

## ALS ORIENTATION FORM - Intermediate

Name: \_\_\_\_\_ Level: Intermediate

<u>Date</u>	<u>Preceptor's</u>
<u>Satisfactory</u>	<u>Signature</u>

Exchange procedure for IV boxes:

Bayside and Princess Anne	_____	_____
Beach General	_____	_____
Chesapeake General	_____	_____
Leigh	_____	_____
Norfolk General	_____	_____

Exchange procedure for drug boxes:

Bayside and Princess Anne	_____	_____
Beach General	_____	_____
Chesapeake General	_____	_____
Leigh	_____	_____
Norfolk General	_____	_____

Knowledge of protocols and procedures and use of equipment:

Chest Decompressions	_____	_____
External Jugular Cannulation	_____	_____
External Pacing	_____	_____
Glucometer	_____	_____
Intraosseous Infusions	_____	_____
C-PAP	_____	_____
Nasogastric Tubes	_____	_____
NasoTracheal Intubation	_____	_____
Nightingale	_____	_____
LifePAK 12/15 & 12 lead class	_____	_____
Rectal Valium	_____	_____

Operation of Zone Car:

Safe Code 1 Operation	_____	_____
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Knowledge of recertification requirements:

Continuing Education & attach copy of current CEU	_____	_____
Attend an ALS Release class	date: _____	_____
Attend a 12 lead class	date: _____	_____

Knowledge of policies:

ALS Expectations Policy	_____	_____
Chain of Command	_____	_____
Communications	_____	_____

Ready for release to general supervision:

I acknowledge Intern knows protocols, medications, identifies rhythms, and is able to use ALS equipment.

ALS FTO signature: \_\_\_\_\_ Date: \_\_\_\_\_

ALS FTO Name print: \_\_\_\_\_