

Wintergreen Fire & Rescue EMT-Enhanced Check Sheet

Name: _____

Certification Date: ___/___/___

Preceptor: _____

The EMT-Enhanced Preceptor Program gives the student the ability to practice under the leadership and guidance of approved ALS providers. This is intended to strengthen the skills of the EMT-Enhanced Provider and will last 3 months from the certification date.

The following procedures, SOPs, and Protocols must be performed, as well as reviewed by the EMT with the preceptor. If at the end of the 3 months these skills have not been performed on a call then they may be reviewed or simulated under the supervision of the preceptor.

Skills	Date(s)	Initials and Comments
Specific Skills		
IV / INT Initiation (1)		
IV / INT Initiation (2)		
IV / INT Initiation (3)		
CPAP		
Capnography		
Exchange of ST / CT Box		
Specific Calls		
Anaphylaxis Protocol		
Asthmatic / COPD Protocol		
Burn Protocol		
Chest Pain / Cardiac Call		
Diabetic Emergency / Altered LOC		
Respiratory Distress		
Overdose / Poisoning		
Seizure Protocol		
Shock Protocol		
Trauma Assessment and Protocol		
More Skills		
EZ-I.O		
Medication Review		
IV Med Administration (1)		
IV Med Administration (2)		
IM Med Administration (1)		
IM Med Administration (2)		
SQ Med Administration		
Hand Held Nebulizer		
AED		
Needle Decompression		
Helicopter Protocols		
PPCR Documentation		

Preceptor Time Sheet

Name: _____ Certification Date: ___/___/___

Level: _____

Date	Facility	Preceptor	Time	# Hours

When complete and signed by appropriate persons turn into the Chief of EMS Operations for review. The OMD and EMS Chief must clear you before practicing solo.

Date Completed: ___/___/___

Preceptor: _____ Date: ___/___/___

EMS Chief: _____ Date: ___/___/___

OMD: _____ Date: ___/___/___

Approved:

Disapproved:

Reason: _____

