-2.41 Describe the abnormalities originating within the bundle branch system. (C-3)
- 5-2.42 Describe the process of differentiating wide QRS complex tachycardias. (C-3)
- 5-2.43 Recognize the pitfalls in the differentiation of wide QRS complex tachycardias. (C-1)
- 5-2.44 Describe the conditions of pulseless electrical activity. (C-3)
- 5-2.45 Describe the phenomena of reentry, aberration and accessory pathways. (C-1)
- 5-2.46 Identify the ECG changes characteristically produced by electrolyte imbalances and specify the clinical implications. (C-2)
- 5-2.47 Identify patient situations where ECG rhythm analysis is indicated. (C-1)
- 5-2.48 Recognize the changes on the ECG that may reflect evidence of myocardial ischemia and injury. (C-1)
- 5-2.49 Recognize the limitations of the ECG in reflecting evidence of myocardial ischemia and injury. (C-1)
- 5-2.50 Correlate abnormal ECG findings with clinical interpretation. (C-2)
- 5-2.51 Identify the major therapeutic objectives in the treatment of the patient with any arrhythmia. (C-1)
- 5-2.52 Identify the major mechanical, pharmacological and electrical therapeutic interventions. (C-3)
- 5-2.53 Based on field impressions, identify the need for rapid intervention for the patient in cardiovascular compromise. (C-3)
- 5-2.54 Describe the incidence, morbidity and mortality associated with myocardial conduction defects. (C-1)
- 5-2.55 Identify the clinical indications for transcutaneous and permanent artificial cardiac pacing. (C-1)
- 5-2.56 Describe the components and the functions of a transcutaneous pacing system. (C-1)
- 5-2.57 Explain what each setting and indicator on a transcutaneous pacing system represents and how the settings may be adjusted. (C-2)
- 5-2.58 Describe the techniques of applying a transcutaneous pacing system. (C-1)
- 5-2.59 Describe the characteristics of an implanted pacemaking system. (C-1)
- 5-2.60 Describe artifacts that may cause confusion when evaluating the ECG of a patient with a pacemaker. (C-2)
- 5-2.61 List the possible complications of pacing. (C-3)
- 5-2.62 List the causes and implications of pacemaker failure. (C-2)

- 5-2.63 Identify additional hazards that interfere with artificial pacemaker function. (C-1)
- 5-2.64 Recognize the complications of artificial pacemakers as evidenced on ECG. (C-2)
- 5-2.65 Describe the epidemiology, morbidity and mortality, and pathophysiology of angina pectoris. (C-1)
- 5-2.66 List and describe the assessment parameters to be evaluated in a patient with angina pectoris. (C-1)
- 5-2.67 Identify what is meant by the OPQRST of chest pain assessment. (C-3)
- 5-2.68 List other clinical conditions that may mimic signs and symptoms of coronary artery disease and angina pectoris. (C-1)
- 5-2.69 Identify the ECG findings in patients with angina pectoris. (C-3)
- 5-2.70 Identify the paramedic responsibilities associated with management of the patient with angina pectoris. (C-2)
- 5-2.71 Based on the pathophysiology and clinical evaluation of the patient with chest pain, list the anticipated clinical problems according to their life-threatening potential. (C-3)
- 5-2.72 Describe the epidemiology, morbidity and mortality of myocardial infarction. (C-1)
- 5-2.73 List the mechanisms by which an MI may be produced by traumatic and non-traumatic events. (C-2)
- 5-2.74 Identify the primary hemodynamic changes produced in myocardial infarction. (C-1)
- 5-2.75 List and describe the assessment parameters to be evaluated in a patient with a suspected myocardial infarction. (C-1)
- 5-2.76 Identify the anticipated clinical presentation of a patient with a suspected acute myocardial infarction. (C-3)
- 5-2.77 Differentiate the characteristics of the pain/ discomfort occurring in angina pectoris and acute myocardial infarction. (C-2)
- 5-2.78 Identify the ECG changes characteristically seen during evolution of an acute myocardial infarction. (C-2)
- 5-2.79 Identify the most common complications of an acute myocardial infarction. (C-3)
- 5-2.80 List the characteristics of a patient eligible for thrombolytic therapy. (C-2)
- 5-2.81 Describe the "window of opportunity" as it pertains to reperfusion of a myocardial injury or infarction. (C-3)
- 5-2.82 Based on the pathophysiology and clinical evaluation of the patient with a suspected acute myocardial infarction, list the anticipated clinical problems according to their life-threatening potential. (C-3)
- 5-2.83 Specify the measures that may be taken to prevent or minimize complications in the patient suspected of myocardial infarction. (C-3)
- 5-2.84 Describe the most commonly used cardiac drugs in terms of therapeutic effect and dosages, routes of administration, side effects and toxic effects. (C-3)
- 5-2.85 Describe the epidemiology, morbidity and mortality of heart failure. (C-1)

- 5-2.86 Define the principle causes and terminology associated with heart failure. (C-1)
- 5-2.87 Identify the factors that may precipitate or aggravate heart failure. (C-3)
- 5-2.88 Describe the physiological effects of heart failure. (C-2)
- 5-2.89 Define the term "acute pulmonary edema" and describe its relationship to left ventricular failure. (C-3)
- 5-2.90 Define preload, after load and left ventricular end-diastolic pressure and relate each to the pathophysiology of heart failure. (C-3)
- 5-2.91 Differentiate between early and late signs and symptoms of left ventricular failure and those of right ventricular failure. (C-3)
- 5-2.92 Explain the clinical significance of paroxysmal nocturnal dyspnea. (C-1)
- 5-2.93 Explain the clinical significance of edema of the extremities and sacrum. (C-1)
- 5-2.94 List the interventions prescribed for the patient in acute congestive heart failure. (C-2)
- 5-2.95 Describe the most commonly used pharmacological agents in the management of congestive heart failure in terms of therapeutic effect, dosages, routes of administration, side effects and toxic effects. (C-1)
- 5-2.96 Define the term "cardiac tamponade". (C-1)
- 5-2.97 List the mechanisms by which cardiac tamponade may be produced by traumatic and non-traumatic events. (C-2)
- 5-2.98 Identify the limiting factor of pericardial anatomy that determines intrapericardiac pressure. (C-1)
- 5-2.99 Identify the clinical criteria specific to cardiac tamponade. (C-2)
- 5-2.100 Describe how to determine if pulsus paradoxus, pulsus alternans or electrical alternans is present. (C-2)
- 5-2.101 Identify the paramedic responsibilities associated with management of a patient with cardiac tamponade. (C-2)
- 5-2.102 Describe the incidence, morbidity and mortality of hypertensive emergencies. (C-1)
- 5-2.103 Define the term "hypertensive emergency". (C-1)
- 5-2.104 Identify the characteristics of the patient population at risk for developing a hypertensive emergency. (C-1)
- 5-2.105 Explain the essential pathophysiological defect of hypertension in terms of Starling's law of the heart. (C-3)
- 5-2.106 Identify the progressive vascular changes associated with sustained hypertension. (C-1)
- 5-2.107 Describe the clinical features of the patient in a hypertensive emergency. (C-3)
- 5-2.108 Rank the clinical problems of patients in hypertensive emergencies according to their sense of urgency. (C-3)
- 5-2.109 From the priority of clinical problems identified, state the management responsibilities for the patient with a hypertensive emergency. (C-2)

- 5-2.110 Identify the drugs of choice for hypertensive emergencies, rationale for use, clinical precautions and disadvantages of selected antihypertensive agents. (C-3)
- 5-2.111 Correlate abnormal findings with clinical interpretation of the patient with a hypertensive emergency. (C-3)
- 5-2.112 Define the term "cardiogenic shock". (C-1)
- 5-2.113 Describe the major systemic effects of reduced tissue perfusion caused by cardiogenic shock. (C-3)
- 5-2.114 Explain the primary mechanisms by which the heart may compensate for a diminished cardiac output and describe their efficiency in cardiogenic shock. (C-3)
- 5-2.115 Differentiate progressive stages of cardiogenic shock. (C-3)
- 5-2.116 Identify the clinical criteria for cardiogenic shock. (C-1)
- 5-2.117 Describe the characteristics of patients most likely to develop cardiogenic shock. (C-3)
- 5-2.118 Describe the most commonly used pharmacological agents in the management of cardiogenic shock in terms of therapeutic effects, dosages, routes of administration, side effects and toxic effects. (C-2)
- 5-2.119 Correlate abnormal findings with clinical assessment of the patient in cardiogenic shock. (C-3)
- 5-2.120 Identify the paramedic responsibilities associated with management of a patient in cardiogenic shock. (C-2)
- 5-2.121 Define the term "cardiac arrest". (C-1)
- 5-2.122 Identify the characteristics of patient population at risk for developing cardiac arrest from cardiac causes. (C-1)
- 5-2.123 Identify non-cardiac causes of cardiac arrest. (C-1)
- 5-2.124 Describe the arrhythmias seen in cardiac arrest. (C-3)
- 5-2.125 Identify the critical actions necessary in caring for the patient with cardiac arrest. (C-3)
- 5-2.126 Explain how to confirm asystole using the 3-lead ECG. (C-1)
- 5-2.127 Define the terms defibrillation and synchronized cardioversion. (C-1)
- 5-2.128 Specify the methods of supporting the patient with a suspected ineffective implanted defibrillation device. (C-2)
- 5-2.129 Describe the most commonly used pharmacological agents in the managements of cardiac arrest in terms of therapeutic effects. (C-3)
- 5-2.130 Identify resuscitation. (C-1)
- 5-2.131 Identify circumstances and situations where resuscitation efforts would not be initiated. (C-1)
- 5-2.132 Identify and list the inclusion and exclusion criteria for termination of resuscitation efforts. (C-1)
- 5-2.133 Identify communication and documentation protocols with medical direction and law enforcement used for termination of resuscitation efforts. (C-1)

- 5-2.134 Describe the incidence, morbidity and mortality of vascular disorders. (C-1)
- 5-2.135 Describe the pathophysiology of vascular disorders. (C-1)
- 5-2.136 List the traumatic and non-traumatic causes of vascular disorders. (C-1)
- 5-2.137 Define the terms "aneurysm", "claudication" and "phlebitis". (C-1)
- 5-2.138 Identify the peripheral arteries most commonly affected by occlusive disease. (C-1)
- 5-2.139 Identify the major factors involved in the pathophysiology of aortic aneurysm. (C-1)
- 5-2.140 Recognize the usual order of signs and symptoms that develop following peripheral artery occlusion. (C-3)
- 5-2.141 Identify the clinical significance of claudication and presence of arterial bruits in a patient with peripheral vascular disorders. (C-3)
- 5-2.142 Describe the clinical significance of unequal arterial blood pressure readings in the arms. (C-3)
- 5-2.143 Recognize and describe the signs and symptoms of dissecting thoracic or abdominal aneurysm. (C-3)
- 5-2.144 Describe the significant elements of the patient history in a patient with vascular disease. (C-2)
- 5-2.145 Identify the hemodynamic effects of vascular disorders. (C-1)
- 5-2.146 Identify the complications of vascular disorders. (C-1)
- 5-2.147 Identify the Paramedic's responsibilities associated with management of patients with vascular disorders. (C-2)
- 5-2.148 Develop, execute and evaluate a treatment plan based on the field impression for the patient with vascular disorders. (C-3)
- 5-2.149 Differentiate between signs and symptoms of cardiac tamponade, hypertensive emergencies, cardiogenic shock, and cardiac arrest. (C-3)
- 5-2.150 Based on the pathophysiology and clinical evaluation of the patient with chest pain, characterize the clinical problems according to their life-threatening potential. (C-3)
- 5-2.151 Apply knowledge of the epidemiology of cardiovascular disease to develop prevention strategies. (C-3)
- 5-2.152 Integrate pathophysiological principles into the assessment of a patient with cardiovascular disease. (C-3)
- 5-2.153 Apply knowledge of the epidemiology of cardiovascular disease to develop prevention strategies. (C-3)
- 5-2.154 Integrate pathophysiological principles into the assessment of a patient with cardiovascular disease. (C-3)
- 5-2.155 Synthesize patient history, assessment findings and ECG analysis to form a field impression for the patient with cardiovascular disease. (C-3)
- 5-2.156 Integrate pathophysiological principles to the assessment of a patient in need of a pacemaker. (C-1)
- 5-2.157 Synthesize patient history, assessment findings and ECG analysis to form a field impression for the patient in need of a pacemaker. (C-3)

- 5-2.158 Develop, execute, and evaluate a treatment plan based on field impression for the patient in need of a pacemaker. (C-3)
- 5-2.159 Based on the pathophysiology and clinical evaluation of the patient with chest pain, characterize the clinical problems according to their life-threatening potential. (C-3)
- 5-2.160 Integrate pathophysiological principles to the assessment of a patient with chest pain. (C-3)
- 5-2.161 Synthesize patient history, assessment findings and ECG analysis to form a field impression for the patient with angina pectoris. (C-3)
- 5-2.162 Develop, execute and evaluate a treatment plan based on the field impression for the patient with chest pain. (C-3)
- 5-2.163 Integrate pathophysiological principles to the assessment of a patient with a suspected myocardial infarction. (C-3)
- 5-2.164 Synthesize patient history, assessment findings and ECG analysis to form a field impression for the patient with a suspected myocardial infarction. (C-3)
- 5-2.165 Develop, execute and evaluate a treatment plan based on the field impression for the suspected myocardial infarction patient. (C-3)
- 5-2.166 Integrate pathophysiological principles to the assessment of the patient with heart failure. (C-3)
- 5-2.167 Synthesize assessment findings and patient history information to form a field impression of the patient with heart failure. (C-3)
- 5-2.168 Develop, execute, and evaluate a treatment plan based on the field impression for the heart failure patient. (C-3)
- 5-2.169 Integrate pathophysiological principles to the assessment of a patient with cardiac tamponade. (C-3)
- 5-2.170 Synthesize assessment findings and patient history information to form a field impression of the patient with cardiac tamponade. (C-3)
- 5-2.171 Develop, execute and evaluate a treatment plan based on the field impression for the patient with cardiac tamponade. (C-3)
- 5-2.172 Integrate pathophysiological principles to the assessment of the patient with a hypertensive emergency. (C-3)
- 5-2.173 Synthesize assessment findings and patient history information to form a field impression of the patient with a hypertensive emergency. (C-3)
- 5-2.174 Develop, execute and evaluate a treatment plan based on the field impression for the patient with a hypertensive emergency. (C-3)
- 5-2.175 Integrate pathophysiological principles to the assessment of the patient with cardiogenic shock. (C-3)
- 5-2.176 Synthesize assessment findings and patient history information to form a field impression of the patient with cardiogenic shock. (C-3)

5-2.177 Develop, execute, and evaluate a treatment plan based on the field impression for the patient with cardiogenic shock. (C-3)

5-2.178 Integrate the pathophysiological

# EMS 2657

**NORTH FLORIDA COMMUNITY COLLEGE**  
**EMS TECHNOLOGY PROGRAM**

**EMS 2657 Paramedic Field Internship II**

**Course Outline – Revised 5/08**

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**Instructor: Albert “Mac” Leggett**

**Contact: 850-973-1673**

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**I. COURSE NUMBER AND TITLE:**

**EMS 2657 - Paramedic Field Internship II**

**3 Credits**

This course will involve ride experience with an Advanced Life Support provider. It will provide the intermediate paramedic student an opportunity to perform advanced patient assessment, venous access and medication administration. Seventy-two (72) hours of learning experience in a work environment will be required. The student will rotate through the Operating Room in the hospital. The student will be under the direct supervision of an Anesthesiologist and/or CRNA while observing/performing intubations. A minimum of 3 intubations and/or demonstration of skill mastery are required. Rotation through various departments of the hospitals, performing paramedic skills under the direct supervision of the coordinator and/or assigned preceptor. Enrollment is restricted to those students with concurrent enrollment in the Paramedic Program. Students are responsible for transportation to and from the clinical sites.

