



CHARLOTTESVILLE-ALBEMARLE RESCUE SQUAD

BLS Evaluation for Release as Attendant in Charge

Intern's name _____ 5 backboards 5 ALS 10 BLS (circle one evaluated)

Evaluator's name _____ Date _____ Incident# _____

Brief Description of the call _____

Scene Safety and Organization

Did the intern properly assess scene safety and take the appropriate actions to insure safety of themselves and their crew? Y N N/A

Did the intern receive a verbal report from the first responders? Y N N/A

Did the intern interact effectively with the first responders and incorporate the appropriate resources on the call? Y N N/A

Was the call run in a timely manner that was appropriate for the patient's condition? Y N N/A

Physical Assessment

Did the intern gather the appropriate history of present illness, past medical history, medicines taken daily, and allergies from the patient or bystanders? Y N N/A

Did the intern perform a basic and organized physical assessment? Y N N/A

Was the assessment appropriate for the patient? Y N N/A

Did the intern properly assess whether the patient was in a 'load and go' situation? Y N N/A

Did the intern perform vital signs and/or delegate it to the appropriate resource? Y N N/A

Did the intern appropriately identify the problems found? Y N N/A

Treatment / Medical Communications

Did the intern appropriately treat the problems found? Y N N/A

Was the intern familiar with the equipment and able to use it in a timely manner? Y N N/A

Did the intern explain treatment options to the patient prior to initiation (if appropriate)? Y N N/A

Did the intern give a clear and concise radio report to the receiving agency? Y N N/A

On arrival to the hospital, did the intern give a clear and factual verbal report to the nurse in charge of the patient? Y N N/A

Did the intern properly document the call on the run sheet? Y N N/A

Was the intern respectful to all parties involved in the call? Y N N/A

Did the intern properly evaluate and treat the patient without prodding from the evaluator? Y N N/A

PLEASE EXPLAIN ANY "NO" ANSWERS ON THE BACK OF THIS SHEET



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Self Evaluation of the Intern (strengths and weakness you felt about your abilities on the call)

Comments from the evaluator _____

Is the intern ready to run this same call without a senior tech on scene? Y N

Please list any ALS skills the intern helped with during the ALS call-

IV set-up Heart monitor set-up _____

BVM Ventilation Suctioning _____

Intubation setup _____

Signatures-

Intern _____ date _____

Evaluator _____ date _____

Preceptor _____ date _____