

Inver Hills Community College - Emergency Health Services Program

Clinical Shift Log

Date: _____ Log# _____ of _____

Student Name:			Preceptor Name:					
Clinical Site		Dept/Unit	Time In	Time Out	FISDAP Shift ID	Total Patients	Total Hours	Data in FISDAP (✓)
Pt. #	Time Of Pt. Contact	Perform an assessment and create a treatment plan: Document for each patient (LOC, Age, Gender, Field Impression, Complaints)	Skills Performed:	Student Successfully led the EMS Team*	Narrative Written?	Preceptor Signature and comments <i>Note: If using electronic documentation (PDA/Laptop) you are affirming that you have completed/sealed the electronic record on the PDA/Laptop</i>		
1		<input type="checkbox"/> CP <input type="checkbox"/> OB <input type="checkbox"/> Trauma <input type="checkbox"/> Psych <input type="checkbox"/> Resp <input type="checkbox"/> AMS <input type="checkbox"/> Syncope <input type="checkbox"/> ABD	___ IV att. ___ IV Succ ___ Med Adm ___ ET att ___ ET succ ___ Ventilate	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not attempted <input type="checkbox"/> Not possible	<input type="checkbox"/> PDA <input type="checkbox"/> Laptop <input type="checkbox"/> Paper <input type="checkbox"/> Hosp	<input type="checkbox"/> Pt. eval completed		
2		<input type="checkbox"/> CP <input type="checkbox"/> OB <input type="checkbox"/> Trauma <input type="checkbox"/> Psych <input type="checkbox"/> Resp <input type="checkbox"/> AMS <input type="checkbox"/> Syncope <input type="checkbox"/> ABD	___ IV att. ___ IV Succ ___ Med Adm ___ ET att ___ ET succ ___ Ventilate	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not attempted <input type="checkbox"/> Not possible	<input type="checkbox"/> PDA <input type="checkbox"/> Laptop <input type="checkbox"/> Paper <input type="checkbox"/> Hosp	<input type="checkbox"/> Pt. eval completed		
3		<input type="checkbox"/> CP <input type="checkbox"/> OB <input type="checkbox"/> Trauma <input type="checkbox"/> Psych <input type="checkbox"/> Resp <input type="checkbox"/> AMS <input type="checkbox"/> Syncope <input type="checkbox"/> ABD	___ IV att. ___ IV Succ ___ Med Adm ___ ET att ___ ET succ ___ Ventilate	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not attempted <input type="checkbox"/> Not possible	<input type="checkbox"/> PDA <input type="checkbox"/> Laptop <input type="checkbox"/> Paper <input type="checkbox"/> Hosp	<input type="checkbox"/> Pt. eval completed		
4		<input type="checkbox"/> CP <input type="checkbox"/> OB <input type="checkbox"/> Trauma <input type="checkbox"/> Psych <input type="checkbox"/> Resp <input type="checkbox"/> AMS <input type="checkbox"/> Syncope <input type="checkbox"/> ABD	___ IV att. ___ IV Succ ___ Med Adm ___ ET att ___ ET succ ___ Ventilate	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not attempted <input type="checkbox"/> Not possible	<input type="checkbox"/> PDA <input type="checkbox"/> Laptop <input type="checkbox"/> Paper <input type="checkbox"/> Hosp	<input type="checkbox"/> Pt. eval completed		
5		<input type="checkbox"/> CP <input type="checkbox"/> OB <input type="checkbox"/> Trauma <input type="checkbox"/> Psych <input type="checkbox"/> Resp <input type="checkbox"/> AMS <input type="checkbox"/> Syncope <input type="checkbox"/> ABD	___ IV att. ___ IV Succ ___ Med Adm ___ ET att ___ ET succ ___ Ventilate	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not attempted <input type="checkbox"/> Not possible	<input type="checkbox"/> PDA <input type="checkbox"/> Laptop <input type="checkbox"/> Paper <input type="checkbox"/> Hosp	<input type="checkbox"/> Pt. eval completed		

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