## **II. PREREQUISITES/COREQUISITES FOR THE COURSE:**

- Successful completion of EMS 2603C, EMS 2656
- EMS 2604C - Paramedic II / Paramedic II Lab

## **III. GENERAL COURSE INFORMATION:**

### **Topics to be covered include:**

- 8 – 16 hours of Operating Room / Recovery Room observation / performing intubations under the direct supervision of an Anesthesiologist and/or a CRNA, with a minimum of 3 successful intubations. A demonstration of skill mastery will also be required.
- 56 hours of Hospital departmental rotation. This will provide the student with skill performance in the different departments at the hospitals, including time at ICU, CCU, etc., this will include the care for patients of all age groups, advancement of BLS/ALL skills, and airway management skills under the direct supervision of a paramedic preceptor.
  - Topics to be covered for hospital clinicals include but are not limited to:
    - Assessment and Management of the Trauma Patient for all age groups.
    - Assessment and Management of the Medical Patient for all age groups.
    - Assessment and Management of Respiratory and Cardiac Emergencies patients for all age groups.
- 0 - 24 hours Field orientation, map reading skills, BLS equipment review.
- 24 - 72 hours Development/refinement of therapeutic communications with patients of all age groups under the direct supervision of a paramedic preceptor.

## **IV. COURSE OUTCOMES:**

### **At the conclusion of the course, the student will be able to:**

- Perform to the United States Department of Transportation National Standard Curriculum (USDOT-NSC) 1998 EMT-Paramedic Objectives; numbers 4-1, 4-2 through 4-9, 5-2 through 5-12. These objectives are listed in the NFCC Paramedic Handbook.

## **V. REQUIREMENTS FOR THE STUDENTS:**

- A.** Learning experiences are designed to progress sequentially from simple concepts to complex integration of those concepts. They are directed toward assisting the student in meeting objectives of the course. These learning experiences include:

**EMS CLINICAL RIDE TIME:**

1. 0 - 24 hours Development/refinement of advanced patient assessments for patients of all age groups.
2. 24 - 72 hours Continued development/refinement of advanced patient assessments for patients of all groups; venous access and medication administration while under the direct supervision of a paramedic preceptor.
3. Completion of 8 case studies
4. Documentation of ride time and skills/procedures performed on the FISDAP system.
5. Complete an evaluation form at the end of each shift.

**OPERATING ROOM/RECOVERY ROOM CLINICAL TIME:**

1. Observing / performing intubations under the direct supervision of an Anesthesiologist and/or a CRNA.
2. Successful completion of 3 intubations or a minimum of 80 hours and at least 10 successful intubations with confirmation of mastery made by the EMS Coordinator. It is the student's responsibility to contact the EMS Coordinator within 72 hours of completion of the 80 hours / 10 intubations. The EMS Coordinator will confirm mastery level with the clinical site. Once 3 intubations is achieved, there is no need for this confirmation process.
5. Documentation of intubations performed on the FISDAP system.
6. Complete the intubation log.

**HOSPITAL CLINICAL:**

6. Assessment and management of the trauma, medical, psychiatric, respiratory and cardiac emergency patient for all age groups.
7. Completion of 10 case studies.
8. Completion of 10 pathophysiology reports.
9. Documentation of skills/procedures performed on the FISDAP system.
10. Complete an evaluation form at the end of each shift.

- B.** Paramedic Program Continuation

Student must adhere to policies and procedures as set forth in the NFCC Paramedic Handbook.

- C.** Uniform Required.

Refer to NFCC Paramedic Handbook for uniform requirements.

- D. Student must carry current EMT-B certification and CPR card at all times while attending clinical sites.

**VI. ATTENDANCE POLICY:**

- A. Attendance is required in all scheduled ride assignments. Student must follow notification policy as stated in NFCC Paramedic Handbook for specific EMS Provider if the student will miss a ride assignment due to illness.

**VII. GRADING POLICY:**

**A. Scoring Range for EMS Ride Clinical Time:**

- A = successful completion of 72 hours of ride time, evaluations reflect above average performance, 100% completion of required case studies and 100% completion of FISDAP.
  
- B = successful completion of 72 hours of ride time, evaluations reflect average performance, 80-99% completion of required case studies and 80-99% completion of FISDAP.
  
- C = successful completion of 72 hours of ride time, evaluations reflect average performance, 70-80% completion of required case studies and 70-80% completion of FISDAP.
  
- D = completion of 72 hours of ride time, evaluations reflect below average performance or less than 70% completion of required case studies or less than 70% completion of FISDAP.
  
- F = non-completion of 72 hours of ride time, evaluations reflect below average performance.

**B. Scoring Range for Intubation/OR/RR time:**

- A= Successful completion of 3 intubations, evaluation reflects above average performance and 100% completion of FISDAP.
- B= successful completion of 3 intubations or 80 hours and at least 10 intubations with confirmation of mastery, evaluations reflect average performance and a minimum of 80% completion of FISDAP.
- C= Successful completion of 3 intubations or 80 hours and at least 10 intubations with confirmation of mastery, evaluation reflect average performance and a minimum of 70% completion of FISDAP.
- D= Successful completion of 3 intubations or 80 hours and at least 10 intubations with confirmation of mastery, evaluation reflect below average performance or less than 70% completion of FISDAP.
- F= non-completion of 3 intubations or 80 hours and at least 10 intubations, evaluations reflect below average performance.

**C. Scoring Range for Hospital Clinical:**

- A= successful completion of 24 hours of clinical time, evaluations reflect above average performance, 100% completion of required case studies and pathophysiology reports and 100% completion of FISDAP. 94% or better on the clinical skills sheet.
- B= successful completion of 24 hours of clinical time, evaluations reflect average performance, minimum of 80% completion of required case studies and pathophysiology reports and minimum of 80% completion of FISDAP. 85-93% on the clinical skills sheet.
- C= successful completion of 24 hours of clinical time, evaluations reflect average performance, minimum of 70% completion of required case studies and pathophysiology reports and minimum of 70% completion of FISDAP. 80-84% on the clinical skills sheet.
- D= completion of 24 hours of clinical time, evaluations reflect below average performance or less than 70% completion of required case studies and pathophysiology reports and minimum of 70% completion of FISDAP. 70-79% on the clinical skills sheet.
- F= non-completion of 24 hours of clinical time, evaluations reflect below average performance. Less 70% on the clinical skills sheet.

A grade of “C” or better must be earned in order to qualify for eligibility to take the Florida Paramedic Certification Examination.

**VIII. TEXTBOOK REQUIREMENTS:**

The following books are available for purchase at all NFCC Campus bookstores:

**Bledsoe – Paramedic Care: Principles & Practice 3/e**

Package: 5 volumes textbooks

ISBN# 013-7146965

**Campbell – Paramedic Lab Manual**

ISBN# 013-1194372

**X. RESERVED MATERIALS FOR THE COURSE:**

Not applicable.

**XIII. CLAST COMPETENCIES INVOLVED IN THE COURSE:**

Not applicable.

**XIV. CLASS SCHEDULE:**

As arranged with EMS Agency and NFCC Coordinator.

**XV. ANY OTHER INFORMATION OR CLASS PROCEDURES OR POLICIES:**

- B. Students are required to follow the policies and procedures as set forth in the NFCC Paramedic Handbook and NFCC College Catalog.
  
- C. Students with disabilities are responsible for ensuring that North Florida Community College and faculty members are aware of disabilities that require accommodations in the educational process. Students with disabilities should contact the Auxiliary Aids Specialist (973-1606).

Students should refer to the current college catalog regarding other academic regulations not listed in this syllabus and be governed accordingly.

NORTH FLORIDA COMMUNITY COLLEGE  
EMERGENCY MEDICAL PARAMEDIC PROGRAM

CLINICAL EXPERIENCE HOUR LOG

**STUDENT:**

**Course: EMS 2657**

	DATE	Key #	Unit	Clinical Instructor	SIGNATURE	Time In/Out	Total Time
1						/	
2						/	
3						/	
4						/	
5						/	
6						/	
7						/	
8						/	
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24						/	
25						/	

Key:

1 – Madison EMS

5- Lafayette EMS

9 – Pediatric / Internal Medicine

2 – Jefferson EMS

6 – Madison Hospital

10 – Downhome Medical

3 – Suwannee EMS

7 – Doctor’s Memorial

11 - MNH

4 – Hamilton EMS

8 – SGMC

13 – Madison 911 Communication Madison

**NORTH FLORIDA COMMUNITY COLLEGE  
PARAMEDIC CUMULATIVE EVALUATION**

Paramedic Student \_\_\_\_\_

Interning EMS Agency \_\_\_\_\_

Evaluation Start Date \_\_\_\_\_ End Date \_\_\_\_\_

**RATING CRITERIA**

- 1 - Frequently fails to perform procedures in a competent manner.
- 2 - Inconsistent in performing procedures in a competent manner, but is showing improvement.
- 3 - Consistently performs procedures in a safe and competent manner according to established standards.
- 4 - Performs procedures in an above average manner.
- N/A - Not applicable. Has not performed skill.

Skills not observed in the field shall be evaluated in a "mock"<sup>1</sup> situation prior to the completion of internship.

**SUMMARY OF PERFORMANCE**                      *(Must be completed by preceptor on a daily basis)*

<u>DATE</u>	<u>PRECEPTOR Signature</u>	<u>COMMENTS</u>


Preceptor's Signature

Student Signature

EMS Coordinator

Medical Director's Signature: \_\_\_\_\_

NFCC EMS Recommendations: (i.e.: successful completion, remediation):

<b>Demeanor/Teamwork</b>	<b>Date:</b>	<b>Rating / Preceptor's Initials</b>
Anticipates orders, anticipates the needs of other team members		
Establishes appropriate working relationship with all team members		
Assumes leadership role and directs team members appropriately		
Communicates information appropriately to all team members		
Performs well under stress, uses good judgment		
Able to accept constructive criticism and guidance		
<b>TREATMENT SKILLS</b>		
Airway management		
Antishock trousers		
Bandaging and splinting		
Burn therapy		
Carotid sinus massage/Valsalva resuscitation		
Defibrillation/Cardioversion/Pacing		

Drug administration	
Emergency childbirth	
EOA / Endotracheal intubation (circle one)	
Extrication/disentanglement	
IV technique	
Oxygen administration (cannula, mask, etc)	
Spinal immobilization	
Suctioning	

<b>Treatment Skills (continued)</b>	<b>Date:</b>	<b>Rating / Preceptor's Initials</b>
Pericardiocentesis, thoracentesis		
<b>Evaluation and Control of Scene</b>		
Determines scene safety / personal safety		
Initiates appropriate crowd control		
Requests additional assistance and equipment (police, extra EMS units, etc) as needed		
Establishes and maintains rapport with patient and bystanders		
<b>PATIENT ASSESSMENT TREATMENT SKILLS</b>		
Performs a complete primary assessment (60 seconds) and intervenes		

Immediately Primary survey: scene safe, ABC's	
Obtains chief complaint	
Obtains relevant and accurate patient history, medications, and allergies in a systematic manor (secondary assessment)	
Performs an appropriate physical exam	
Recognizes the need to make base hospital contact	
Obtains accurate vital signs in a timely manner when indicated	
Dysrhythmia recognition	
Interprets assessment information correctly and takes appropriate action	
<b>Communication Skills</b>	
Accurately reports all pertinent information in a systematic manner	
Speaks clearly and concisely and is easily understood	
Repeats all orders and reports patient response to therapy	
Keeps accurate, complete, and legible written records	

NORTH FLORIDA COMMUNITY COLLEGE  
EMERGENCY MEDICAL SERVICES TECHNOLOGY PROGRAM  
**PERSONAL DEVELOPMENT ASSESSMENT - PARAMEDIC**

Student: \_\_\_\_\_ Hospital / Department \_\_\_\_\_

Date: \_\_\_\_\_

Directions: For each category, please mark an "X" in the box which best describes your assessment of this student.

Category	Assessment			
<b>Interpersonal Skills</b>	Consistently relates well to staff, peers, and patients	Usually relates well to staff, peers, and patients.	Occasionally relates well to staff, peers and patients.	Does not relate well to staff, peers and patients
<b>Use and Care of Equipment</b>	Consistently utilizes equipment with care	Usually careful with equipment	Occasionally careful with equipment	Careless with equipment
<b>Cooperation / Team Participation</b>	Consistently displays cooperative effort and functions well as team	Usually displays cooperative effort and functions as a team member	Occasionally displays cooperative effort and functions as a team member	Uncooperative and does not function well as a team member
<b>Application of Knowledge</b>	Consistently applies classroom learning experiences to the clinical setting.	Usually applies classroom learning experiences to the clinical setting.	Occasionally applies classroom learning experiences to the clinical setting.	Does not apply classroom learning experiences to the clinical setting.
<b>Attitude towards Criticism</b>	Consistently accepts criticism and implements improvements/changes	Usually accepts criticism and implements improvement/changes	Accepts criticism but demonstrates little improvement	Unwilling to accept criticism and does not improve/change.
<b>Initiative</b>	Consistently seeks additional responsibilities	Usually seeks additional responsibilities	Occasionally seeks Additional responsibilities	Does not seek additional responsibilities
<b>Self-confidence</b>	Consistently displays confidence and good judgment	Usually displays confidence and good judgment	Occasionally displays confidence and good judgment	Does not display confidence or good judgment
<b>Adaptability</b>	Consistently adapts to changes in procedure	Usually adapts to changes in procedure	Occasionally adapts to changes in procedure	Does not adapt to changes in procedure
<b>Quality of work</b>	Work is consistently accurate, neat and meets department standards	Work is usually accurate, neat and meets department standards	Work is occasionally accurate, neat, and meets department standards	Work is not accurate, neat, and falls below department standards

<b>Overall Evaluation:</b> Excellent      Above Average      Average      Marginal      Unsatisfactory
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Additional comments about the student's strengths and weaknesses in Personal Development.

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Preceptor                      Date                      Instructor's Signature                      Date                      \*Student's Signature

\*I have read and discussed this evaluation with the Instructor.

**NORTH FLORIDA COMMUNITY COLLEGE  
EMERGENCY MEDICAL SERVICES TECHNOLOGY PROGRAM  
DAILY ASSESSMENT - PARAMEDIC**

Student: \_\_\_\_\_ Hospital / Department \_\_\_\_\_

Date: \_\_\_\_\_

Directions: For each category, please mark an "X" in the box which best describes your assessment of this student.

Category	Assessment			
<b>Interpersonal Skills</b>	Consistently relates well to staff, peers, and patients	Usually relates well to staff, peers, and patients.	Occasionally relates well to staff, peers and patients.	Does not relate well to staff, peers and patients
<b>Use and Care of Equipment</b>	Consistently utilizes equipment with care	Usually careful with equipment	Occasionally careful with equipment	Careless with equipment
<b>Cooperation / Team Participation</b>	Consistently displays cooperative effort and functions well as team	Usually displays cooperative effort and functions as a team member	Occasionally displays cooperative effort and functions as a team member	Uncooperative and does not function well as a team member
<b>Application of Knowledge</b>	Consistently applies classroom learning experiences to the clinical setting.	Usually applies classroom learning experiences to the clinical setting.	Occasionally applies classroom learning experiences to the clinical setting.	Does not apply classroom learning experiences to the clinical setting.
<b>Attitude towards Criticism</b>	Consistently accepts criticism and implements improvements/changes	Usually accepts criticism and implements improvement/changes	Accepts criticism but demonstrates little improvement	Unwilling to accept criticism and does not improve/change.
<b>Initiative</b>	Consistently seeks additional responsibilities	Usually seeks additional responsibilities	Occasionally seeks Additional responsibilities	Does not seek additional responsibilities
<b>Self-confidence</b>	Consistently displays confidence and good judgment	Usually displays confidence and good judgment	Occasionally displays confidence and good judgment	Does not display confidence or good judgment
<b>Adaptability</b>	Consistently adapts to changes in procedure	Usually adapts to changes in procedure	Occasionally adapts to changes in procedure	Does not adapt to changes in procedure
<b>Quality of work</b>	Work is consistently accurate, neat and meets department standards	Work is usually accurate, neat and meets department standards	Work is occasionally accurate, neat, and meets department standards	Work is not accurate, neat, and falls below department standards

**Overall Evaluation:** Excellent    Above Average    Average    Marginal    Unsatisfactory

Additional comments about the student's strengths and weaknesses in Daily / Personal Development.

