Ambulance Internship Form Date: ____/____/____ Clinical Site_____ Run Number 1 2 3 4 5 Basic / Advanced

Chief Complaint:

Past Medical History:

Allergies

Description of Illness/Injury (Onset, Location, Duration, Quality, Radiating, Alleviating, Aggravating, Etc.):_____

_____

INITIAL ASSESSMENT: (Description of Life Threatening Problems) LOC: A V P U ____ Appropriate ____ Inappropriate

Airway:_____ Breathing:_____ Circulation: _____

Focused Assessment: _____

On-going Assessment (Document all findings – positive and pertinent negatives:

HEENT: _____

NECK: _____

CHEST: _____

ABD: _____

PELVIS: _____

UPPER EXT: _____

LOWER EXT:_____

BACK: _____

NEURO:_____

SKIN: _____

ASSESSMENT: _____

TREATMENT: _____

_____

EKG MONITORING: Rhythm:_____ HR _____ Ectopy Y / N

TIME	Treatment / Procedures / Meds / IV / O2	Results of Treatment
_____	_____	_____
_____	_____	_____
_____	_____	_____

ENDOTRACHEAL INTUBATION:

☐ Oral ☐ Nasal Equal B/S: ☐ Yes ☐ No Good Compliance: ☐ Yes ☐ No

Cords Visualized: ☐ Yes ☐ No Tube Size: _____

Reassessment En Route:

_____

_____

Safety Devices:

☐ N/A ☐ None

☐ Airbag ☐ Helmet

☐ Seatbelt / Shoulder

☐ Child Restraints

Mechanism of Injury: ☐ N/A ☐ Auto ☐ Driver

☐ Passenger ☐ Ejected ☐ Motorcycle ☐ Pedestrian

☐ Electrocution ☐ Burn ☐ GSW ☐ Stab/P ☐ Bicycle

☐ Farm ☐ Crush ☐ Fall _____ ft ☐ Industry

☐ Home ☐ Road / Highway ☐ Other_____

Damage to Vehicle: ☐ N/A

☐ Steering Wheel ☐ Windshield ☐ Rollover

☐ Compartment ☐ Major Damage Exterior

☐ Intrusion ☐ Minor Damage

Care Prior to Arrival?: : ☐ Yes ☐ No ☐ N/A

Provided By: ☐ 1st Responder ☐ Fire ☐ Police

☐ Citizen ☐ Hospital / ED

Type of Aid: ☐ CPR ☐ AED ☐ Splinting

☐ Bleeding Control

GCS / TS:

GCS_____ TS_____ Time_____

GCS_____ TS_____ Time_____

GCS_____ TS_____ Time_____

GCS_____ TS_____ Time_____

Vitals:

B/P____/____ P:_____(R I) R:_____ Time_____

B/P____/____ P:_____(R I) R:_____ Time_____

B/P____/____ P:_____(R I) R:_____ Time_____

B/P____/____ P:_____(R I) R:_____ Time_____

Preceptor Signature:_____ Date _____/_____/_____ Level EMT - EMT-I - EMT-P - LP - RN

Student Signature: _____ Date _____/_____/_____

Instructor Signature: _____ Date _____/_____/_____