

ALS ORIENTATION FORM - Paramedic

Name: _____ Level: Paramedic

Date	Preceptor's
Satisfactory	Signature

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		
Nasogastric Tubes		
C-PAP		
Nightingale		
LifePaK 12/15		
Rectal Valium		
Zone Car		

Operation of Zone Car:

Safe Code 1 Operation		
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Knowledge of recertification requirements:

Continuing Education - bring copy of CEU report		
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: _____