

Clinical / Internship Documentation Form

Student Name:		Rotation Date:	Start Time:	Clinical / Internship Site:	Preceptor Name:
		/ /	:		
Class Start Date:	Level:	Shift Hours:	End Time:	Shift Location: (circle one)	Preceptor Signature:
/ /	Basic Para		:	ER L&D HS Cath OR ICU RT EMS	

Patient # 1:					Capstone: Lead? [] Y [] N
Age:	Sex:	C/C:	WDx:		
BP:	/	P:	R:	BGL:	Observations:
IV: ga. ___ Loc: _____ [] S [] U		IV: ga. ___ Loc: _____ [] S [] U		ET: [] Mac ___ [] Miller ___ Tube ___ [] S [] U	
Vent: [] Y [] N		MA: med _____ rt: _____ dsg: _____		MA: med _____ rt: _____ dsg: _____	

Patient # 2:					Capstone: Lead? [] Y [] N
Age:	Sex:	C/C:	WDx:		
BP:	/	P:	R:	BGL:	Observations:
IV: ga. ___ Loc: _____ [] S [] U		IV: ga. ___ Loc: _____ [] S [] U		ET: [] Mac ___ [] Miller ___ Tube ___ [] S [] U	
Vent: [] Y [] N		MA: med _____ rt: _____ dsg: _____		MA: med _____ rt: _____ dsg: _____	

Patient # 3:					Capstone: Lead? [] Y [] N
Age:	Sex:	C/C:	WDx:		
BP:	/	P:	R:	BGL:	Observations:
IV: ga. ___ Loc: _____ [] S [] U		IV: ga. ___ Loc: _____ [] S [] U		ET: [] Mac ___ [] Miller ___ Tube ___ [] S [] U	
Vent: [] Y [] N		MA: med _____ rt: _____ dsg: _____		MA: med _____ rt: _____ dsg: _____	

Patient # 4:					Capstone: Lead? [] Y [] N
Age:	Sex:	C/C:	WDx:		
BP:	/	P:	R:	BGL:	Observations:
IV: ga. ___ Loc: _____ [] S [] U		IV: ga. ___ Loc: _____ [] S [] U		ET: [] Mac ___ [] Miller ___ Tube ___ [] S [] U	
Vent: [] Y [] N		MA: med _____ rt: _____ dsg: _____		MA: med _____ rt: _____ dsg: _____	

----- For Office Use Only -----

Hours: ER: ___ L&D: ___ RT: ___ OR: ___ ICU: ___ Cath/HS/Tele: ___ EMS: ___ <> Transports: BLS ___ ALS ___

Skills: Births: ___ VP: ___ MA: ___ ET: ___ Vent: ___ ECG (Non): ___ ECG (NS): ___

Contacts: Adult: ___ Geri: ___ Adol (12-17): ___ Sch-Age (6-11): ___ Pre-Sch (4-5): ___ Todd (1-3): ___ Infant (< 1): ___ NB/Neo (< 1 mo): ___

Trauma: ___ Medical: ___ <> Psych: ___ Cardio: ___ Resp: ___ GI/GU: ___ OB/Gyn: ___ AMS: ___ Sync: ___

Patient # 5:										Capstone: Lead? [] Y [] N	
Age:		Sex:		C/C:		WDx:					
BP:	/	P:		R:		BGL:		Observations:			
IV: ga. ___ Loc: _____ [] S [] U			IV: ga. ___ Loc: _____ [] S [] U			ET: [] Mac ___ [] Miller ___ Tube ___ [] S [] U			Vent: [] Y [] N		
MA: med _____ rt: _____ dsg: _____			MA: med _____ rt: _____ dsg: _____			MA: med _____ rt: _____ dsg: _____					

Patient # 6:										Capstone: Lead? [] Y [] N	
Age:		Sex:		C/C:		WDx:					
BP:	/	P:		R:		BGL:		Observations:			
IV: ga. ___ Loc: _____ [] S [] U			IV: ga. ___ Loc: _____ [] S [] U			ET: [] Mac ___ [] Miller ___ Tube ___ [] S [] U			Vent: [] Y [] N		
MA: med _____ rt: _____ dsg: _____			MA: med _____ rt: _____ dsg: _____			MA: med _____ rt: _____ dsg: _____					

Patient # 7:										Capstone: Lead? [] Y [] N	
Age:		Sex:		C/C:		WDx:					
BP:	/	P:		R:		BGL:		Observations:			
IV: ga. ___ Loc: _____ [] S [] U			IV: ga. ___ Loc: _____ [] S [] U			ET: [] Mac ___ [] Miller ___ Tube ___ [] S [] U			Vent: [] Y [] N		
MA: med _____ rt: _____ dsg: _____			MA: med _____ rt: _____ dsg: _____			MA: med _____ rt: _____ dsg: _____					

Patient # 8:										Capstone: Lead? [] Y [] N	
Age:		Sex:		C/C:		WDx:					
BP:	/	P:		R:		BGL:		Observations:			
IV: ga. ___ Loc: _____ [] S [] U			IV: ga. ___ Loc: _____ [] S [] U			ET: [] Mac ___ [] Miller ___ Tube ___ [] S [] U			Vent: [] Y [] N		
MA: med _____ rt: _____ dsg: _____			MA: med _____ rt: _____ dsg: _____			MA: med _____ rt: _____ dsg: _____					

Patient # 9:										Capstone: Lead? [] Y [] N	
Age:		Sex:		C/C:		WDx:					
BP:	/	P:		R:		BGL:		Observations:			
IV: ga. ___ Loc: _____ [] S [] U			IV: ga. ___ Loc: _____ [] S [] U			ET: [] Mac ___ [] Miller ___ Tube ___ [] S [] U			Vent: [] Y [] N		
MA: med _____ rt: _____ dsg: _____			MA: med _____ rt: _____ dsg: _____			MA: med _____ rt: _____ dsg: _____					

This is an accurate representation of clinical/internship time (student must sign for credit to be given):

Name: _____ Signature: _____ Date: _____