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Preceptor                      Date                      Instructor's Signature                      Date                      \*Student's Signature  
 \*I have read and discussed this evaluation with the Instructor.

**NORTH FLORIDA COMMUNITY COLLEGE  
 PARAMEDIC FIELD / HOSPITAL CLINICAL FORM  
 MUST BE FILLED OUT EACH DAY**

CASE STUDY#	DATE	AGE	SEX
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<b>CC:</b>	
<b>HPI:</b>	
<b>PE:</b>	
<b>PMHX:</b>	
<b>MEDS:</b>	

<b>TX:</b>	

<b>CASE STUDY#</b>	<b>DATE</b>	<b>AGE</b>	<b>SEX</b>

<b>CC:</b>	
<b>HPI:</b>	
<b>PE:</b>	
<b>PMHX:</b>	
<b>MEDS:</b>	
<b>TX:</b>	

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**NORTH FLORIDA COMMUNITY COLLEGE**

**INTUBATION LOG**

**STUDENT:**

**HOSPITAL:**

	DATE	TIME	ROOM #	MD/CRNA (Print Name)	PRECEPTOR SIGNATURE
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

**STUDENT :**

**HOSPITAL:**

**DAILY TIME LOG**

	DATE	TIME IN	TIME OUT	CHARGE NURSES'S SIGNATURE
1				
2				
3				
4				

5				
6				
7				
8				
9				
10				

**North Florida Community College**  
**Pathophysiology Form**  
**FOR HOSPITAL / PSY USE**  
**Must be done each day**

Student: \_\_\_\_\_

Date: \_\_\_\_\_

Patient Age and Sex: \_\_\_\_\_

Admitting Diagnosis: \_\_\_\_\_

Describe the pathophysiology of the disease: \_\_\_\_\_

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Reference Source: \_\_\_\_\_

<b>Medication</b>	<b>Drug Actions</b>	<b>Significant Precautions</b>	<b>Dosage</b>
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Reviewed by: \_\_\_\_\_

Faculty – Print

Faculty – Sign

DATE: \_\_\_\_\_

# EMS

# 2605C

**NORTH FLORIDA COMMUNITY COLLEGE**  
**EMS 2605C PARAMEDIC III / PARAMEDIC III LAB**  
**Course Outline – Revised 05/02**

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**I. COURSE NUMBER AND TITLE:**

**EMS 2605C - Paramedic III /Lab**

**3 Credits**

This course covers the reproductive system, patient assessment and management of obstetrical and gynecological emergencies. Handling of patients with special challenges, acute interventions for chronic care patients and management of abuse and assault. Practical application of the didactic information will include patient assessment and management of OB/GYN emergencies. Assessment based management for the medical and trauma patient of all age, and this will includes 2 hours of the instruction on the trauma scorecard methodology, and 4 hours of instruction on HIV/AIDS as per FS 401.2701 (1)(a) (5)(b). Upon successful completion of this section and the clinical aspect, the student will receive a certificate of course completion and will be eligible to take the Florida State Paramedic Certification Examination.

**II. PREREQUISITES/COREQUISITES FOR THE COURSE:**

- Successful completion of EMS 2604C and EMS 2657 with a grade of “C” or better.
- EMS 2658 and EMS 2659 – Paramedic Field Internship III

**III. GENERAL COURSE INFORMATION:**

**Topics to be covered include:**

- OB/GYN
- OB/GYN Patient Management
- Neonate
- Neonate Patient Management
- Pediatrics
- Pediatric Patient Management
- Geriatrics
- Geriatric Patient Management
- Abuse and Assault
- Patients with Special Challenges
- Acute Interventions for the Chronic Care Patient
- Assessment Based Management
- Medical Incident Command
- Rescue Operations
- Hazmat Awareness
- Crime Scene Management

**III. COURSE OUTCOMES:**

**At the conclusion of the course, the student will be able to:**

Perform to the United States Department of Transportation National Standard Curriculum (USDAT-NSC) 1998 EMT-Paramedic Objectives; numbers 5-13, 5-14, 6-1 through 6-6, 7-1, 8-1 through 8-5.

**IV. UNIT TERMINAL OBJECTIVE:**

5-13 **At the end of this unit, the paramedic student will be able to utilize gynecological principles and assessment findings to formulate a field impression and implement the management plan for the patient experiencing a gynecological emergency.**

### **COGNITIVE OBJECTIVES**

**At the completion of this unit, the paramedic student will be able to:**

- 5-13.1 Review the anatomic structures and physiology of the female reproductive system. (C-1)
- 5-13.2 Identify the normal events of the menstrual cycle. (C-1)
- 5-13.3 Describe how to assess a patient with a gynecological complaint. (C-1)
- 5-13.4 Explain how to recognize a gynecological emergency. (C-1)
- 5-13.5 Describe the general care for any patient experiencing a gynecological emergency. (C-1)
- 5-13.6 Describe the pathophysiology, assessment, and management of specific gynecological emergencies. (C-1)

### **AFFECTIVE OBJECTIVES**

**At the completion of this unit, the paramedic student will be able to:**

- 5-13.7 Value the importance of maintaining a patient's modesty and privacy while still being able to obtain necessary information. (A-2)
- 5-13.8 Defend the need to provide care for a patient of sexual assault, while still preventing destruction of crime scene information. (A-3)
- 5-13.9 Serve as a role model for other EMS providers when discussing or caring for patients with gynecological emergencies. (A-3)

### **PSYCHOMOTOR OBJECTIVES**

**At the completion of this unit, the paramedic student will be able to:**

- 5-13.10 Demonstrate how to assess a patient with a gynecological complaint. (P-2)
- 5-13.11 Demonstrate how to provide care for a patient with: (P-2)
  - a. Excessive vaginal bleeding
  - b. Abdominal pain
  - c. Sexual assault

## **UNIT TERMINAL OBJECTIVE**

- 5-14 **At the completion of this unit, the paramedic student will be able to apply an understanding of the anatomy and physiology of the female reproductive system to the assessment and management of a patient experiencing normal or abnormal labor.**

## **COGNITIVE OBJECTIVES**

**At the completion of this unit, the paramedic student will be able to:**

- 5-14.1 Review the anatomic structures and physiology of the reproductive system. (C-1)
- 5-14.2 Identify the normal events of pregnancy. (C-1)
- 5-14.3 Describe how to assess an obstetrical patient. (C-1)
- 5-14.4 Identify the stages of labor and the paramedic's role in each stage. (C-1)
- 5-14.5 Differentiate between normal and abnormal delivery. (C-3)
- 5-14.6 Identify and describe complications associated with pregnancy and delivery. (C-1)
- 5-14.7 Identify predelivery emergencies. (C-1)
- 5-14.8 State indications of an imminent delivery. (C-1)
- 5-14.9 Explain the use of the contents of an obstetrics kit. (C-2)
- 5-14.10 Differentiate the management of a patient with predelivery emergencies from a normal delivery. (C-3)
- 5-14.11 State the steps in the predelivery preparation of the mother. (C-1)
- 5-14.12 Establish the relationship between body substance isolation and childbirth. (C-3)
- 5-14.13 State the steps to assist in the delivery of a newborn. (C-1)
- 5-14.14 Describe how to care for the newborn. (C-1)
- 5-14.15 Describe how and when to cut the umbilical cord. (C-1)
- 5-14.16 Discuss the steps in the delivery of the placenta. (C-1)
- 5-14.17 Describe the management of the mother post-delivery. (C-1)
- 5-14.18 Summarize neonatal resuscitation procedures. (C-1)
- 5-14.19 Describe the procedures for handling abnormal deliveries. (C-1)
- 5-14.20 Describe the procedures for handling complications of pregnancy. (C-1)

5-14.21 Describe the procedures for handling maternal complications of labor. (C-1)

5-14.22 Describe special considerations when meconium is present in amniotic fluid or during delivery. (C-1)

5-14.23 Describe special considerations of a premature baby. (C-1)

### **AFFECTIVE OBJECTIVES**

**At the completion of this unit, the paramedic student will be able to:**

5-14.24 Advocate the need for treating two patients (mother and baby). (A-2)

5-14.25 Value the importance of maintaining a patient's modesty and privacy during assessment and management. (A-2)

5-14.26 Serve as a role model for other EMS providers when discussing or performing the steps of childbirth. (A-3)

### **PSYCHOMOTOR OBJECTIVES**

**At the completion of this unit, the paramedic student will be able to:**

5-14.27 Demonstrate how to assess an obstetric patient. (P-2)

5-14.28 Demonstrate how to provide care for a patient with: (P-2)

- a. Excessive vaginal bleeding
- b. Abdominal pain
- c. Hypertensive crisis

### **UNIT TERMINAL OBJECTIVE**

6-1.1 **At the completion of this unit, the paramedic student will be able to integrate pathophysiological principles and assessment findings to formulate a field impression and implement a treatment plan for a neonatal patient.**

### **COGNITIVE OBJECTIVES**

**At the completion of this unit, the paramedic student will be able to:**

6-1.2 Define the term newborn. (C-1)

6-1.3 Define the term neonate. (C-1)

- 6-1.4 Identify important Antepartum factors that can affect childbirth. (C-1)
- 6-1.5 Identify important intrapartum factors that can term the newborn high risk. (C-1)
- 6-1.6 Identify the factors that lead to premature birth and low birth weight newborns. (C-1)
- 6-1.7 Distinguish between primary and secondary apnea. (C-3)
- 6-1.8 Discuss pulmonary perfusion and asphyxia. (C-1)
- 6-1.9 Identify the primary signs utilized for evaluating a newborn during resuscitation. (C-1)
- 6-1.10 Formulate an appropriate treatment plan for providing initial care to a newborn. (C-3)
- 6-1.11 Identify the appropriate use of the Apgar score in caring for a newborn. (C-1)
- 6-1.12 Calculate the APGAR score given various newborn situations. (C-3)
- 6-1.13 Determine when ventilatory assistance is appropriate for a newborn. (C-1)
- 6-1.14 Prepare appropriate ventilation equipment, adjuncts and technique for a newborn. (C-1)
- 6-1.15 Determine when chest compressions are appropriate for a newborn. (C-1)
- 6-1.16 Discuss appropriate chest compression techniques for a newborn. (C-1)
- 6-1.17 Assess patient improvement due to chest compressions and ventilations. (C-1)
- 6-1.18 Determine when endotracheal intubation is appropriate for a newborn. (C-1)
- 6-1.19 Discuss appropriate endotracheal intubation techniques for a newborn. (C-1)
- 6-1.20 Assess patient improvement due to endotracheal intubation. (C-1)
- 6-1.21 Identify complications related to endotracheal intubation for a newborn. (C-1)
- 6-1.22 Determine when vascular access is indicated for a newborn. (C-1)
- 6-1.23 Discuss the routes of medication administration for a newborn. (C-1)
- 6-1.24 Determine when blow-by oxygen delivery is appropriate for a newborn. (C-1)
- 6-1.25 Discuss appropriate blow-by oxygen delivery devices and technique for a newborn. (C-1)
- 6-1.26 Assess patient improvement due to assisted ventilations. (C-1)
- 6-1.27 Determine when an orogastric tube should be inserted during positive-pressure ventilation. (C-1)
- 6-1.28 Discuss the signs of hypovolemia in a newborn. (C-1)
- 6-1.29 Discuss the initial steps in resuscitation of a newborn. (C-1)
- 6-1.30 Assess patient improvement due to blow-by oxygen delivery. (C-1)
- 6-1.31 Discuss the effects maternal narcotic usage has on the newborn. (C-1)

- 6-1.32 Determine the appropriate treatment for the newborn with narcotic depression. (C-1)
- 6-1.33 Discuss appropriate transport guidelines for a newborn. (C-1)
- 6-1.34 Determine appropriate receiving facilities for low and high-risk newborns. (C-1)
- 6-1.35 Describe the epidemiology, including the incidence, morbidity/ mortality, risk factors and prevention strategies for meconium aspiration. (C-1)
- 6-1.36 Discuss the pathophysiology of meconium aspiration. (C-1)
- 6-1.37 Discuss the assessment findings associated with meconium aspiration. (C-1)
- 6-1.38 Discuss the management/ treatment plan for meconium aspiration. (C-1)
- 6-1.39 Describe the epidemiology, including the incidence, morbidity/ mortality, risk factors and prevention strategies for apnea in the neonate. (C-1)
- 6-1.40 Discuss the pathophysiology of apnea in the neonate. (C-1)
- 6-1.41 Discuss the assessment findings associated with apnea in the neonate. (C-1)
- 6-1.42 Discuss the management/ treatment plan for apnea in the neonate. (C-1)
- 6-1.43 Describe the epidemiology, pathophysiology, assessment findings, management/ treatment plan for diaphragmatic hernia. (C-1)
- 6-1.44 Describe the epidemiology, including the incidence, morbidity/ mortality and risk factors for bradycardia in the neonate. (C-1)
- 6-1.45 Discuss the pathophysiology of bradycardia in the neonate. (C-1)
- 6-1.46 Discuss the assessment findings associated with bradycardia in the neonate. (C-1)
- 6-1.47 Discuss the management/ treatment plan for bradycardia in the neonate. (C-1)
- 6-1.48 Describe the epidemiology, including the incidence, morbidity/ mortality and risk factors for premature infants
- 6-1.49 Discuss the pathophysiology of premature infants. (C-1)
- 6-1.50 Discuss the assessment findings associated with premature infants. (C-1)
- 6-1.51 Discuss the management/ treatment plan for premature infants. (C-1)
- 6-1.52 Describe the epidemiology, including the incidence, morbidity/ mortality and risk factors for respiratory distress/ cyanosis in the neonate. (C-1)
- 6-1.53 Discuss the pathophysiology of respiratory distress/ cyanosis in the neonate. (C-1)
- 6-1.54 Discuss the assessment findings associated with respiratory distress/ cyanosis in the neonate. (C-1)
- 6-1.55 Discuss the management/ treatment plan for respiratory distress/ cyanosis in the neonate. (C-1)

- 6-1.56 Describe the epidemiology, including the incidence, morbidity/ mortality and risk factors for seizures in the neonate. (C-1)
- 6-1.57 Discuss the pathophysiology of seizures in the neonate. (C-1)
- 6-1.58 Discuss the assessment findings associated with seizures in the neonate. (C-1)
- 6-1.59 Discuss the management/ treatment plan for seizures in the neonate. (C-1)
- 6-1.60 Describe the epidemiology, including the incidence, morbidity/ mortality and risk factors for fever in the neonate. (C-1)
- 6-1.61 Discuss the pathophysiology of fever in the neonate. (C-1)
- 6-1.62 Discuss the assessment findings associated with fever in the neonate. (C-1)
- 6-1.63 Discuss the management/ treatment plan for fever in the neonate. (C-1)
- 6-1.64 Describe the epidemiology, including the incidence, morbidity/ mortality and risk factors for hypothermia in the neonate. (C-1)
- 6-1.65 Discuss the pathophysiology of hypothermia in the neonate. (C-1)
- 6-1.66 Discuss the assessment findings associated with hypothermia in the neonate. (C-1)
- 6-1.67 Discuss the management/ treatment plan for hypothermia in the neonate. (C-1)
- 6-1.68 Describe the epidemiology, including the incidence, morbidity/ mortality and risk factors for hypoglycemia in the neonate. (C-1)
- 6-1.69 Discuss the pathophysiology of hypoglycemia in the neonate. (C-1)
- 6-1.70 Discuss the assessment findings associated with hypoglycemia in the neonate. (C-1)
- 6-1.71 Discuss the management/ treatment plan for hypoglycemia in the neonate. (C-1)
- 6-1.72 Describe the epidemiology, including the incidence, morbidity/ mortality and risk factors for vomiting in the neonate (C-1)
- 6-1.73 Discuss the pathophysiology of vomiting in the neonate. (C-1)
- 6-1.74 Discuss the assessment findings associated with vomiting in the neonate. (C-1)
- 6-1.75 Discuss the management/ treatment plan for vomiting in the neonate. (C-1)
- 6-1.76 Describe the epidemiology, including the incidence, morbidity/ mortality and risk factors for diarrhea in the neonate. (C-1)
- 6-1.77 Discuss the pathophysiology of in diarrhea the neonate. (C-1)
- 6-1.78 Discuss the assessment findings associated with diarrhea in the neonate. (C-1)
- 6-1.79 Discuss the management/ treatment plan for diarrhea in the neonate. (C-1)

