

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

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 _____