

# Temple University EMS Call Evaluation Form

Preceptee:	
Field Training Officer:	
Nature of BLS Call:	
Shift Date:	Shift Time:
Level:	
Incident Number:	

S-Satisfactory    NI-Needs Improvement    NA-Not Applicable	S	NI	NA
<b>SCENE SIZE UP</b>			
BSI			
Scene Safety			
Determines number of patients			
<b>PATIENT ASSESSMENT</b>			
Determines type (mechanism) of injury or nature of illness			
Identifies life threatening condition(s)			
Positions patient properly for suspected injury/illness			
Determines CAO, GCS			
Assesses vital signs: HR, BP, RESP, LS, Pupils, Skin <u>Number of vital signs taken:</u>			
Focused physical exam and/or detailed assessment: <input type="checkbox"/> Obtains SAMPLE <input type="checkbox"/> Obtains OPQRST			
Rapid physical exam (trauma)			
PMS check (if applicable)			
Makes transport decision: <input type="checkbox"/> PFD <input type="checkbox"/> Refusal with Medical Command <input type="checkbox"/> Refusal without Medical Command <input type="checkbox"/> PD			
<b>TREATMENTS PROVIDED</b>			
Oxygen: <input type="checkbox"/> NC <input type="checkbox"/> NRB <input type="checkbox"/> BVM <input type="checkbox"/> CPR mask			
Suctioning of airway			
Oral/nasal airway insertion			
Manual C-spine stabilization			

Cervical collar placement			
Splinting			
<input type="checkbox"/> SAM splint			
<input type="checkbox"/> Sling and swathe			
<input type="checkbox"/> Traction splint			
Bandaging/Bleeding Control:			
<input type="checkbox"/> Compression			
<input type="checkbox"/> Gauze and/or roller gauze			
<input type="checkbox"/> Hemostatic agent (i.e QuickClot, petroleum gauze)			
<input type="checkbox"/> Tourniquet application			
<input type="checkbox"/> Asherman chest seal			
Cold pack application			
CPR			
AED			
Properly assists with/administers medication			
<u>Name of medication:</u>			
Patient comfort ( <u>list action taken</u> ):			
Other:			
<b>COMMUNICATION SKILLS</b>			
Communicates appropriately and effectively with:			
<input type="checkbox"/> Crew			
<input type="checkbox"/> Patient			
<input type="checkbox"/> Family/Friends of patient and/or Bystanders			
<input type="checkbox"/> Other responders (i.e. PD, PFD)			
<input type="checkbox"/> Medical Command (if applicable)			
<input type="checkbox"/> Dispatch (via radio)			
Ability to work as member of a team (even when in charge of scene)			
Ability to control scene			
Appropriate assertiveness used in patient and responder interactions			
Transfer of patient care and information			
Paperwork obtained (i.e. signatures, badge numbers, etc.)			
Chart writing			

**COMMENTS (Strong points and improvement areas):**

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The information on this evaluation form has been reviewed by the preceptee and Field Training Officer. The preceptee has been given an opportunity to share his/her feedback and concerns with the Field Training Officer.

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Field Training Officer Signature

**\*\*Print Name:**