

**Monroe-Livingston Regional Emergency Medical Services Council
Advanced Life Support Evaluation Form**

ALS Intern: _____ Precepting Agency: **Brighton Volunteer Ambulance**

AEMT #: _____ AEMT Intermediate: _____
 AEMT Critical Care _____
 AEMT Paramedic: _____

Preceptor: _____ Date: _____ PCR#: _____

Personal Traits:

	Above Average	Average	Needs Improvement	Not observed
Uniform attire				
Attitude				
Performs under stress				
Interaction with BLS				
Interaction with FD, Police other EMS				

Vehicle and Equipment:

	Above Average	Average	Needs Improvement	Not Observed
Familiar with ALS Equipment				
Able to carry needed Equipment to patient				
Able to troubleshoot equip issues				
Restocks equipment after call completed				

Patient / Scene Management:

	Above Average	Average	Needs Improvement	Not observed
Scene assessment/management				
Patient Assessment Skills				
Patient Interaction				
Interaction with Family and Bystanders				
Treatment Plan				
Task delegation/Leadership				

Patient Care Reporting:

	Above Average	Average	Needs Improvement	Not Observed
Medical Control Report				
Transfer of care Report				
Documentation				
Proper administration and control of CS				
Proper disposal and wasting of controlled substances				
Proper documentation of CS				

ALS Skills performed:

Oxygen Therapy				
Intubation/Alternate Airway Device				
Venous Access				
Medication rationale				
Medication administration				
Other:				
Other:				

ECG and 12 Lead interpretation				
Defibrillation/Cardioversion				
CPAP				
Auto-Vent				
Capnography/Capnometry				
Other:				
Other:				

Comments on areas checked "*In Need of Improvement*":

Intern self-evaluation of call:

Preceptor Evaluation and comments:

Intern Signature: _____ Date: _____

Preceptor Signature: _____ Date: _____

Preceptor Signature if recommending technician for clearance: _____

Reviewed by: _____	