- 6-1.80 Describe the epidemiology, including the incidence, morbidity/ mortality and risk factors for common birth injuries in the neonate. (C-1)
- 6-1.81 Discuss the pathophysiology of common birth injuries in the neonate. (C-1)
- 6-1.82 Discuss the assessment findings associated with common birth injuries in the neonate. (C-1)
- 6-1.83 Discuss the management/ treatment plan for common birth injuries in the neonate. (C-1)
- 6-1.84 Describe the epidemiology, including the incidence, morbidity/ mortality and risk factors for cardiac arrest in the neonate. (C-1)
- 6-1.85 Discuss the pathophysiology of cardiac arrest in the neonate. (C-1)
- 6-1.86 Discuss the assessment findings associated with cardiac arrest in the neonate. (C-1)
- 6-1.87 Discuss the management/ treatment plan for cardiac arrest in the neonate. (C-1)
- 6-1.88 Discuss the pathophysiology of post arrest management of the neonate. (C-1)
- 6-1.89 Discuss the assessment findings associated with post arrest situations in the neonate. (C-1)
- 6-1.90 Discuss the management/ treatment plan to stabilize the post arrest neonate. (C-1)

### **AFFECTIVE OBJECTIVES**

**At the completion of this unit, the paramedic student will be able to:**

- 6-1.91 Demonstrate and advocate appropriate interaction with a newborn/ neonate that conveys respect for their position in life. (A-3)
- 6-1.92 Recognize the emotional impact of newborn/ neonate injuries/ illnesses on parents/ guardians. (A-1)
- 6-1.93 Recognize and appreciate the physical and emotional difficulties associated with separation of the parent/ guardian and a newborn/ neonate. (A-3)
- 6-1.94 Listen to the concerns expressed by parents/ guardians. (A-1)
- 6-1.95 Attend to the need for reassurance, empathy and compassion for the parent/ guardian. (A-1)

### **PSYCHOMOTOR OBJECTIVES**

**At the completion of this unit, the paramedic student will be able to:**

- 6-1.96 Demonstrate preparation of a newborn resuscitation area. (P-2)
- 6-1.97 Demonstrate appropriate assessment technique for examining a newborn. (P-2)

6-1.98 Demonstrate appropriate assisted ventilations for a newborn. (P-2)

6-1.99 Demonstrate appropriate endotracheal intubation technique for a newborn. (P-2)

- 6-1.100 Demonstrate appropriate meconium aspiration suctioning technique for a newborn. (P-2)
- 6-1.101 Demonstrate appropriate insertion of an orogastric tube. (P-2)
- 6-1.102 Demonstrate needle chest decompression for a newborn or neonate. (P-2)
- 6-1.103 Demonstrate appropriate chest compression and ventilation technique for a newborn. (P-2)
- 6-1.104 Demonstrate appropriate techniques to improve or eliminate endotracheal intubation complications. (P-2)
- 6-1.105 Demonstrate vascular access cannulation techniques for a newborn. (P-2)
- 6-1.106 Demonstrate the initial steps in resuscitation of a newborn. (P-2)
- 6-1.107 Demonstrate blow-by oxygen delivery for a newborn. (P-2)

### **UNIT TERMINAL OBJECTIVE**

- 6-2.1 **At the completion of this unit, the paramedic student will be able to integrate pathophysiological principles and assessment findings to formulate a field impression and implement a treatment plan for the pediatric patient.**

### **COGNITIVE OBJECTIVES**

**At the completion of this unit, the paramedic student will be able to:**

- 6-2.2 Discuss the paramedic's role in the reduction of infant and childhood morbidity and mortality from acute illness and injury. (C-1)
- 6-2.3 Identify methods/ mechanisms that prevent injuries to infants and children. (C-1)
- 6-2.4 Describe Emergency Medical Services for Children (EMSC). (C-1)
- 6-2.5 Discuss how an integrated EMSC system can affect patient outcome. (C-2)
- 6-2.6 Identify key growth and developmental characteristics of infants and children and their implications. (C-2)
- 6-2.7 Identify key anatomical and physiological characteristics of infants and children and their implications. (C-2)
- 6-2.8 Describe techniques for successful assessment of infants and children. (C-1)
- 6-2.9 Describe techniques for successful treatment of infants and children. (C-1)

- 6-2.10 Identify the common responses of families to acute illness and injury of an infant or child. (C-1)
- 6-2.11 Describe techniques for successful interaction with families of acutely ill or injured infants and children. (C-1)
- 6-2.12 Outline differences in adult and childhood anatomy and physiology. (C-3)
- 6-2.13 Identify "normal" age group related vital signs. (C-1)
- 6-2.14 Discuss the appropriate equipment utilized to obtain pediatric vital signs. (C-1)
- 6-2.15 Determine appropriate airway adjuncts for infants and children. (C-1)
- 6-2.16 Discuss complications of improper utilization of airway adjuncts with infants and children. (C-1)
- 6-2.17 Discuss appropriate ventilation devices for infants and children. (C-1)
- 6-2.18 Discuss complications of improper utilization of ventilation devices with infants and children. (C-1)
- 6-2.19 Discuss appropriate endotracheal intubation equipment for infants and children. (C-1)
- 6-2.20 Identify complications of improper endotracheal intubation procedure in infants and children. (C-1)
- 6-2.21 List the indications and methods for gastric decompression for infants and children. (C-1)
- 6-2.22 Define respiratory distress. (C-1)
- 6-2.23 Define respiratory failure. (C-1)
- 6-2.24 Define respiratory arrest. (C-1)
- 6-2.25 Differentiate between upper airway obstruction and lower airway disease. (C-3)
- 6-2.26 Describe the general approach to the treatment of children with respiratory distress, failure, or arrest from upper airway obstruction or lower airway disease. (C-3)
- 6-2.27 Discuss the common causes of hypoperfusion in infants and children. (C-1)
- 6-2.28 Evaluate the severity of hypoperfusion in infants and children. (C-3)
- 6-2.29 Identify the major classifications of pediatric cardiac rhythms. (C-1)
- 6-2.30 Discuss the primary etiologies of cardiopulmonary arrest in infants and children. (C-1)
- 6-2.31 Discuss age appropriate vascular access sites for infants and children. (C-1)
- 6-2.32 Discuss the appropriate equipment for vascular access in infants and children. (C-1)
- 6-2.33 Identify complications of vascular access for infants and children. (C-1)
- 6-2.34 Describe the primary etiologies of altered level of consciousness in infants and children. (C-1)
- 6-2.35 Identify common lethal mechanisms of injury in infants and children. (C-1)
- 6-2.36 Discuss anatomical features of children that predispose or protect them from certain injuries. (C-1)

- 6-2.37 Describe aspects of infant and children airway management that are affected by potential cervical spine injury. (C-1)
- 6-2.38 Identify infant and child trauma patients who require spinal immobilization. (C-1)
- 6-2.39 Discuss fluid management and shock treatment for infant and child trauma patient. (C-1)
- 6-2.40 Determine when pain management and sedation are appropriate for infants and children. (C-1)
- 6-2.41 Define child abuse. (C-1)
- 6-2.42 Define child neglect. (C-1)
- 6-2.43 Define sudden infant death syndrome (SIDS). (C-1)
- 6-2.44 Discuss the parent/ caregiver responses to the death of an infant or child. (C-1)
- 6-2.45 Define children with special health care needs. (C-1)
- 6-2.46 Define technology assisted children. (C-1)
- 6-2.47 Discuss basic cardiac life support (CPR) guidelines for infants and children. (C-1)
- 6-2.48 Identify appropriate parameters for performing infant and child CPR. (C-1)
- 6-2.49 Integrate advanced life support skills with basic cardiac life support for infants and children. (C-3)
- 6-2.50 Discuss the indications, dosage, route of administration and special considerations for medication administration in infants and children. (C-1)
- 6-2.51 Discuss appropriate transport guidelines for infants and children. (C-1)
- 6-2.52 Discuss appropriate receiving facilities for low and high-risk infants and children. (C-1)
- 6-2.53 Describe the epidemiology, including the incidence, morbidity/ mortality, risk factors and prevention strategies for respiratory distress/ failure in infants and children. (C-1)
- 6-2.54 Discuss the pathophysiology of respiratory distress/ failure in infants and children. (C-1)
- 6-2.55 Discuss the assessment findings associated with respiratory distress/ failure in infants and children. (C-1)
- 6-2.56 Discuss the management/ treatment plan for respiratory distress/ failure in infants and children. (C-1)
- 6-2.57 Describe the epidemiology, including the incidence, morbidity/ mortality, risk factors and prevention strategies for hypoperfusion in infants and children. (C-1)
- 6-2.58 Discuss the pathophysiology of hypoperfusion in infants and children. (C-1)
- 6-2.59 Discuss the assessment findings associated with hypoperfusion in infants and children. (C-1)
- 6-2.60 Discuss the management/ treatment plan for hypoperfusion in infants and children. (C-1)
- 6-2.61 Describe the epidemiology, including the incidence, morbidity/ mortality, risk factors and prevention strategies for cardiac dysrhythmias in infants and children. (C-1)
- 6-2.62 Discuss the pathophysiology of cardiac dysrhythmias in infants and children. (C-1)

- 6-2.63 Discuss the assessment findings associated with cardiac dysrhythmias in infants and children. (C-1)
- 6-2.64 Discuss the management/ treatment plan for cardiac dysrhythmias in infants and children. (C-1)
- 6-2.65 Describe the epidemiology, including the incidence, morbidity/ mortality, risk factors and prevention strategies for neurological emergencies in infants and children. (C-1)
- 6-2.66 Discuss the pathophysiology of neurological emergencies in infants and children. (C-1)
- 6-2.67 Discuss the assessment findings associated with neurological emergencies in infants and children. (C-1)
- 6-2.68 Discuss the management/ treatment plan for neurological emergencies in infants and children. (C-1)
- 6-2.69 Describe the epidemiology, including the incidence, morbidity/ mortality, risk factors and prevention strategies for trauma in infants and children. (C-1)
- 6-2.70 Discuss the pathophysiology of trauma in infants and children. (C-1)
- 6-2.71 Discuss the assessment findings associated with trauma in infants and children. (C-1)
- 6-2.72 Discuss the management/ treatment plan for trauma in infants and children. (C-1)
- 6-2.73 Describe the epidemiology, including the incidence, morbidity/ mortality, risk factors and prevention strategies for abuse and neglect in infants and children. (C-1)
- 6-2.74 Discuss the pathophysiology of abuse and neglect in infants and children. (C-1)
- 6-2.75 Discuss the assessment findings associated with abuse and neglect in infants and children. (C-1)
- 6-2.76 Discuss the management/ treatment plan for abuse and neglect in infants and children, including documentation and reporting. (C-1)
- 6-2.77 Describe the epidemiology, including the incidence, morbidity/ mortality, risk factors and prevention strategies for SIDS infants. (C-1)
- 6-2.78 Describe the epidemiology, including the incidence, morbidity/ mortality, risk factors and prevention strategies for children with special health care needs including technology-assisted children. (C-1)
- 6-2.79 Discuss the pathophysiology of children with special health care needs including technology-assisted children. (C-1)
- 6-2.80 Discuss the assessment findings associated for children with special health care needs including technology-assisted children. (C-1)
- 6-2.81 Discuss the management/ treatment plan for children with special health care needs including technology-assisted children. (C-1)
- 6-2.82 Describe the epidemiology, including the incidence, morbidity/ mortality, risk factors and prevention strategies for SIDS infants. (C-1)
- 6-2.83 Discuss the pathophysiology of SIDS in infants. (C-1)
- 6-2.84 Discuss the assessment findings associated with SIDS infants. (C-1)

6-2.85 Discuss the management/ treatment plan for SIDS in infants. (C-1)

### **AFFECTIVE OBJECTIVES**

**At the completion of this unit, the paramedic student will be able to:**

- 6-2.86 Demonstrate and advocate appropriate interactions with the infant/ child that conveys an understanding of their developmental stage. (A-3)
- 6-2.87 Recognize the emotional dependence of the infant/ child to their parent/ guardian. (A-1)
- 6-2.88 Recognize the emotional impact of the infant/ child injuries and illnesses on the parent/ guardian. (A-1)
- 6-2.89 Recognize and appreciate the physical and emotional difficulties associated with separation of the parent/ guardian of a special needs child (A-3)
- 6-2.90 Demonstrate the ability to provide reassurance, empathy and compassion for the parent/ guardian. (A-1)

### **PSYCHOMOTOR OBJECTIVES**

**At the completion of this unit, the paramedic student will be able to:**

- 6-2.91 Demonstrate the appropriate approach for treating infants and children. (P-2)
- 6-2.92 Demonstrate appropriate intervention techniques with families of acutely ill or injured infants and children. (P-2)
- 6-2.93 Demonstrate an appropriate assessment for different developmental age groups. (P-2)
- 6-2.94 Demonstrate an appropriate technique for measuring pediatric vital signs. (P-2)
- 6-2.95 Demonstrate the use of a length-based resuscitation device for determining equipment sizes, drug doses and other pertinent information for a pediatric patient. (P-2)
- 6-2.96 Demonstrate the appropriate approach for treating infants and children with respiratory distress, failure, and arrest. (P-2)
- 6-2.97 Demonstrate proper technique for administering blow-by oxygen to infants and children. (P-2)
- 6-2.98 Demonstrate the proper utilization of a pediatric non-rebreather oxygen mask. (P-2)
- 6-2.99 Demonstrate proper technique for suctioning of infants and children. (P-2)
- 6-2.100 Demonstrate appropriate use of airway adjuncts with infants and children. (P-2)

- 6-2.101 Demonstrate appropriate use of ventilation devices for infants and children. (P-2)
- 6-2.102 Demonstrate endotracheal intubation procedures in infants and children. (P-2)
- 6-2.103 Demonstrate appropriate treatment/ management of intubation complications for infants and children. (P-2)
- 6-2.104 Demonstrate appropriate needle cricothyroidotomy in infants and children. (P-2)
- 6-2.105 Demonstrate proper placement of a gastric tube in infants and children. (P-2)
- 6-2.106 Demonstrate an appropriate technique for insertion of peripheral intravenous catheters for infants and children. (P-2)
- 6-2.107 Demonstrate an appropriate technique for administration of intramuscular, inhalation, subcutaneous, rectal, endotracheal and oral medication for infants and children. (P-2)
- 6-2.108 Demonstrate an appropriate technique for insertion of an intraosseous line for infants and children. (P-2)
- 6-2.109 Demonstrate appropriate interventions for infants and children with a partially obstructed airway. (P-2)
- 6-2.110 Demonstrate age appropriate basic airway clearing maneuvers for infants and children with a completely obstructed airway. (P-2)
- 6-2.111 Demonstrate proper technique for direct laryngoscopy and foreign body retrieval in infants and children with a completely obstructed airway. (P-2)
- 6-2.112 Demonstrate appropriate airway and breathing control maneuvers for infant and child trauma patients. (P-2)
- 6-2.113 Demonstrate appropriate treatment of infants and children requiring advanced airway and breathing control. (P-2)
- 6-2.114 Demonstrate appropriate immobilization techniques for infant and child trauma patients. (P-2)
- 6-2.115 Demonstrate treatment of infants and children with head injuries. (P-2)
- 6-2.116 Demonstrate appropriate treatment of infants and children with chest injuries. (P-2)
- 6-2.117 Demonstrate appropriate treatment of infants and children with abdominal injuries. (P-2)
- 6-2.118 Demonstrate appropriate treatment of infants and children with extremity injuries. (P-2)
- 6-2.119 Demonstrate appropriate treatment of infants and children with burns. (P-2)
- 6-2.120 Demonstrate appropriate parent/ caregiver interviewing techniques for infant and child death situations. (P-2)
- 6-2.121 Demonstrate proper infant CPR. (P-2)
- 6-2.122 Demonstrate proper child CPR. (P-2)
- 6-2.123 Demonstrate proper techniques for performing infant and child defibrillation and synchronized cardioversion. (P-2)

## **UNIT TERMINAL OBJECTIVE**

- 6-3 At the completion of this unit, the paramedic student will be able to integrate the pathophysiological principles and the assessment findings to formulate and implement a treatment plan for the geriatric patient.

