El Camino College

Emergency Medical Technician (EMT)

Clinical Packet

Clinical Packet Assigned To:

EMT Student Name: _____ ID# _____

Course Section Number: _____ Semester: _____ Year: _____

Updated: 01/2020

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

SUBJECT: **LOS ANGELES COUNTY EMT SCOPE OF PRACTICE – FIELD REFERENCE** REFERENCE 802.1

PATIENT ASSESSMENT

1. Evaluate the ill or injured patient
2. Obtain diagnostic signs to include, but not limited to:
   a. respiratory rate
   b. pulse rate
   c. skin signs
   d. blood pressure
   e. level of consciousness
   f. pupil status
   g. pain
   h. pulse oximetry (if available)

RESCUE AND EMERGENCY MEDICAL CARE

1. Provide basic emergency care
2. Perform cardiopulmonary resuscitation (CPR)
3. Utilize mechanical adjuncts for basic CPR
   (requires EMS Agency approval)
4. Use a Public Access Automated External Defibrillator (AED)
   (carrying an AED requires EMS Agency approval as an AED Service Provider)
5. Administer oral glucose or sugar for suspected hypoglycemia
6. Apply mechanical patient restraints
   (per Reference No. 838)
7. Use various types of stretchers
8. Perform field triage
9. Extricate entrapped persons
10. Set up for ALS procedures under paramedic direction

AIRWAY MANAGEMENT AND OXYGEN ADMINISTRATION

1. Use the following airway adjuncts:
   a. oropharyngeal airway
   b. nasopharyngeal airway
   c. suction devices
2. Administer oxygen using delivery devices including, but not limited to:
   a. nasal cannula
   b. mask – nonrebreather, partial rebreather, simple
   c. blow-by
   d. humidifier
3. Use the following manual/mechanical ventilating devices:
   a. bag-mask ventilation (BMV) device
   b. continuous positive airway pressure (CPAP)
   (requires EMS Agency approval)
4. Ventilate advanced airway adjunc*ts via bag-device*:
   a. endotracheal tube
   b. perilaryngeal airway device (King LTS-D)
   c. tracheostomy tube or stoma
5. Suction:
   a. oropharynx
   b. nasopharynx
   c. tracheostomy tube or stoma

TRAUMA CARE

1. Provide initial prehospital emergency trauma care including, but not limited to:
   a. tourniquets for bleeding control
   b. hemostatic dressings
   (State EMSA approved dressings only]
   c. extremity splints
   d. traction splints
2. Use spinal motion restriction devices

ASSIST PATIENTS WITH PRESCRIBED EMERGENCY MEDICATIONS

1. Assist patients with the administration of their physician-prescribed emergency devices and medications to include but not limited to:
   a. Sublingual nitroglycerin
   b. Aspirin
   c. Bronchodilator inhaler or nebulizer
   d. Epinephrine device (autoinjector)
   e. Patient-operated medication pump

PATIENT TRANSPORT AND MONITORING BY AN APPROVED EMS PROVIDER

1. Transport and monitor patients in the prehospital setting and/or during an inter-facility transfer by an approved EMS Provider ***(Fire Department or a licensed Los Angeles County Ambulance Provider)***
2. Transport patients with one or more of the following medical devices:
   a. nasogastric (NG)
   b. orogastric tube (OG)
   c. gastrostomy tube (GT)
   d. saline/heparin lock
   e. foley catheter
   f. tracheostomy tube
   g. ventricular assist device (VAD)
   h. surgical drain(s)
   i. medication patches
   j indwelling vascular lines
      i. pre-existing vascular access device (PVAD)
      ii. peripherally inserted central catheter (PICC)
   k patient-operated medication pump
3. Monitor, maintain at a preset rate or turn off if necessary, the following intravenous (IV) fluids:
   a. glucose solutions
   b. isotonic balanced salt solutions (normal saline)
   c. ringer's lactate

