



## Lakeland College EMT Hospital Grading Sheets

### EMT PROGRAM

#### Practicum Contract – Hospital

Before beginning each practicum site, complete this page, fax to 780-608-1235.

*Please Print*

**Student Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Practicum Hospital Site:** \_\_\_\_\_

**Preceptor Name:** \_\_\_\_\_

**Practicum Schedule:**

**(Please include dates and times for all shifts scheduled with this preceptor)**

I have read the above-listed schedule and agree to attend my practicum shifts as outlined above. If I should need to make changes to this schedule or be absent from any of these shifts for any reason, I will contact both my practicum preceptor, and my school in advance.

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

\_\_\_\_\_  
Practicum Supervisor

\_\_\_\_\_  
Date

***As soon as this contract is signed, it must be faxed to 780-608-1235.  
Questions? Contact us at 780-608-1240, or [emsprograms@lakelandcollege.ca](mailto:emsprograms@lakelandcollege.ca)***



NOCP Req Times	Area	Description	AOCP
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4.4.c 4 Emergency Room Perform temperature assessment. Adapt techniques of obtaining temperature to patient situation. [F1](#)

Date <i>mo/day/yr</i>	Preceptor Signature	Comments

**\*\*Standard procedures for global safety must be in effect**

4.4.f 4 Emergency Room Perform blood pressure measurement using non-invasive monitor. Perform trouble shooting when using a non-invasive blood pressure monitor. [F1](#)

Date <i>mo/day/yr</i>	Preceptor Signature	Comments

**\*\*Standard procedures for global safety must be in effect**

4.5.a 3 Emergency Room Perform oximetry testing. Adapt technique of oximetry testing to patient age. [F2](#)

Date <i>mo/day/yr</i>	Preceptor Signature	Comments

**\*\*Standard procedures for global safety must be in effect**

5.1.a 2 Hospital Operating Room Perform manual airway maneuvers under a variety of patient and environmental conditions. [11](#)

Date <i>mo/day/yr</i>	Preceptor Signature	Comments

**\*\*Standard procedures for global safety must be in effect**

5.3.a 2 Emergency Room O2 via nasal cannula. Perform oxygen administration using a nasal cannula. Adjust to changes in patient presentation. [12](#)

Date <i>mo/day/yr</i>	Preceptor Signature	Comments

**\*\*Standard procedures for global safety must be in effect**

55 5.3.b 2 Emergency Room O2 via simple mask. Perform oxygen administration using a low concentration mask. Adjust to changes in patient presentation. [12](#)

Date <i>mo/day/yr</i>	Preceptor Signature	Comments

**\*\*Standard procedures for global safety must be in effect**

5.3.d 2      Emergency Room      O2 via NRB. Perform oxygen administration using a high concentration mask. Adjust to changes in patient presentation.      [12](#)

Date <i>mo/day/yr</i>	Preceptor Signature	Comments

**\*\*Standard procedures for global safety must be in effect**

5.4.a 2      Hospital Operating Room      Perform ventilation using bag-valve-mask. Evaluate the effectiveness of ventilation. Adjust to changes in patient presentation.      [12](#)


**\*\*Standard procedures for global safety must be in effect**

5.5.c 4      Emergency Room      Discontinue IV. Demonstrate ability to discontinue an infusion.      [110](#)

Date <i>mo/day/yr</i>	Preceptor Signature	Comments

**\*\*Standard procedures for global safety must be in effect**

6.2.b 2      Emergency Room      Assess and Tx Pediatrics. Perform appropriate assessment techniques for the pediatric patient. Integrate the approach, assessment treatment and transportation of a patient. Communicate information regarding care to patient, parents, or primary caregivers. Justify approach, assessment, care and transportation decisions.      [D6](#)  
[H14](#)

Date <i>mo/day/yr</i>	Preceptor Signature	Comments

**\*\*Standard procedures for global safety must be in effect**

6.2.c 2      Emergency Room      Assess and Tx Geriatrics. Perform appropriate assessment techniques for the geriatric patient. Integrate the approach, assessment, treatment and transportation of a patient. Communicate information regarding care to patient, relatives or primary caregivers. Justify approach, assessment, care and transportation decisions.      [D7](#)  
[D15](#)

Date <i>mo/day/yr</i>	Preceptor Signature	Comments

**\*\*Standard procedures for global safety must be in effect**

# HOSPITAL PRACTICUM TIMESHEET

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

Location: \_\_\_\_\_

Date of Week	Days Worked	# of Hours	Supervisor's Initials
<b>TOTAL HOURS</b>			

***Comments:***

This certifies that the information I have submitted in this *Hospital Practicum Record* is true and accurate.

Student Name (please print): \_\_\_\_\_

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

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

***Return completed pages by fax to (780) 608-1235 immediately upon completion. It is every student's responsibility to maintain a copy of this document with his or her personal records.***

***Questions? Contact us at 780-608-1240, or [emsprograms@lakelandcollege.ca](mailto:emsprograms@lakelandcollege.ca)***