## **COGNITIVE OBJECTIVES**

At the completion of this unit, the paramedic student will be able to:

- 6-3.1 Discuss population demographics demonstrating the rise in elderly population in the U.S. (C-1)
- 6-3.2 Discuss society's view of aging and the social, financial, and ethical issues facing the elderly. (C-1)
- 6-3.3 Assess the various living environments of elderly patients. (C-3)
- 6-3.4 Describe the local resources available to assist the elderly and create strategies to refer at risk patients to appropriate community services. (C-3)
- 6-3.5 Discuss issues facing society concerning the elderly. (C-1)
- 6-3.6 Discuss common emotional and psychological reactions to aging to include causes and manifestations. (C-1)
- 6-3.7 Apply the pathophysiology of multi-system failure to the assessment and management of medical conditions in the elderly patient. (C-2)
- 6-3.8 Discuss the problems with mobility in the elderly and develop strategies to prevent falls. (C-1)
- 6-3.9 Discuss the implications of problems with sensation to communication and patient assessment. (C-2)
- 6-3.10 Discuss the problems with continence and elimination and develop communication strategies to provide psychological support. (C-3)
- 6-3.11 Discuss factors that may complicate the assessment of the elderly patient. (C-1)
- 6-3.12 Describe principles that should be employed when assessing and communicating with the elderly. (C-1)
- 6-3.13 Compare the assessment of a young patient with that of an elderly patient. (C-3)
- 6-3.14 Discuss common complaints of elderly patients. (C-1)
- 6-3.15 Compare the pharmacokinetics of an elderly patient to that of a young adult. (C-2) 6-3.
- 6-3.16 Discuss the impact of polypharmacy and medication non-compliance on patient assessment and management. (C-1)
- 6-3.17 Discuss drug distribution, metabolism, and excretion in the elderly patient. (C-1)
- 6-3.18 Discuss medication issues of the elderly including polypharmacy, dosing errors and increased drug sensitivity. (C-1)

- 6-3.19 Discuss the use and effects of commonly prescribed drugs for the elderly patient. (C-1)
- 6-3.20 Discuss the normal and abnormal changes with age of the pulmonary system. (C-1)
- 6-3.21 Describe the epidemiology of pulmonary diseases in the elderly, including incidence, morbidity/ mortality, risk factors, and prevention strategies for patients with pneumonia, chronic obstructive pulmonary diseases and pulmonary embolism. (C-1)
- 6-3.22 Compare and contrast the pathophysiology of pulmonary diseases in the elderly with that of a younger adult, including pneumonia, chronic obstructive pulmonary diseases, and pulmonary embolism. (C-3)
- 6-3.23 Discuss the assessment of the elderly patient with pulmonary complaints, including pneumonia, chronic obstructive pulmonary diseases, and pulmonary embolism. (C-1)
- 6-3.24 Identify the need for intervention and transport of the elderly patient with pulmonary complaints. (C-1)
- 6-3.25 Develop a treatment and management plan of the elderly patient with pulmonary complaints, including pneumonia, chronic obstructive pulmonary diseases, and pulmonary embolism. (C-3)
- 6-3.26 Discuss the normal and abnormal cardiovascular system changes with age. (C-1)
- 6-3.27 Describe the epidemiology for cardiovascular diseases in the elderly, including incidence, morbidity/ mortality, risk factors, and prevention strategies for patients with myocardial infarction, heart failure, dysrhythmias, aneurysm, and hypertension. (C-1)
- 6-3.28 Compare and contrast the pathophysiology of cardiovascular diseases in the elderly with that of a younger adult, including myocardial infarction, heart failure, dysrhythmias, aneurisms, and hypertension. (C-3)
- 6-3.29 Discuss the assessment of the elderly patient with complaints related to the cardiovascular system, including myocardial infarction, heart failure, dysrhythmias, aneurisms, and hypertension. (C-1)
- 6-3.30 Identify the need for intervention and transportation of the elderly patient with cardiovascular complaints. (C-1)
- 6-3.31 Develop a treatment and management plan of the elderly patient with cardiovascular complaints, including myocardial infarction, heart failure, dysrhythmias, aneurisms and hypertension. (C-3)
- 6-3.32 Discuss the normal and abnormal changes with age of the nervous system. (C-1)
- 6-3.33 Describe the epidemiology for nervous system diseases in the elderly, including incidence, morbidity/ mortality, risk factors, and prevention strategies for patients with cerebral vascular disease, delirium, dementia, Alzheimer's disease and Parkinson's disease. (C-1)
- 6-3.34 Compare and contrast the pathophysiology of nervous system diseases in the elderly with that of a younger adult, including cerebral vascular disease, delirium, dementia, Alzheimer's disease and Parkinson's disease. (C-3)
- 6-3.35 Discuss the assessment of the elderly patient with complaints related to the nervous system, including cerebral vascular disease, delirium, dementia, Alzheimer's disease and Parkinson's disease. (C-1)
- 6-3.36 Identify the need for intervention and transportation of the patient with complaints related to the nervous system. (C-1)

- 6-3.37 Develop a treatment and management plan of the elderly patient with complaints related to the nervous system, including cerebral vascular disease, delirium, dementia, Alzheimer's disease and Parkinson's disease. (C-3)
- 6-3.38 Discuss the normal and abnormal changes of the endocrine system with age. (C-1)
- 6-3.39 Describe the epidemiology for endocrine diseases in the elderly, including incidence, morbidity/ mortality, risk factors, and prevention strategies for patients with diabetes and thyroid diseases. (C-1)
- 6-3.40 Compare and contrast the pathophysiology of diabetes and thyroid diseases in the elderly with that of a younger adult. (C-3)
- 6-3.41 Discuss the assessment of the elderly patient with complaints related to the endocrine system, including diabetes and thyroid diseases. (C-1)
- 6-3.42 Identify the need for intervention and transportation of the patient with endocrine problems. (C-1)
- 6-3.43 Develop a treatment and management plan of the elderly patient with endocrine problems, including diabetes and thyroid diseases. (C-3)
- 6-3.44 Discuss the normal and abnormal changes of the gastrointestinal system with age. (C-1)
- 6-3.45 Discuss the assessment of the elderly patient with complaints related to the gastrointestinal system. (C-1)
- 6-3.46 Identify the need for intervention and transportation of the patient with gastrointestinal complaints. (C-1)
- 6-3.47 Develop and execute a treatment and management plan of the elderly patient with gastrointestinal problems. (C-3)
- 6-3.48 Discuss the assessment and management of an elderly patient with GI hemorrhage and bowel obstruction. (C-1)
- 6-3.49 Compare and contrast the pathophysiology of GI hemorrhage and bowel obstruction in the elderly with that of a young adult. (C-3)
- 6-3.50 Discuss the normal and abnormal changes with age related to toxicology. (C-1)
- 6-3.51 Discuss the assessment of the elderly patient with complaints related to toxicology. (C-1)
- 6-3.52 Identify the need for intervention and transportation of the patient with toxicological problems. (C-1)
- 6-3.53 Develop and execute a treatment and management plan of the elderly patient with toxicological problems. (C-3)
- 6-3.54 Describe the epidemiology in the elderly, including the incidence, morbidity/ mortality, risk factors, and prevention strategies, for patients with drug toxicity. (C-1)
- 6-3.55 Compare and contrast the pathophysiology of drug toxicity in the elderly with that of a younger adult. (C-3)
- 6-3.56 Discuss the assessment findings common in elderly patients with drug toxicity. (C-1)
- 6-3.57 Discuss the management/ considerations when treating an elderly patient with drug toxicity. (C-1)

- 6-3.58 Describe the epidemiology for drug and alcohol abuse in the elderly, including incidence, morbidity/ mortality, risk factors, and prevention strategies. (C-1)
- 6-3.59 Compare and contrast the pathophysiology of drug and alcohol abuse in the elderly with that of a younger adult. (C-3)
- 6-3.60 Discuss the assessment findings common in elderly patients with drug and alcohol abuse. (C-1)
- 6-3.61 Discuss the management/ considerations when treating an elderly patient with drug and alcohol abuse. (C-1)
- 6-3.62 Discuss the normal and abnormal changes of thermoregulation with age. (C-1)
- 6-3.63 Discuss the assessment of the elderly patient with complaints related to thermoregulation. (C-1)
- 6-3.64 Identify the need for intervention and transportation of the patient with environmental considerations. (C-1)
- 6-3.65 Develop and execute a treatment and management plan of the elderly patient with environmental considerations. (C-3)
- 6-3.66 Compare and contrast the pathophysiology of hypothermia and Hyperthermia in the elderly with that of a younger adult. (C-3)
- 6-3.67 Discuss the assessment findings and management plan for elderly patients with hypothermia and Hyperthermia. (C-1)
- 6-3.68 Discuss the normal and abnormal psychiatric changes of age. (C-1)
- 6-3.69 Describe the epidemiology of depression and suicide in the elderly, including incidence, morbidity/ mortality, risk factors, and prevention strategies. (C-1)
- 6-3.70 Compare and contrast the psychiatry of depression and suicide in the elderly with that of a younger adult. (C-3)
- 6-3.71 Discuss the assessment of the elderly patient with psychiatric complaints, including depression and suicide. (C-1)
- 6-3.72 Identify the need for intervention and transport of the elderly psychiatric patient. (C-1)
- 6-3.73 Develop a treatment and management plan of the elderly psychiatric patient, including depression and suicide. (C-3)
- 6-3.74 Discuss the normal and abnormal changes of the integumentary system with age. (C-1)
- 6-3.75 Describe the epidemiology for pressure ulcers in the elderly, including incidence, morbidity/ mortality, risk factors, and prevention strategies. (C-1)
- 6-3.76 Compare and contrast the pathophysiology of pressure ulcers in the elderly with that of a younger adult. (C-3)
- 6-3.77 Discuss the assessment of the elderly patient with complaints related to the integumentary system, including pressure ulcers. (C-1)

- 6-3.78 Identify the need for intervention and transportation of the patient with complaints related to the integumentary system. (C-1)
- 6-3.79 Develop a treatment and management plan of the elderly patient with complaints related to the integumentary system, including pressure ulcers. (C-3)
- 6-3.80 Discuss the normal and abnormal changes of the musculoskeletal system with age. (C-1)
- 6-3.81 Describe the epidemiology for osteoarthritis and osteoporosis, including incidence, morbidity/ mortality, risk factors, and prevention strategies. (C-1)
- 6-3.82 Compare and contrast the pathophysiology of osteoarthritis and osteoporosis with that of a younger adult. (C-3)
- 6-3.83 Discuss the assessment of the elderly patient with complaints related to the musculoskeletal system, including osteoarthritis and osteoporosis. (C-1)
- 6-3.84 Identify the need for intervention and transportation of the patient with musculoskeletal complaints. (C-1)
- 6-3.85 Develop a treatment and management plan of the elderly patient with musculoskeletal complaints, including osteoarthritis and osteoporosis. (C-3)
- 6-3.86 Describe the epidemiology for trauma in the elderly, including incidence, morbidity/ mortality, risk factors, and prevention strategies for patients with orthopedic injuries, burns and head injuries. (C-1)
- 6-3.87 Compare and contrast the pathophysiology of trauma in the elderly with that of a younger adult, including orthopedic injuries, burns and head injuries. (C-3)
- 6-3.88 Discuss the assessment findings common in elderly patients with traumatic injuries, including orthopedic injuries, burns and head injuries. (C-1)
- 6-3.89 Discuss the management/ considerations when treating an elderly patient with traumatic injuries, including orthopedic injuries, burns and head injuries. (C-1)
- 6-3.90 Identify the need for intervention and transport of the elderly patient with trauma. (C-1)

### **AFFECTIVE OBJECTIVES**

**At the completion of this unit, the paramedic student will be able to:**

- 6-3.91 Demonstrate and advocate appropriate interactions with the elderly that conveys respect for their position in life. (A-3)

- 6-3.92 Recognize the emotional need for independence in the elderly while simultaneously attending to their apparent acute dependence. (A-1)
- 6-3.93 Recognize and appreciate the many impediments to physical and emotional well being in the elderly. (A-2)
- 6-3.94 Recognize and appreciate the physical and emotional difficulties associated with being a caretaker of an impaired elderly person, particularly the patient with Alzheimer's disease. (A-3)

### **PSYCHOMOTOR OBJECTIVES**

**At the completion of this unit, the paramedic student will be able to:**

- 6-3.95 Demonstrate the ability to assess a geriatric patient. (P-2)
- 6-3.96 Demonstrate the ability to adjust their assessment to a geriatric patient. (P-3)

### **UNIT TERMINAL OBJECTIVE**

- 6-4 At the completion of this unit, the paramedic student will be able to integrate the assessment findings to formulate a field impression and implement a treatment plan for the patient who has sustained abuse or assault.**

### **COGNITIVE OBJECTIVES**

**At the completion of this unit, the paramedic student will be able to:**

- 6-4.1 Discuss the incidence of abuse and assault. (C-1)
- 6-4.2 Describe the categories of abuse. (C-1)
- 6-4.3 Discuss examples of spouse abuse. (C-1)
- 6-4.4 Discuss examples of elder abuse. (C-1)
- 6-4.5 Discuss examples of child abuse. (C-1)
- 6-4.6 Discuss examples of sexual assault. (C-1)
- 6-4.7 Describe the characteristics associated with the profile of the typical abuser of a spouse. (C-1)
- 6-4.8 Describe the characteristics associated with the profile of the typical abuser of the elder. (C-1)
- 6-4.9 Describe the characteristics associated with the profile of the typical abuser of children. (C-1)
- 6-4.10 Describe the characteristics associated with the profile of the typical assailant of sexual assault. (C-1)

- 6-4.11 Identify the profile of the "at-risk" spouse. (C-1)
- 6-4.12 Identify the profile of the "at-risk" elder. (C-1)
- 6-4.13 Identify the profile of the "at-risk" child. (C-1)
- 6-4.14 Discuss the assessment and management of the abused patient. (C-1)
- 6-4.15 Discuss the legal aspects associated with abuse situations. (C-1)
- 6-4.16 Identify community resources that are able to assist victims of abuse and assault. (C-1)
- 6-4.17 Discuss the documentation associated with abused and assaulted patient. (C-1)

### **AFFECTIVE OBJECTIVES**

**At the completion of this unit, the paramedic student will be able to:**

- 6-4.18 Demonstrate sensitivity to the abused patient. (A-1)
- 6-4.19 Value the behavior of the abused patient. (A-2)
- 6-4.20 Attend to the emotional state of the abused patient. (A-1)
- 6-4.21 Recognize the value of non-verbal communication with the abused patient. (A-1)
- 6-4.22 Attend to the needs for reassurance, empathy and compassion with the abused patient. (A-1)
- 6-4.23 Listen to the concerns expressed by the abused patient. (A-1)
- 6-4.24 Listen and value the concerns expressed by the sexually assaulted patient. (A-2)

