

MASSACHUSETTS EMT-PARAMEDIC CLINICAL INTERNSHIP SKILL DOCUMENTATION

Student Name: _____ EMT# _____

PEDIATRIC PATIENT ASSESSMENTS

OEMS minimum requirement is three (3). Each patient must be 16 years old or younger.

	Date	Age/Sex	Chief Complaint	Location	Preceptor Signature	Title
sample	11/15/03	11/ F	Asthma Attack	Pedi-ED	Susan Smith, RN, CEN	RN
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

PSYCHIATRIC PATIENT INTERVIEWS / ASSESSMENTS

OEMS minimum requirement is three (3).

	Date	Age/Sex	Chief Complaint	Location	Preceptor Signature	Title
sample	11/07/03	51/ M	Depression / Attempted Suicide	Psych	Robert Doherty, RN	RN
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

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 _____

