

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

Student Name: \_\_\_\_\_

EMT# \_\_\_\_\_

**MISCELLANEOUS MEDICATION ADMINISTRATION**  
 Endotracheal Tube, Inhalation, Injection- IM, SC, Oral, Rectal, and Transderm/Topical  
**OEMS minimum requirement is five (5)**

	Date	Age/Sex	Medication /Route of Administration	Location	Preceptor Signature	Title
sample	07/22/04	37/ M	Albulerol via nebulizer	ED	<i>Elizabeth Green, RN</i>	RN
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

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

\_\_\_\_\_  
 Signature of the Program Clinical Coordinator or Medical Director

\_\_\_\_\_  
 Date