### **PSYCHOMOTOR OBJECTIVES**

**At the completion of this unit, the paramedic student will be able to:**

- 6-4.25 Demonstrate the ability to assess a spouse, elder or child-abused patient. (P-1)
- 6-4.26 Demonstrate the ability to assess a sexually assaulted patient. (P-1)

### **UNIT TERMINAL OBJECTIVE**

- 6-5 **At the completion of this unit the paramedic student will be able to integrate pathophysiological and psychosocial principles to adapt the assessment and treatment plan for diverse patients and those who face physical, mental, social and financial challenges.**

## **COGNITIVE OBJECTIVES**

**At the completion of this unit, the paramedic student will be able to:**

- 6-5.1 Describe the various etiologies and types of hearing impairments. (C-1)
- 6-5.2 Recognize the patient with a hearing impairment. (C-1)
- 6-5.3 Anticipate accommodations that may be needed in order to properly manage the patient with a hearing impairment. (C-3)
- 6-5.4 Describe the various etiologies of visual impairments. (C-1)
- 6-5.5 Recognize the patient with a visual impairment. (C-1)
- 6-5.6 Anticipate accommodations that may be needed in order to properly manage the patient with a visual impairment. (C-3)
- 6-5.7 Describe the various etiologies and types of speech impairments. (C-1)
- 6-5.8 Recognize the patient with speech impairment. (C-1)
- 6-5.9 Anticipate accommodations that may be needed in order to properly manage the patient with speech impairment. (C-3)
- 6-5.10 Describe the various etiologies of obesity. (C-1)
- 6-5.11 Anticipate accommodations that may be needed in order to properly manage the patient with obesity. (C-3)
- 6-5.12 Describe paraplegia/ quadriplegia. (C-1)
- 6-5.13 Anticipate accommodations that may be needed in order to properly manage the patient with paraplegia/ quadriplegia. (C-3)
- 6-5.14 Define mental illness. (C-1)
- 6-5.15 Describe the various etiologies of mental illness. (C-1)
- 6-5.16 Recognize the presenting signs of the various mental illnesses. (C-1)
- 6-5.17 Anticipate accommodations that may be needed in order to properly manage the patient with a mental illness. (C-3)
- 6-5.18 Define the term developmentally disabled. (C-1)
- 6-5.19 Recognize the patient with a developmental disability. (C-1)
- 6-5.20 Anticipate accommodations that may be needed in order to properly manage the patient with a developmental disability. (C-3)
- 6-5.21 Describe Down's syndrome. (C-1)
- 6-5.22 Recognize the patient with Down's syndrome. (C-1)

- 6-5.23 Anticipate accommodations that may be needed in order to properly manage the patient with Down's syndrome. (C-3)
- 6-5.24 Describe the various etiologies of emotional impairment. (C-1)
- 6-5.25 Recognize the patient with an emotional impairment. (C-1)
- 6-5.26 Anticipate accommodations that may be needed in order to properly manage the patient with an emotional impairment. (C-3)
- 6-5.27 Define emotional/ mental impairment (EMI). (C-1)
- 6-5.28 Recognize the patient with an emotional or mental impairment. (C-1)
- 6-5.29 Anticipate accommodations that may be needed in order to properly manage patients with an emotional or mental impairment. (C-3)
- 6-5.30 Describe the following diseases/ illnesses: (C-1)
- a. Arthritis
  - b. Cancer
  - c. Cerebral palsy
  - d. Cystic fibrosis
  - e. Multiple sclerosis
  - f. Muscular dystrophy
  - g. Myasthenia gravis
  - h. Poliomyelitis
  - i. Spina bifida
  - j. Patients with a previous head injury
- 6-5.31 Identify the possible presenting sign(s) for the following diseases/ illnesses: (C-1)
- a. Arthritis
  - b. Cancer
  - c. Cerebral palsy
  - d. Cystic fibrosis
  - e. Multiple sclerosis
  - f. Muscular dystrophy
  - g. Myasthenia gravis
  - h. Poliomyelitis
  - i. Spina bifida
  - j. Patients with a previous head injury
- 6-5.32 Anticipate accommodations that may be needed in order to properly manage the following patients: (C-3)
- a. Arthritis
  - b. Cancer
  - c. Cerebral palsy
  - d. Cystic fibrosis
  - e. Multiple sclerosis
  - f. Muscular dystrophy
  - g. Myasthenia gravis
  - h. Poliomyelitis
  - i. Spina bifida
  - j. Patients with a previous head injury
- 6-5.33 Define cultural diversity. (C-1)

- 6-5.34 Recognize a patient who is culturally diverse. (C-1)
- 6-5.35 Anticipate accommodations that may be needed in order to properly manage a patient who is culturally diverse. (C-3)
- 6-5.36 Identify a patient that is terminally ill. (C-1)
- 6-5.37 Anticipate accommodations that may be needed in order to properly manage a patient who is terminally ill. (C-3)
- 6-5.38 Identify a patient with a communicable disease. (C-1)
- 6-5.39 Recognize the presenting signs of a patient with a communicable disease. (C-1)
- 6-5.40 Anticipate accommodations that may be needed in order to properly manage a patient with a communicable disease. (C-3)
- 6-5.41 Recognize sign(s) of financial impairments. (C-1)
- 6-5.42 Anticipate accommodations that may be needed in order to properly manage the patient with a financial impairment. (C-3)

#### **AFFECTIVE OBJECTIVES**

**None identified for this unit.**

#### **PSYCHOMOTOR OBJECTIVES**

**None identified for this unit.**

#### **UNIT TERMINAL OBJECTIVE**

- 6-6 At the completion of this unit, the paramedic student will be able to integrate the pathophysiological principles and the assessment findings to formulate a field impression and implement a treatment plan for the acute deterioration of a chronic care patient.**

#### **COGNITIVE OBJECTIVES**

**At the completion of this unit, the paramedic student will be able to:**

- 6-6.1 Compare and contrast the primary objectives of the ALS professional and the home care professional. (C-3)
- 6-6.2 Identify the importance of home health care medicine as related to the ALS level of care. (C-1)

- 6-6.3 Differentiate between the role of EMS provider and the role of the home care provider. (C-3)
- 6-6.4 Compare and contrast the primary objectives of acute care, home care and hospice care. (C-3)
- 6-6.5 Summarize the types of home health care available in your area and the services provided. (C-3)
- 6-6.6 Discuss the aspects of home care that result in enhanced quality of care for a given patient. (C-1)
- 6-6.7 Discuss the aspects of home care that have a potential to become a detriment to the quality of care for a given patient. (C-1)
- 6-6.8 List complications commonly seen in the home care patients, which result in their hospitalization. (C-1)
- 6-6.9 Compare the cost; mortality and quality of care for a given patient in the hospital versus the home care setting. (C-3)
- 6-6.10 Discuss the significance of palliative care programs as related to a patient in a home health care setting. (C-1)
- 6-6.11 Define hospice care, comfort care and DNR/ DNAR as they relate to local practice, law and policy. (C-1)
- 6-6.12 List the stages of the grief process and relate them to an individual in hospice care. (C-1)
- 6-6.13 List pathologies and complications typical to home care patients. (C-1)
- 6-6.14 Given a home care scenario, predict complications requiring ALS intervention. (C-3)
- 6-6.15 Given a series of home care scenarios, determine which patients should receive follow-up home care and which should be transported to an emergency care facility. (C-3)
- 6-6.16 Describe airway maintenance devices typically found in the home care environment. (C-1)
- 6-6.17 Describe devices that provide or enhance alveolar ventilation in the home care setting. (C-1)
- 6-6.18 List modes of artificial ventilation and an out-of-hospital situation where each might be employed. (C-1)
- 6-6.19 List vascular access devices found in the home care setting. (C-1)
- 6-6.20 Recognize standard central venous access devices utilized in home health care. (C-1)
- 6-6.21 Describe the basic universal characteristics of central venous catheters. (C-1)
- 6-6.22 Describe the basic universal characteristics of Implantable injection devices. (C-1)
- 6-6.23 List devices found in the home care setting that are used to empty, irrigate or deliver nutrition or medication to the GI/ GU tract. (C-1)
- 6-6.24 Describe complications of assessing each of the airway, vascular access, and GI/ GU devices described above. (C-1)
- 6-6.25 Given a series of scenarios, demonstrate the appropriate ALS interventions. (C-3)
- 6-6.26 Given a series of scenarios, demonstrate interaction and support with the family members/ support persons for a patient who has died. (C-3)

- 6-6.27 Describe common complications with central venous access and implantable drug administration ports in the out-of-hospital setting. (C-1)
- 6-6.28 Describe the indications and contraindications for urinary catheter insertion in an out-of-hospital setting. (C-1)
- 6-6.29 Identify the proper anatomy for placement of urinary catheters in males or females. (C-2)
- 6-6.30 Identify failure of GI/ GU devices found in the home care setting. (C-2)
- 6-6.31 Identify failure of ventilatory devices found in the home care setting. (C-2)
- 6-6.32 Identify failure of vascular access devices found in the home care setting. (C-2)
- 6-6.33 Identify failure of drains. (C-2)
- 6-6.34 Differentiate between home care and acute care as preferable situations for a given patient scenario. (C-3)
- 6-6.35 Discuss the relationship between local home care treatment protocols/ SOPs and local EMS Protocols/ SOPs. (C-3)
- 6-6.36 Discuss differences in individuals' ability to accept and cope with their own impending death. (C-3)
- 6-6.37 Discuss the rights of the terminally ill. (C-1)

### **AFFECTIVE OBJECTIVES**

**At the completion of this unit, the paramedic student will be able to:**

- 6-6.38 Value the role of the home-care professional and understand their role in patient care along the life-span continuum. (A-2)
- 6-6.39 Value the patient's desire to remain in the home setting. (A-2)
- 6-6.40 Value the patient's desire to accept or deny hospice care. (A-2)
- 6-6.41 Value the uses of long term venous access in the home health setting, including but not limited to: (A-2)
  - a. Chemotherapy
  - b. Home pain management
  - c. Nutrition therapy

- d. Congestive heart therapy
- e. Antibiotic therapy

### **PSYCHOMOTOR OBJECTIVES**

**At the completion of this unit, the paramedic student will be able to:**

- 6-6.42 Observe for an infected or otherwise complicated venous access point. (P-1)
- 6-6.43 Demonstrate proper tracheotomy care. (P-1)
- 6-6.44 Demonstrate the insertion of a new inner cannula and/ or the use of an endotracheal tube to temporarily maintain an airway in a tracheostomy patient. (P-1)
- 6-6.45 Demonstrate proper technique for drawing blood from a central venous line. (P-1)
- 6-6.46 Demonstrate the method of accessing vascular access devices found in the home health care setting. (P-1)

### **UNIT TERMINAL OBJECTIVE**

- 7-1 At the completion of this unit, the paramedic student will be able to integrate the principles of assessment-based management to perform an appropriate assessment and implement the management plan for patients with common complaints.**

### **COGNITIVE OBJECTIVES**

**At the completion of this unit, the paramedic student will be able to:**

- 7-1.1 Explain how effective assessment is critical to clinical decision-making. (C-1)
- 7-1.2 Explain how the paramedic's attitude affects assessment and decision-making. (C-1)
- 7-1.3 Explain how uncooperative patients affect assessment and decision-making. (C-1)
- 7-1.4 Explain strategies to prevent labeling and tunnel vision. (C-1)
- 7-1.5 Develop strategies to decrease environmental distractions. (C-1)
- 7-1.6 Describe how manpower considerations and staffing configurations affect assessment and decision-making. (C-1)
- 7-1.7 Synthesize concepts of scene management and choreography to simulated emergency calls. (C-3)

- 7-1.8 Explain the roles of the team leader and the patient care person. (C-1)
- 7-1.9 List and explain the rationale for carrying the essential patient care items. (C-3)
- 7-1.10 When given a simulated call, list the appropriate equipment to be taken to the patient. (C-2)
- 7-1.11 Explain the general approach to the emergency patient. (C-1)
- 7-1.12 Explain the general approach, patient assessment, differentials, and management priorities for patients with the following problems: (C-3)
- a. Chest pain
  - b. Medical and traumatic cardiac arrest
  - c. Acute abdominal pain
  - d. GI bleed
  - e. Altered mental status
  - f. Dyspnea
  - g. Syncope
  - h. Seizures
  - I. Environmental or thermal problem
  - j. Hazardous material or toxic exposure
  - k. Trauma or multi trauma patients
  - l. Allergic reactions
  - m. Behavioral problems
  - n. Obstetric or gynecological problems
  - o. Pediatric patients
- 7-1.13 Describe how to effectively communicate patient information face to face, over the telephone, by radio, and in writing. (C-1)

### **AFFECTIVE OBJECTIVES**

**At the completion of this unit, the paramedic student will be able to:**

- 7-1.14 Appreciate the use of scenarios to develop high-level clinical decision-making skills. (A-2)
- 7-1.15 Defend the importance of considering differentials in patient care. (A-3)

7-1.16 Advocate and practice the process of complete patient assessment on all patients. (A-3)

7-1.17 Value the importance of presenting the patient accurately and clearly. (A-2)

### **PSYCHOMOTOR OBJECTIVES**

**At the completion of this unit, the paramedic student will be able to:**

7-1.18 While serving as team leader, choreograph the EMS response team, perform a patient assessment, provide local/ regionally appropriate treatment, present cases verbally and in writing given a moulaged and programmed simulated patient. (P-3)

7-1.19 While serving as team leader, assess a programmed patient or mannequin, consider differentials, make decisions relative to interventions and transportation, provide the interventions, patient packaging and transportation, work as a team and practice various roles for the following common emergencies: (P-3)

- a. Chest pain
- b. Cardiac Arrest
  1. Traumatic arrest
  2. Medical arrest
- c. Acute abdominal pain
- d. GI bleed
- e. Altered mental status
- f. Dyspnea
- g. Syncope
- h. Seizure
- I. Thermal/ environmental problem
- j. Hazardous materials/ toxicology
- k. Trauma
  1. Isolated extremity fracture (tibia/ fibula or radius/ ulna)
  2. Femur fracture
  3. Shoulder dislocation
  4. Clavicular fracture or A-C separation
  5. Minor wound (no sutures required, sutures required, high risk wounds, with tendon and/ or nerve injury)
  6. Spine injury (no neurologic deficit, with neurologic deficit)

7. Multiple trauma-blunt
  8. Penetrating trauma
  9. Impaled object
  10. Elderly fall
  11. Athletic injury
  12. Head injury (concussion, subdural/ epidural)
- l. Allergic reactions/ bites/ envenomation
    1. Local allergic reaction
    2. Systemic allergic reaction
    3. Envenomation
  - m. Behavioral
    1. Mood disorders
    2. Schizophrenic and delusional disorders
    3. Suicidal
  - n. Obstetrics/ gynecology
    1. Vaginal bleeding
    2. Childbirth (normal and abnormal)
  - o. Pediatric
    1. Respiratory distress
    2. Fever
    3. Seizures

### **UNIT TERMINAL OBJECTIVE**

- 8-1 **At the completion of this unit, the paramedic will understand standards and guidelines that help ensure safe and effective ground and air medical transport.**

### **COGNITIVE OBJECTIVES**

**At the completion of this unit, the paramedic student will be able to:**

- 8-1.1 Identify current local and state standards, which influence ambulance design, equipment requirements and staffing of ambulances. (C-1)
- 8-1.2 Discuss the importance of completing an ambulance equipment/ supply checklist. (C-1)
- 8-1.3 Discuss the factors to be considered when determining ambulance stationing within a community. (C-1)
- 8-1.4 Describe the advantages and disadvantages of air medical transport. (C-1)
- 8-1.5 Identify the conditions/ situations in which air medical transport should be considered. (C-1)

