



**LAKELAND COLLEGE PARAMEDIC HOSPITAL GRADING SHEETS  
PARAMEDIC PROGRAM**

**Practicum Contract – Hospital**

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

*Please print*

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

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

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

**Practicum Service or Hospital:** \_\_\_\_\_

**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.**

\_\_\_\_\_  
**Paramedic Student Signature**

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

\_\_\_\_\_  
**Date**

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



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4.3.f            3            Hospital            Assess obstetrics pt. Apply assessment techniques specific to the obstetrical patient. Perform assessment techniques for obstetrical related illnesses and injuries. Adapt assessment techniques to obstetrical history findings.            D4

Date mo/day/yr	Preceptor Signature	Comments

\*Standard procedures for global safety must be in effect. Complete each competency at least twice.

4.3.o            3            Hospital            Assess neonatal pt. Apply assessment techniques specific to the neonatal patient. Perform appropriate assessment techniques for neonatal patients. Adapt assessment techniques as require.            D5

Date mo/day/yr	Preceptor Signature	Comments

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4.4.c            9            Hospital            Perform a temperature assessment. Adapt techniques of obtaining temperature to patient situation.            F1

Date mo/day/yr	Preceptor Signature	Comments

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4.4.f      9      Hospital      Perform blood pressure measurement using non-invasive monitor. Perform trouble shooting when using a non-invasive blood pressure monitor.      F1

Date mo/day/yr	Preceptor Signature	Comments

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4.5.a      3      Hospital      Perform oximetry testing. Adapt technique of oximetry testing to patient age.      F2

Date mo/day/yr	Preceptor Signature	Comments

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4.5.b      3      Hospital      Perform end-tidal CO2 monitoring.      F5

Date mo/day/yr	Preceptor Signature	Comments

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4.5.m      9      Hospital      Perform 12 Lead. Perform the technique of obtaining a 12 Lead ECG. Adapt technique of obtaining a 12 Lead ECG to patient age and gender.      F4

Date mo/day/yr	Preceptor Signature	Comments

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5.1.a      2      Hospital      Perform manual airway maneuvers under a variety of patient and environmental presentations. Adapt to changes in patient’s airway patency. Demonstrate management of potential complications of airway maneuvers.      I1

Date mo/day/yr	Preceptor Signature	Comments

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5.1.b            2            Hospital            Operate appropriate suctioning devices. Perform suctioning using safe technique. Adapt suctioning techniques to changes in patient's condition. Perform cleaning and disinfection of suctioning equipment.            11

Date mo/day/yr	Preceptor Signature	Comments

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5.1.c            2            Hospital            Perform suctioning beyond oropharynx.            11

Date mo/day/yr	Preceptor Signature	Comments

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5.1.d            2            Hospital            Perform oropharyngeal airway sizing procedures. Perform insertion of an oropharyngeal airway. Adjust to changes in patient presentation.            11

Date mo/day/yr	Preceptor Signature	Comments

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5.3.b            2            Hospital            O2 via simple mask. Perform oxygen administration using a low concentration mask. Adjust to changes in patient presentation.            12

Date mo/day/yr	Preceptor Signature	Comments

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5.3.d            2            Hospital            O2 via NRB. Perform oxygen administration using a high concentration mask. Adjust to changes in patient presentation.            12

Date mo/day/yr	Preceptor Signature	Comments

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5.4.a            2            Hospital            Use BVM. Perform a ventilation using bag-valve-mask. Evaluate the effectiveness of ventilation. Adjust to changes in patient presentation.            12

Date mo/day/yr	Preceptor Signature	Comments

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5.4.d            2            Hospital            Mechanical ventilators. Demonstrate use of mechanical ventilator based on patient presentation. Adjust parameters to changes in ventilator and hemodynamic status. Integrate the use of mechanical ventilator based on patient presentation. Integrate the use of pressure support, pressure control, manometry, respirometry, and arterial blood gas analysis.            F11

Date mo/day/yr	Preceptor Signature	Comments

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5.5.o            2            Hospital            Care of urinary catheter. Perform the appropriate technique when caring for urinary equipment and patient. Explain potential complications to catheter care. Demonstrate how to drain and measure urine output. Adapt care procedures to patient presentation.            I15

Date mo/day/yr	Preceptor Signature	Comments

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5.8.c            2            Hospital            Sub Q med admin. Demonstrate how to provide subcutaneous medication using a sequential step method of administration. Demonstrate how to prepare a patient for subcutaneous medication administration. Demonstrate how to measure the required quantity of medication.            G6

Date mo/day/yr	Preceptor Signature	Comments

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5.8.d            3            Hospital            IM med admin. Demonstrate how to provide intramuscular medications using a sequential step method of administration. Demonstrate how to prepare a patient for intramuscular medication administration. Demonstrate how to measure the required quantity of medication.            G4

Date mo/day/yr	Preceptor Signature	Comments

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5.8.h            2            Hospital            Demonstrate Sublingual Med admin. Demonstrate how to provide sublingual medications using a sequential step method of administration. Demonstrate how to prepare a patient for sublingual medication administration. Demonstrate how to measure the required quantity of sublingual medication.            F11

Date mo/day/yr	Preceptor Signature	Comments

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5.8.j            2            Hospital            Demonstrate Oral Med admin. Demonstrate how to provide oral medication using a sequential step method of administration. Demonstrate how to prepare a patient for oral medication administration. Demonstrate how to measure the required quantity of oral medication.            G2

Date mo/day/yr	Preceptor Signature	Comments

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5.8.l            2            Hospital            Demonstrate Inhalation Med admin. Demonstrate how to provide inhalation medication using a sequential step method. Demonstrate how to prepare a patient for inhalation medication administration. Demonstrate how to measure the required quantity of inhalation medication.            F11

Date mo/day/yr	Preceptor Signature	Comments

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6.1.q            3            Hospital            Tx obstetrics pt. Adjust care based on fetal and maternal presentation. Adapt care to manage an imminent delivery. Integrate the approach, assessment, treatment and transportation of a patient. Communicate information to patient regarding care. Justify approach, assessment, care and transportation decisions.            H12

Date mo/day/yr	Preceptor Signature	Comments

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6.2.a            3            Hospital            Tx neonatal pt. Discuss disease processes that interfere with neonatal life functions. Adjust care based on patient presentation. Discuss potential complications with neonatal patients. Integrate the approach, assessment, treatment and transportation of a patient. Communicate information to patient's parent(s) regarding care. Justify approach, assessment, care and transportation decisions.            H13

Date mo/day/yr	Preceptor Signature	Comments

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6.2.b

2

Hospital

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 mo/day/yr	Preceptor Signature	Comments

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6.2.c

2

Hospital

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.

F11

Date mo/day/yr	Preceptor Signature	Comments

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**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.**

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