

**MASSACHUSETTS EMT-PARAMEDIC CLINICAL INTERNSHIP SKILL DOCUMENTATION**

Student Name: \_\_\_\_\_ EMT# \_\_\_\_\_

**INTRAVENOUS LINE (IV) CANNULATION**  
 OEMS minimum requirement is twenty (20).

	Date	Age/Sex	IV ga. / Solution / Location	Location	Preceptor Signature	Title
sample	05/25/04	23/ F	18 ga. D5W Right A/C	ED	<i>William Blason, MD</i>	<b>MD</b>
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
21.						
22.						
23.						
24.						
25.						

I attest the information listed above is a true and accurate record to the best of my knowledge.

Signature of the Program Clinical Coordinator \_\_\_\_\_

Date \_\_\_\_\_