### **AFFECTIVE OBJECTIVES**

**At the completion of this unit, the paramedic student will be able to:**

- 8-1.6 Assess personal practices relative to ambulance operations, which may affect the safety of the crew, the patient and bystanders. (A-3)
- 8-1.7 Serve as a role model for others relative to the operation of ambulances. (A-3)
- 8-1.8 Value the need to serve as the patient advocate to ensure appropriate patient transportation via ground or air. (A-2)

### **PSYCHOMOTOR OBJECTIVES**

**At the completion of this unit, the paramedic student will be able to:**

- 8-1.9 Demonstrate how to place a patient in, and remove a patient from, an ambulance. (P-1)**

### **UNIT TERMINAL OBJECTIVE**

- 8-2 At the completion of this unit, the paramedic student will be able to integrate the principles of general incident management and multiple casualty incident (MCI) management techniques in order to function effectively at major incidents.**

### **COGNITIVE OBJECTIVES**

**At the completion of this unit, the paramedic student will be able to:**

- 8-2.1 Explain the need for the incident management system (IMS)/ incident command system (ICS) in managing emergency medical services incidents. (C-1)

- 8-2.2 Define the term multiple casualty incident (MCI). (C-1)
- 8-2.3 Define the term disaster management. (C-1)
- 8-2.4 Describe essential elements of scene size-up when arriving at a potential MCI. (C-1)
- 8-2.5 Describe the role of the paramedics and EMS systems in planning for MCIs and disasters. (C-1)
- 8-2.6 Define the following types of incidents and how they affect medical management: (C-1)
  - a. Open or uncontained incident
  - b. Closed or contained incident
- 8-2.7 Describe the functional components of the incident management system in terms of the following: (C-1)
  - a. Command
  - b. Finance
  - c. Logistics
  - d. Operations
  - e. Planning
- 8-2.8 Differentiate between singular and unified command and when each is most applicable. (C-3)
- 8-2.9 Describe the role of command. (C-1)
- 8-2.10 Describe the need for transfer of command and procedures for transferring it. (C-1)
- 8-2.11 Differentiate between command procedures used at small, medium and large-scale medical incidents. (C-1)
- 8-2.12 Explain the local/ regional threshold for establishing command and implementation of the incident management system including threshold MCI declaration. (C-1)
- 8-2.13 List and describe the functions of the following groups and leaders in ICS as it pertains to EMS incidents: (C-1)
  - a. Safety
  - b. Logistics
  - c. Rehabilitation (rehab)
  - d. Staging
  - e. Treatment
  - f. Triage
  - g. Transportation
  - h. Extrication/ rescue
  - I Disposition of deceased (morgue)
  - j. Communications

- 8-2.14 Describe the methods and rationale for identifying specific functions and leaders for these functions in ICS. (C-1)
- 8-2.15 Describe the role of both command posts and emergency operations centers in MCI and disaster management. (C-1)
- 8-2.16 Describe the role of the physician at multiple casualty incidents. (C-1)
- 8-2.17 Define triage and describe the principles of triage. (C-1)
- 8-2.18 Describe the START (simple triage and rapid treatment) method of initial triage. (C-1)
- 8-2.19 Given a list of 20 patients with various multiple injuries, determine the appropriate triage priority with 90% accuracy. (C-3)
- 8-2.20 Given color coded tags and numerical priorities, assign the following terms to each: (C-1)
- a. Immediate
  - b. Delayed
  - c. Hold
  - d. Deceased
- 8-2.21 Define primary and secondary triage. (C-1)
- 8-2.22 Describe when primary and secondary triage techniques should be implemented. (C-1)
- 8-2.23 Describe the need for and techniques used in tracking patients during multiple casualty incidents. (C-1)
- 8-2.24 Describe techniques used to allocate patients to hospitals and track them. (C-1)
- 8-2.25 Describe modifications of telecommunications procedures during multiple casualty incidents. (C-1)
- 8-2.26 List and describe the essential equipment to provide logistical support to MCI operations to include: (C-1)
- a. Airway, respiratory and hemorrhage control
  - b. Burn management
  - c. Patient packaging/ immobilization
- 8-2.27 List the physical and psychological signs of critical incident stress. (C-1)
- 8-2.28 Describe the role of critical incident stress management sessions in MCIs. (C-1)
- 8-2.29 Describe the role of the following exercises in preparation for MCIs: (C-1)
- a. Table top exercises
  - b. Small and large MCI drills

### **AFFECTIVE OBJECTIVES**

**At the completion of this unit, the paramedic student will be able to:**

- 8-2.30 Understand the rationale for initiating incident command even at a small MCI event. (A-1)
- 8-2.31 Explain the rationale for having efficient and effective communications as part of an incident command/management system. (A-1)
- 8-2.32 Explain why common problems of an MCI can have an adverse effect on an entire incident. (A-1)
- 8-2.33 Explain the organizational benefits for having standard operating procedures (SOPs) for using the incident management system or incident command system. (A-1)

### **PSYCHOMOTOR OBJECTIVES**

**At the completion of this unit, the paramedic student will be able to:**

- 8-2.34 Demonstrate the use of local/ regional triage tagging system used for primary and secondary triage. (P-1)
- 8-2.35 Given a simulated tabletop multiple casualty incidents, with 5-10 patients: (P-1)
  - a. Establish unified or singular command
  - b. Conduct a scene assessment
  - c. Determine scene objectives
  - d. Formulate an incident plan
  - e. Request appropriate resources
  - f. Determine need for ICS expansion and groups
  - g. Coordinate communications and groups leaders
  - h. Coordinate outside agencies
- 8-2.36 Demonstrate effective initial scene assessment and update (progress) reports. (P-1)
- 8-2.37 Given a classroom simulation of a MCI with 5-10 patients, fulfill the role of triage group leader. (P-3)
- 8-2.38 Given a classroom simulation of a MCI with 5-10 patients, fulfill the role of treatment group leader. (P-3)



# **EMS 2658**

# NORTH FLORIDA COMMUNITY COLLEGE EMS TECHNOLOGY PROGRAM

## EMS 2658 Paramedic Clinical Internship III

### Course Outline – Revised 5/02

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Instructor: Albert “Mac” Leggett

Contact: 850-973-1673

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**I. COURSE NUMBER AND TITLE:**

**EMS 2658 - Paramedic Internship III**

**4 Credits**

Rotation through various departments of the hospitals, performing paramedic skills under the direct supervision of the coordinator and/or assigned preceptor. Enrollment is restricted to those students with concurrent enrollment in the Paramedic Program. Students are responsible for transportation to and from the clinical sites.

**II. PREREQUISITES/COREQUISITES FOR THE COURSE:**

- Successful completion of EMS 2604C, EMS 2657
- EMS 2605C - Paramedic III / Paramedic III Lab, EMS 2659 Paramedic III Field Internship

**III. GENERAL COURSE INFORMATION:**

**Topics to be covered include:**

- 72 hours of hospital departmental rotation. This will provide the student with skill performance in the different departments at the hospitals. This will include the rotation of time in the OB/GYN department and/or doctor’s office, Neonatal/Pediatric patient department and/or doctor’s office, Geriatric department / nursing home, and care for the psychiatric patient, as well as the care for patients of all age groups that are in the various departments, under the direct supervision of a paramedic preceptor.
  - Topics to be covered for hospital clinicals include but are not limited to:
    - Assessment and Management of the Trauma Patient for all age groups.
    - Assessment and Management of the Medical Patient for all age groups.
    - Assessment and Management of Respiratory and Cardiac Emergencies patients for all age groups.
    - Assessment and Management of the Psychiatric Patient for all age groups.
    - Assessment and Management of the OB/GYN Patient.

- Assessment and Management of the Neonatal/Pediatric Patient.
- Assessment and Management of the Geriatric Patient.

**IV. COURSE OUTCOMES:**

**At the conclusion of the course, the student will be able to:**

- Perform to the United States Department of Transportation National Standard Curriculum (USDOT-NSC) 1998 EMT-Paramedic Objectives; numbers 5-13, 5-14, 6-1 through 6-6, 7-1, 8-1 through 8-5. These objectives are listed in the NFCC Paramedic Handbook.

**V. REQUIREMENTS FOR THE STUDENTS:**

- A. Learning experiences are designed to progress sequentially from simple concepts to complex integration of those concepts. They are directed toward assisting the student in meeting objectives of the course. These learning experiences include:

**HOSPITAL CLINICAL:**

- a. Assessment and management of the trauma, medical, psychiatric, respiratory and cardiac emergency patient for all age groups.
  - b. Completion of 10 case studies.
  - c. Completion of 10 pathophysiology reports.
  - d. Documentation of skills/procedures performed on the FISDAP system.
  - e. Complete an evaluation form at the end of each shift.
- B. Paramedic Program Continuation**
- Student must adhere to policies and procedures as set forth in the NFCC Paramedic Handbook.
- C. Uniform Required.**
- Refer to NFCC Paramedic Handbook for uniform requirements.
- D. Student must carry current EMT-B certification and CPR card at all times while attending clinical sites.**

**VI. ATTENDANCE POLICY:**

- A. Attendance is required in all scheduled ride assignments. Student must follow notification policy as stated in NFCC Paramedic Handbook for specific EMS Provider if the student will miss a ride assignment due to illness.

**VII. GRADING POLICY:**

**Scoring Range for Hospital Clinical:**

- A= successful completion of 24 hours of clinical time, evaluations reflect above average performance, 100% completion of required case studies and pathophysiology reports and 100% completion of FISDAP. 94% or better on the clinical skills sheet.
- B= successful completion of 24 hours of clinical time, evaluations reflect average performance, minimum of 80% completion of required case studies and pathophysiology reports and minimum of 80% completion of FISDAP. 85-93% on the clinical skills sheet.
- C= successful completion of 24 hours of clinical time, evaluations reflect average performance, minimum of 70% completion of required case studies and pathophysiology reports and minimum of 70% completion of FISDAP. 80-84% on the clinical skills sheet.
- D= completion of 24 hours of clinical time, evaluations reflect below average performance or less than 70% completion of required case studies and pathophysiology reports and minimum of 70% completion of FISDAP. 70-79% on the clinical skills sheet.
- F= non-completion of 24 hours of clinical time, evaluations reflect below average performance. Less 70% on the clinical skills sheet.

A grade of "C" or better must be earned in order to qualify for eligibility to take the Florida Paramedic Certification Examination.

**VIII. TEXTBOOK REQUIREMENTS:**

The following books are available for purchase at all NFCC Campus bookstores:

NFCC Paramedic Handbook.

FISDAP Clinical Tracking System

**XI. RESERVED MATERIALS FOR THE COURSE:**

Not applicable.

**XVI. CLAST COMPETENCIES INVOLVED IN THE COURSE:**

Not applicable.

**XVII. CLASS SCHEDULE:**

As arranged with EMS Agency and NFCC Coordinator.

**XVIII. ANY OTHER INFORMATION OR CLASS PROCEDURES OR POLICIES:**

- C. Students are required to follow the policies and procedures as set forth in the NFCC Paramedic Handbook and NFCC College Catalog.
  
- D. Students with disabilities are responsible for ensuring that North Florida Community College and faculty members are aware of disabilities that require accommodations in the educational process. Students with disabilities should contact the Auxiliary Aids Specialist (973-1606).

Students should refer to the current college catalog regarding other academic regulations not listed in this syllabus and be governed accordingly.

NORTH FLORIDA COMMUNITY COLLEGE  
EMERGENCY MEDICAL PARAMEDIC PROGRAM

CLINICAL EXPERIENCE HOUR LOG

**STUDENT:**

**Course: EMS 2658**

	DATE	Key #	Unit	Clinical Instructor	SIGNATURE	Time In/Out	Total Time
1						/	
2						/	
3						/	
4						/	
5						/	
6						/	

7					/	
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Key:

1 – Madison EMS

5- Lafayette EMS

9 – Pediatric / Internal Medicine

2 – Jefferson EMS

6 – Madison Hospital

10 – Downhome Medical

3 – Suwannee EMS

7 – Doctor’s Memorial

11 - MNH

4 – Hamilton EMS

8 – SGMC

13 – Madison 911 Communication Madison

**NORTH FLORIDA COMMUNITY COLLEGE  
 PARAMEDIC FIELD / HOSPITAL CLINICAL FORM  
 MUST BE FILLED OUT EACH DAY**

CASE STUDY#	DATE	AGE	SEX

<b>CC:</b>	
<b>HPI:</b>	
<b>PE:</b>	
<b>PMHX:</b>	
<b>MEDS:</b>	
<b>TX:</b>	

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CASE STUDY#	DATE	AGE	SEX

<b>CC:</b>	
<b>HPI:</b>	
<b>PE:</b>	
<b>PMHX:</b>	
<b>MEDS:</b>	
<b>TX:</b>	

**North Florida Community College**  
**Pathophysiology Form**  
**FOR HOSPITAL / PSY USE**

Must be done each day

Student: \_\_\_\_\_

Date: \_\_\_\_\_

Patient Age and Sex: \_\_\_\_\_

Admitting Diagnosis: \_\_\_\_\_

Describe the pathophysiology of the disease: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reference Source: \_\_\_\_\_

<b>Medication</b>	<b>Drug Actions</b>	<b>Significant Precautions</b>	<b>Dosage</b>
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Reviewed by: \_\_\_\_\_

Faculty – Print

Faculty - Sign

NORTH FLORIDA COMMUNITY COLLEGE

EMERGENCY MEDICAL SERVICES TECHNOLOGY PROGRAM

**PERSONAL DEVELOPMENT ASSESSMENT - PARAMEDIC**

Student: \_\_\_\_\_ Hospital / Department \_\_\_\_\_

Date: \_\_\_\_\_

Directions: For each category, please mark an “X” in the box which best describes your assessment of this student.

Category	Assessment
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<b>Interpersonal Skills</b>	Consistently relates well to staff, peers, and patients	Usually relates well to staff, peers, and patients.	Occasionally relates well to staff, peers and patients.	Does not relate well to staff, peers and patients
<b>Use and Care of Equipment</b>	Consistently utilizes equipment with care	Usually careful with equipment	Occasionally careful with equipment	Careless with equipment
<b>Cooperation / Team Participation</b>	Consistently displays cooperative effort and functions well as team	Usually displays cooperative effort and functions as a team member	Occasionally displays cooperative effort and functions as a team member	Uncooperative and does not function well as a team member
<b>Application of Knowledge</b>	Consistently applies classroom learning experiences to the clinical setting.	Usually applies classroom learning experiences to the clinical setting.	Occasionally applies classroom learning experiences to the clinical setting.	Does not apply classroom learning experiences to the clinical setting.
<b>Attitude towards Criticism</b>	Consistently accepts criticism and implements improvements/changes	Usually accepts criticism and implements improvement/changes	Accepts criticism but demonstrates little improvement	Unwilling to accept criticism and does not improve/change.
<b>Initiative</b>	Consistently seeks additional responsibilities	Usually seeks additional responsibilities	Occasionally seeks Additional responsibilities	Does not seek additional responsibilities
<b>Self-confidence</b>	Consistently displays confidence and good judgment	Usually displays confidence and good judgment	Occasionally displays confidence and good judgment	Does not display confidence or good judgment
<b>Adaptability</b>	Consistently adapts to changes in procedure	Usually adapts to changes in procedure	Occasionally adapts to changes in procedure	Does not adapt to changes in procedure
<b>Quality of work</b>	Work is consistently accurate, neat and meets department standards	Work is usually accurate, neat and meets department standards	Work is occasionally accurate, neat, and meets department standards	Work is not accurate, neat, and falls below department standards

<b>Overall Evaluation:</b> Excellent      Above Average      Average      Marginal      Unsatisfactory
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Additional comments about the student's strengths and weaknesses in Personal Development.

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Preceptor                      Date                      Instructor's Signature                      Date                      \*Student's Signature  
 \*I have read and discussed this evaluation with the Instructor.