ADDITIONAL THERAPIES REQUIRING APPROVAL BY THE LA COUNTY EMS AGENCY

EMS Providers ***(Fire Department or a licensed Los Angeles County Ambulance Provider)*** may apply for approval of select additional therapies and medications

Authority: California Code of Regulations, Title 22, Section 100063

Effective: 3-01-86
Revised: 04-01-18
Supersedes: 12-01-17

EMT Student Field Performance Evaluation

(To be completed by Ambulance Preceptor)

Student: _____ Preceptor: _____ Date: _____

1. EMT student documented at least ten (10) patient contacts ☐ YES ☐ NO
2. EMT student conducted themselves professionally and maturely ☐ YES ☐ NO
3. EMT student arrived in uniform (including watch and stethoscope) ☐ YES ☐ NO
4. EMT student arrived on time ☐ YES ☐ NO
5. EMT student completed full clinical experience (12 hours) ☐ YES ☐ NO
6. Comments: _____

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Student Signature: _____ Date: _____

Preceptor Signature: _____ Date: _____

Ambulance Preceptor Evaluation

(To be completed by EMT Student)

Student: _____ Preceptor: _____ Date: _____

1. Preceptor served as an advocate and role model ☐ YES ☐ NO
2. Preceptor helped make the transition from the classroom to the field ☐ YES ☐ NO
3. Preceptor supervised during the clinical experience ☐ YES ☐ NO
4. Preceptor oriented candidate to all applicable company policies ☐ YES ☐ NO
5. Preceptor oriented candidate to all applicable equipment ☐ YES ☐ NO
6. Preceptor helped practice assessment/therapeutic communication skills ☐ YES ☐ NO
7. Preceptor provided alternative experiences if patient volume was low ☐ YES ☐ NO
8. Preceptor completed the Candidates Clinical Evaluation ☐ YES ☐ NO
9. Preceptor provided constructive feedback and positive reinforcement ☐ YES ☐ NO
10. Describe your experience: _____

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Student Signature: _____ Date: _____

EMT Student Field Performance Evaluation

(To be completed by Hospital Preceptor)

Student: _____ Preceptor: _____ Date: _____

1. EMT student documented at least ten (10) patient contacts ☐YES ☐NO
2. EMT student conducted themselves professionally and maturely ☐YES ☐NO
3. EMT student arrived in uniform (including watch and stethoscope) ☐YES ☐NO
4. EMT student arrived on time ☐YES ☐NO
5. EMT student completed full clinical experience (12 hours) ☐YES ☐NO
6. Comments: _____

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Student Signature: _____ Date: _____

Preceptor Signature: _____ Date: _____

Hospital Preceptor Evaluation

(To be completed by EMT Student)

Student: _____ Preceptor: _____ Date: _____

1. Preceptor served as an advocate and role model ☐YES ☐NO
2. Preceptor helped make the transition from the classroom to the field ☐YES ☐NO
3. Preceptor supervised during the clinical experience ☐YES ☐NO
4. Preceptor oriented candidate to all applicable company policies ☐YES ☐NO
5. Preceptor oriented candidate to all applicable equipment ☐YES ☐NO
6. Preceptor helped practice assessment/therapeutic communication skills ☐YES ☐NO
7. Preceptor provided alternative experiences if patient volume was low ☐YES ☐NO
8. Preceptor completed the Candidates Clinical Evaluation ☐YES ☐NO
9. Preceptor provided constructive feedback and positive reinforcement ☐YES ☐NO
10. Describe your experience: _____

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Student Signature: _____ Date: _____

ECC EMT Student Patient Summary Form

(Must completely document 10 patient interactions below)

EMT Student Name: _____ Course Section: _____ Year: _____

	AGE (Sex)	**DATE** (mo/dy/yr)	**TIME** (1530)	**B/P**	**PULSE** (R-R-Q)	**RESPIRATIONS** (R-Q-TV)	**SKIN** (C-T-M)	**Chief Complaint**	**Treatments**
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