

# HCI PARAMEDIC PROGRAM

## Hospital Rotation Tracking Form

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

**Date:**

Medication Administration														
Endotracheal Intubation														
Intravenous Access (I.V.)														
BVM Ventilation														
Patient Assessment (Pedi)														
Patient Assessment (Adult)														
Patient Assessment (Geriatric)														
Patient Assessment (Obstetric)														
Patient Assessment (Trauma)														
Patient Assessment (Psychiatric)														
Assess and Treat Chest Pain														
Assess and Treat Respiratory Distress														
Assess and Treat Syncope														
Assess and Treat Adbominal Problems														
Assess and Treat Altered Mental Status														
<b>Instructor's InitialsH</b>														

Students: It is your responsibility to document all of the above contacts and procedures. Please write the number of times you performed the above treatments or assessments on each date.