Student Name: NYS EMT-B Course #:

Certified Instructor Coordinator: Course Location:

# Emergency Medical Technician Course – Clinical Requirements:

To meet the requirements of a NYS Original EMT course, students will be required to complete and document ten (10) direct patient contacts. Direct patient contact is defined as a patient who is being evaluated for an acute medical emergency or injury. **STUDENTS ARE TO ACTIVELY PARTICIPATE IN PATIENT CARE IN ORDER TO BE SIGNED OFF BY THE PRECEPTOR.**

OBJECTIVES FOR PATIENT CONTACTS:

* Student must be able to directly interact with the patient.
* Student must be able to complete a patient assessment, history taking and vital signs. Student must be able to communicate and document each patient contact and report on interventions performed or observed and must be able to follow the patient through disposition.
	+ Disposition is defined as the final EMS outcome: Transported to Hosp. or RMA (no other disposition is acceptable)
	+ If patient contacts are done in a hospital rotation, then no “Disposition” is required.
* RMA’s are acceptable as a direct patient contact, as long as the above criteria are met.

The preceptor and student must sign each clinical observation. By signing, both parties are attesting that the student was present and participated during their patient encounter.

All patient contacts summarized below:

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| DATE | AGE | AGENCY / HOSPITAL | CHIEF COMPLAINT | TREATMENTS/INTERVENTIONS | DISPOSITION |
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Past/Present History: Agency:

Medications: Vital Signs:

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| Blood Pressure | Pulse | Rate/Quality | Resp | Rate/Quality | Skin Color/Condition | L.O.C. |
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Subjective Assessment:

Treatments/Interventions: Dispo: TXP RMA

Preceptor Name (PRINT): Preceptor Signature:

Student Name (PRINT): Student Signature:

Gender:

□ Male

□ Female Age:

Chief Complaint: Date:

Past/Present History: Agency:

Medications: \_Run#: Vital Signs:

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| Blood Pressure | Pulse | Rate/Quality | Resp | Rate/Quality | Skin Color/Condition | L.O.C. |
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Subjective Assessment:

Treatments/Interventions: Dispo: TXP RMA

Preceptor Name (PRINT): Preceptor Signature:

Student Name (PRINT): Student Signature:

Past/Present History: Agency:

Medications: Vital Signs:

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| Blood Pressure | Pulse | Rate/Quality | Resp | Rate/Quality | Skin Color/Condition | L.O.C. |
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Subjective Assessment:

Treatments/Interventions: Dispo: TXP RMA

Preceptor Name (PRINT): Preceptor Signature:

Student Name (PRINT): Student Signature:

Gender:

□ Male

□ Female Age:

Chief Complaint: Date:

Past/Present History: Agency:

Medications: \_Run#: Vital Signs:

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| Blood Pressure | Pulse | Rate/Quality | Resp | Rate/Quality | Skin Color/Condition | L.O.C. |
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Subjective Assessment: Treatments/Interventions: Dispo: TXP RMA

Preceptor Name (PRINT): Preceptor Signature:

Student Name (PRINT): Student Signature:

Past/Present History: Agency:

Medications: Vital Signs:

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Subjective Assessment:

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Treatments/Interventions: Dispo: TXP RMA Preceptor Name (PRINT): Preceptor Signature: Student Name (PRINT): Student Signature:

Gender:

□ Male

□ Female Age:

Chief Complaint: Date:

Past/Present History: Agency:

Medications: \_Run#: Vital Signs:

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Subjective Assessment:

Treatments/Interventions: Dispo: TXP RMA Preceptor Name (PRINT): Preceptor Signature: Student Name (PRINT): Student Signature:

Past/Present History: Agency:

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Subjective Assessment: Treatments/Interventions: Dispo: TXP RMA

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Preceptor Name (PRINT): Preceptor Signature:

Student Name (PRINT): Student Signature:

Gender:

□ Male

□ Female Age:

Chief Complaint: Date:

Past/Present History: Agency:

Medications: Vital Signs:

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Subjective Assessment:

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Treatments/Interventions: Dispo: TXP RMA Preceptor Name (PRINT): Preceptor Signature:

Student Name (PRINT): Student Signature:

Past/Present History: Agency:

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Subjective Assessment: Treatments/Interventions: Dispo: TXP RMA

Preceptor Name (PRINT): Preceptor Signature:

Student Name (PRINT): Student Signature:

Gender: □ Male □ Female Age: Chief Complaint: Date:

Past/Present History: Agency:

Medications: Vital Signs:

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| Blood Pressure | Pulse |  |  |  |  |  |
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Subjective Assessment:

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□ Male

□ Female Age:

Chief Complaint: Date:

Past/Present History: Agency:

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Subjective Assessment: Treatments/Interventions: Dispo: TXP RMA

Preceptor Name (PRINT): Preceptor Signature:

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