

ALS ORIENTATION FORM - Paramedic

Name: _____ Level: Paramedic

Date
Satisfactory

Preceptor's
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	_____	_____
C-PAP	_____	_____
Nasogastric Tubes	_____	_____
NasoTracheal Intubation	_____	_____
Nightingale	_____	_____
MRL	_____	_____
Rectal Valium	_____	_____
Zone Car	_____	_____

Operation of Zone Car:

Safe Code 1 Operation	_____	_____
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Knowledge of recertification requirements:

Continuing Education	_____	_____
Attend an ALS Release class	date: _____	_____
Attend an EZ-IO 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: _____