**EMERGENCY MEDICAL SERVICES TECHNOLOGY PROGRAM  
DAILY ASSESSMENT - PARAMEDIC**

Student: \_\_\_\_\_ Hospital / Department \_\_\_\_\_

Date: \_\_\_\_\_

Directions: For each category, please mark an "X" in the box which best describes your assessment of this student.

Category	Assessment			
<b>Interpersonal Skills</b>	Consistently relates well to staff, peers, and patients	Usually relates well to staff, peers, and patients.	Occasionally relates well to staff, peers and patients.	Does not relate well to staff, peers and patients
<b>Use and Care of Equipment</b>	Consistently utilizes equipment with care	Usually careful with equipment	Occasionally careful with equipment	Careless with equipment
<b>Cooperation / Team Participation</b>	Consistently displays cooperative effort and functions well as team	Usually displays cooperative effort and functions as a team member	Occasionally displays cooperative effort and functions as a team member	Uncooperative and does not function well as a team member
<b>Application of Knowledge</b>	Consistently applies classroom learning experiences to the clinical setting.	Usually applies classroom learning experiences to the clinical setting.	Occasionally applies classroom learning experiences to the clinical setting.	Does not apply classroom learning experiences to the clinical setting.
<b>Attitude towards Criticism</b>	Consistently accepts criticism and implements improvements/changes	Usually accepts criticism and implements improvement/changes	Accepts criticism but demonstrates little improvement	Unwilling to accept criticism and does not improve/change.
<b>Initiative</b>	Consistently seeks additional responsibilities	Usually seeks additional responsibilities	Occasionally seeks Additional responsibilities	Does not seek additional responsibilities
<b>Self-confidence</b>	Consistently displays confidence and good judgment	Usually displays confidence and good judgment	Occasionally displays confidence and good judgment	Does not display confidence or good judgment
<b>Adaptability</b>	Consistently adapts to changes in procedure	Usually adapts to changes in procedure	Occasionally adapts to changes in procedure	Does not adapt to changes in procedure
<b>Quality of work</b>	Work is consistently accurate, neat and meets department standards	Work is usually accurate, neat and meets department standards	Work is occasionally accurate, neat, and meets department standards	Work is not accurate, neat, and falls below department standards

<b>Overall Evaluation:</b> Excellent      Above Average      Average      Marginal      Unsatisfactory
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Additional comments about the student's strengths and weaknesses in Personal Development.

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Preceptor            Date            Instructor's Signature    Date            \*Student's Signature  
\*I have read and discussed this evaluation with the Instructor.

# **EMS 2659**

**NORTH FLORIDA COMMUNITY COLLEGE  
EMS TECHNOLOGY PROGRAM**

**EMS 2659 Paramedic Field Internship III**

**Course Outline – Revised 5/02**

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**Instructor: Albert “Mac” Leggett**

**Contact: 850-973-1673**

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**I. COURSE NUMBER AND TITLE:**

**EMS 2659 - Paramedic Field Internship III      4 Credits**

This course will involve ride experience with an Advanced Life Support provider. It will provide Basic Life Support and Advanced Life Support training with an ALS agency. Four hundred (400) hours of learning experience in a work environment will be required. Enrollment is restricted to those students with concurrent enrollment in the Paramedic Program. Students are responsible for transportation to and from the clinical sites.

**II. PREREQUISITES/COREQUISITES FOR THE COURSE:**

- Successful completion of EMS 2604C, EMS 2657
- EMS 2605C - Paramedic III / Paramedic III Lab, EMS 2658 – Paramedic Internship III

**III. GENERAL COURSE INFORMATION:**

**Topics to be covered include:**

- 0 - 72 hours      Field orientation, (basic understanding of ALS service standard operations and medical protocol).
- 72 – 240 hours      Progression from role of observer to paramedic skill development/refinement under the direct supervision of a paramedic preceptor.
- 240 – 400 hours      Progression from role of primary provider of patient care under the direct supervision of a paramedic preceptor.

**IV. COURSE OUTCOMES:**

**At the conclusion of the course, the student will be able to:**

- Perform to the United States Department of Transportation National Standard Curriculum (USDOT-NSC) 1998 EMT-Paramedic Objectives, and successfully perform as a competent entry-level paramedic.

**V. REQUIREMENTS FOR THE STUDENTS:**

- A. Learning experiences are designed to progress sequentially from simple concepts to complex integration of those concepts. They are directed toward assisting the student in meeting objectives of the course. These learning experiences include:

**EMS CLINICAL RIDE TIME:**

1. 0 - 72 hours Field orientation, (basic understanding of ALS service standard operations and medical protocol).
2. 72 – 240 hours Progression from role of observer to paramedic skill development/refinement under the direct supervision of a paramedic preceptor.
3. 240 – 400 hours Progression from role of primary provider of patient care under the direct supervision of a paramedic preceptor.
4. Completion of 40 case studies.
5. Documentation of ride time and skills/procedures performed on the FISDAP system.
6. Complete an evaluation form at the end of each shift.

**B. Paramedic Program Continuation**

Student must adhere to policies and procedures as set forth in the NFCC Paramedic Handbook.

**C. Uniform Required.**

Refer to NFCC Paramedic Handbook for uniform requirements.

**D. Student must carry current EMT-B certification and CPR card at all times while attending clinical sites.**

**VI. ATTENDANCE POLICY:**

- A. Attendance is required in all scheduled ride assignments. Student must follow notification policy as stated in NFCC Paramedic Handbook for specific EMS Provider if the student will miss a ride assignment due to illness.

## **VII. GRADING POLICY:**

### **C. Scoring Range for EMS Ride Clinical Time:**

- A = successful completion of 400 hours of ride time, evaluations reflect above average performance, 100% completion of required case studies and 100% completion of Fisdap. A minimum of 94% on the final practical scenario.
  
- B = successful completion of 400 hours of ride time, evaluations reflect average performance, minimum of 80% completion of required case studies and minimum of 80% completion of Fisdap. A minimum of 85% on the final practical scenario.
  
- C = successful completion of 400 hours of ride time, evaluations reflect average performance, minimum of 70% completion of required case studies and minimum of 70% completion of Fisdap. A minimum of 80% on the final practical scenario.
  
- D = completion of 400 hours of ride time, evaluations reflect below average performance or less than 70% completion of required case studies and or less than 70% completion of Fisdap. A minimum of 70-79% on the final practical scenario.
  
- F = non-completion of 400 hours of ride time, evaluations reflect below average performance. Less than 70% on the final practical scenario.

Failure to achieve a minimum of 80% on the final practical scenario will result in 100 additional hours of ride time. At the completion of the additional 100 hours, the student may repeat the final practical scenario. If 80% is not achieved, on the retest, an additional 100 hours will be assigned. At the completion of 600 hours the student may repeat the final practical scenario one additional time. If a minimum of 80% is not achieved the student will need to repeat the paramedic program in it's entirety.

A grade of "C" or better must be earned in order to qualify for eligibility to take the Florida Paramedic Certification Examination.

**VIII. TEXTBOOK REQUIREMENTS:**

The following books are available for purchase at all NFCC Campus bookstores:

**Bledsoe – Paramedic Care: Principles & Practice 3/e**

Package: 5 volumes textbooks

ISBN# 013-7146965

**Campbell – Paramedic Lab Manual**

ISBN# 013-1194372

**XII. RESERVED MATERIALS FOR THE COURSE:**

Not applicable.

**XIX. CLAST COMPETENCIES INVOLVED IN THE COURSE:**

Not applicable.

**XX. CLASS SCHEDULE:**

As arranged with EMS Agency and NFCC Coordinator.

**XXI. ANY OTHER INFORMATION OR CLASS PROCEDURES OR POLICIES:**

- D. Students are required to follow the policies and procedures as set forth in the NFCC Paramedic Handbook and NFCC College Catalog.
  
- B. Students with disabilities are responsible for ensuring that North Florida Community College and faculty members are aware of disabilities that require accommodations in the educational process. Students with disabilities should contact the Auxiliary Aids Specialist (973-1606).

Students should refer to the current college catalog regarding other academic regulations not listed in this syllabus and be governed accordingly.

**NORTH FLORIDA COMMUNITY COLLEGE  
EMERGENCY MEDICAL PARAMEDIC PROGRAM**

**CLINICAL EXPERIENCE HOUR LOG**

**STUDENT:**

**Course: EMS 2659**

	<b>DATE</b>	<b>Key #</b>	<b>Unit</b>	<b>Clinical Instructor</b>	<b>SIGNATURE</b>	<b>Time In/Out</b>	<b>Total Time</b>
1						/	
2						/	
3						/	
4						/	
5						/	
6						/	
7						/	
8						/	
9						/	
10						/	
11						/	
12						/	
13						/	
14						/	
15						/	
16						/	

17						/	
18						/	
19						/	
20						/	
21						/	
22						/	
23						/	
24						/	
25						/	

Key:

1 – Madison EMS

6 – Lafayette EMS

11 – pediatric / Internal Medicine

2 – Jefferson EMS

7 – Madison Hospital

12 – Downhome Medical

3 – Suwannee EMS

8 – Doctor’s Memorial

13 - MNH

4 – Hamilton EMS

9 – SGMC

14 – Madison 911 Communications

**NORTH FLORIDA COMMUNITY COLLEGE  
PARAMEDIC FIELD / HOSPITAL CLINICAL FORM  
MUST BE FILLED OUT EACH DAY**

CASE STUDY#	DATE	AGE	SEX
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<b>CC:</b>	
<b>HPI:</b>	

<b>PE:</b>	
<b>PMHX:</b>	
<b>MEDS:</b>	
<b>TX:</b>	

<b>CASE STUDY#</b>	<b>DATE</b>	<b>AGE</b>	<b>SEX</b>

<b>CC:</b>	
<b>HPI:</b>	
<b>PE:</b>	

<b>PMHX:</b>	
<b>MEDS:</b>	
<b>TX:</b>	

**North Florida Community College  
Pathophysiology Form  
FOR HOSPITAL / PSY USE**

Must be done each day

Student: \_\_\_\_\_

Date: \_\_\_\_\_

Patient Age and Sex: \_\_\_\_\_

Admitting Diagnosis: \_\_\_\_\_

Describe the pathophysiology of the disease: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Reference Source: \_\_\_\_\_

<b>Medication</b>	<b>Drug Actions</b>	<b>Significant Precautions</b>	<b>Dosage</b>
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Reviewed by: \_\_\_\_\_

Faculty – Print

Faculty - Sign

NORTH FLORIDA COMMUNITY COLLEGE

EMERGENCY MEDICAL SERVICES TECHNOLOGY PROGRAM  
**PERSONAL DEVELOPMENT ASSESSMENT - PARAMEDIC**

Student: \_\_\_\_\_ Hospital / Department \_\_\_\_\_

Date: \_\_\_\_\_

Directions: For each category, please mark an “X” in the box which best describes your assessment of this student.

Category	Assessment			
<b>Interpersonal Skills</b>	Consistently relates well to staff, peers, and patients	Usually relates well to staff, peers, and patients.	Occasionally relates well to staff, peers and patients.	Does not relate well to staff, peers and patients
<b>Use and Care of Equipment</b>	Consistently utilizes equipment with care	Usually careful with equipment	Occasionally careful with equipment	Careless with equipment
<b>Cooperation / Team Participation</b>	Consistently displays cooperative effort and functions well as team	Usually displays cooperative effort and functions as a team member	Occasionally displays cooperative effort and functions as a team member	Uncooperative and does not function well as a team member
<b>Application of Knowledge</b>	Consistently applies classroom learning experiences to the clinical setting.	Usually applies classroom learning experiences to the clinical setting.	Occasionally applies classroom learning experiences to the clinical setting.	Does not apply classroom learning experiences to the clinical setting.
<b>Attitude towards Criticism</b>	Consistently accepts criticism and implements improvements/changes	Usually accepts criticism and implements improvement/changes	Accepts criticism but demonstrates little improvement	Unwilling to accept criticism and does not improve/change.
<b>Initiative</b>	Consistently seeks additional responsibilities	Usually seeks additional responsibilities	Occasionally seeks Additional responsibilities	Does not seek additional responsibilities

<b>Self-confidence</b>	Consistently displays confidence and good judgment	Usually displays confidence and good judgment	Occasionally displays confidence and good judgment	Does not display confidence or good judgment
<b>Adaptability</b>	Consistently adapts to changes in procedure	Usually adapts to changes in procedure	Occasionally adapts to changes in procedure	Does not adapt to changes in procedure
<b>Quality of work</b>	Work is consistently accurate, neat and meets department standards	Work is usually accurate, neat and meets department standards	Work is occasionally accurate, neat, and meets department standards	Work is not accurate, neat, and falls below department standards

<b>Overall Evaluation:</b> Excellent      Above Average      Average      Marginal      Unsatisfactory
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Additional comments about the student's strengths and weaknesses in Personal Development.

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Preceptor                      Date                      Instructor's Signature                      Date                      \*Student's Signature  
 \*I have read and discussed this evaluation with the Instructor.

NORTH FLORIDA COMMUNITY COLLEGE

EMERGENCY MEDICAL SERVICES TECHNOLOGY PROGRAM  
**DAILY ASSESSMENT - PARAMEDIC**

Student: \_\_\_\_\_ Hospital / Department \_\_\_\_\_

Date: \_\_\_\_\_

Directions: For each category, please mark an "X" in the box which best describes your assessment of this student.

Category	Assessment			
<b>Interpersonal Skills</b>	Consistently relates well to staff, peers, and patients	Usually relates well to staff, peers, and patients.	Occasionally relates well to staff, peers and patients.	Does not relate well to staff, peers and patients
<b>Use and Care of Equipment</b>	Consistently utilizes equipment with care	Usually careful with equipment	Occasionally careful with equipment	Careless with equipment
<b>Cooperation / Team Participation</b>	Consistently displays cooperative effort and functions well as team	Usually displays cooperative effort and functions as a team member	Occasionally displays cooperative effort and functions as a team member	Uncooperative and does not function well as a team member
<b>Application of Knowledge</b>	Consistently applies classroom learning experiences to the clinical setting.	Usually applies classroom learning experiences to the clinical setting.	Occasionally applies classroom learning experiences to the clinical setting.	Does not apply classroom learning experiences to the clinical setting.

<b>Attitude towards Criticism</b>	Consistently accepts criticism and implements improvements/changes	Usually accepts criticism and implements improvement/changes	Accepts criticism but demonstrates little improvement	Unwilling to accept criticism and does not improve/change.
<b>Initiative</b>	Consistently seeks additional responsibilities	Usually seeks additional responsibilities	Occasionally seeks Additional responsibilities	Does not seek additional responsibilities
<b>Self-confidence</b>	Consistently displays confidence and good judgment	Usually displays confidence and good judgment	Occasionally displays confidence and good judgment	Does not display confidence or good judgment
<b>Adaptability</b>	Consistently adapts to changes in procedure	Usually adapts to changes in procedure	Occasionally adapts to changes in procedure	Does not adapt to changes in procedure
<b>Quality of work</b>	Work is consistently accurate, neat and meets department standards	Work is usually accurate, neat and meets department standards	Work is occasionally accurate, neat, and meets department standards	Work is not accurate, neat, and falls below department standards

**Overall Evaluation:**    Excellent      Above Average      Average      Marginal      Unsatisfactory

Additional comments about the student's strengths and weaknesses in Personal Development.

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Preceptor                      Date                      Instructor's Signature                      Date                      \*Student's Signature  
 \*I have read and discussed this evaluation with the Instructor.

## Paramedic Program Handbook Receipt Form

I hereby acknowledge that I have received access to a digital copy and a hard (*paper*) copy of the Paramedic Program Handbook.

I have attended an orientation where the handbook was covered in detail, and I will further read and study this manual so that I am able to comply with its rules and regulations.

My signature below affirms that I understand the contents, and will comply with the NFCC Paramedic Program handbook and syllabus.

Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Witness Signature \_\_\_\_\_