

Clinical Skills Check Off Form

Paramedic Skills	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	
Airway Oxygen																					
Bag-Valve-Mask																					
Breath Sounds																					
Heart Sounds																					
CPR																					
Defibrillation																					
Cardioversion																					
Drug Prep./Administration																					
IV drip medication (5)																					
IV bolus administration (10)																					
IM administration (5)																					
SQ administration (5)																					
EKG (Dynamic) (15)																					
EKG (Static) (15)																					
E.T. Intubation (3)																					
Tracheal Suctioning (5)																					
Oropharyngeal Suctioning (5)																					
E.G.T.A.																					
Peripheral IV Insertion (20)																					
M.A.S.T.																					
Neuro Exam																					
Patient Assessments:																					
Adult (15)																					
Pediatric (5)																					
History																					
Physical Exam																					
Presumptive Diagnosis																					
Splinting/Bleeding Control																					
Spinal Immobilization																					
Team Leader																					
10 Patient Assessments																					
5 ALS Calls																					
Vital Signs																					

Use this form for ambulance and emergency department clinical rotations. Form must be returned in a sealed and signed envelope.