



Intubation Evaluation

Fax this form to (780) 608-1235 with all Hospital Evaluations Forms

Paramedic Supervisor/Preceptor (print) _____

Name of Facility _____

Student Name (print) _____

1. Is the student able to adequately ventilate a patient with a bag-valve-mask?
2. How many oral endotracheal intubations did the student perform successfully?
(We suggest a minimum of 12)
3. How many nasal tracheal intubations did the student perform successfully?
(We suggest a minimum of 2)
4. In your opinion is the student competent in performing endotracheal intubation?
5. Does the student require further time in his/her OR rotation?
6. Did the student have the opportunity to provide any surgical airways?

Comments:

Preceptor Signature: _____

Student Signature: _____

Date: _____

Return this form by fax to (780) 608-1235 immediately upon completion.