



# McLean County Area EMS System

705 N East Street  
Bloomington, IL 61701

Phone: (309) 827-4348  
Fax: (309) 827-2017

## Field Experience Shift Summary

Date \_\_\_\_\_

Name \_\_\_\_\_

Preceptor \_\_\_\_\_

Level \_\_\_ B \_\_\_ I \_\_\_ P \_\_\_ ECRN/PHRN

Contact Preceptor \_\_\_\_\_

Number of Calls \_\_\_\_\_

### General

___ A - Acceptable	___ U - Unacceptable
___ Appearance	___ Attitude
___ Motivation	___ Professionalism
___ Initiative	___ Equipment Knowledge
___ Relate to Patients	___ Relates to Coworkers

### Skills

- |                      |                    |                     |
|----------------------|--------------------|---------------------|
| 1. Assessment        | 8. IV              | 15. Bandaging       |
| 2. Airway (Basic)    | 9. EKG monitor     | 16. Extrication     |
| 3. Airway (Advanced) | 10. Defibrillation | 17. Scene Survey    |
| 4. Oxygen            | 11. Cardioversion  | 18. Radio Report    |
| 5. History           | 12. Medications    | 19. Documentation   |
| 6. Vitals            | 13. Cardiac Pacing | 20. CPR             |
| 7. Splinting         | 14. Immobilization | 21. Call Management |

Type of Call	Skills	Evaluation

Additional Comments:

ECRN Candidate  
Signature: \_\_\_\_\_

Preceptor Signature: \_\_\_\_\_