Queen Anne's County - Emergency Medical Services

BLS

BLS Evaluation Sheet

Instructions: Complete a new sheet for each time period. The probationary EMT completes section #1 then gives the form to the primary provider who completes section #2 and #3. The primary provider discusses each call with the probationary EMT who keeps the form(s) until they have completed ten (10) calls and are ready to be cleared as a primary aid. When the probationary EMT has completed the process and feels ready to be cleared, he/she will provide the clearance package to the organization EMS Officer with a letter indicating their desire to be cleared primary attendant.

Section #1 Date: _____ Shift Times - Start: _____ Finish: _____

Probationary provider: _____ ID #: _____

Primary Provider: _____ ID #: _____

Secondary Provider: _____ ID #: _____

Call Information	1	2	3	4	5	6	7	8	9	10
Patient Priority:										
Type of Call: **M** = Medical **T** = Trauma:										
Receiving Facility – Hospital Number:										

Performance: ✓ = Ok X = Opportunity for Improvement N/A = Not Applicable

Section #2 **Skills Evaluation**	1	2	3	4	5	6	7	8	9	10
Appearance – Uniform/Hygiene:										
Appearance – Attitude and Conduct:										
Pre-Response Checks – Amb&Equip										
Interaction – Crew Dynamics:										
Maps – Lookup and directing driver:										
Resource Use – Appropriate:										
Interaction – Scene Management:										
Assessment – SAMPLE History:										
Assessment – Vitals:										
Assessment – Prioritizes Correctly:										
Interaction – Patient-Provider:										
Treatment – Appropriate:										
Treatment – Applies Protocol:										
Loading – Stretcher Use:										
Loading – Stair Chair Use:										
Radio – Queen Anne County:										
Radio – EMRC – Report/Consult:										
ER Access – Code, location, etc:										
Interaction – Face-to-face w/nurse:										
Documentation – Paperwork:										
Documentation – Computer entry:										
Prepare Unit – Restock/Clean Unit:										
Other:										
Evaluator's Initials:										
Overall Performance Rating:										

Section #3

Call 1 – Evaluator **Comments:**	eMEDS No.:	Evaluator Signature:

Call 2 – Evaluator **Comments:**	eMEDS No.:	Evaluator Signature:

Call 3 – Evaluator **Comments:**	eMEDS No.:	Evaluator Signature:

Call 4 – Evaluator **Comments:**	eMEDS No.:	Evaluator Signature:

Call 5 – Evaluator **Comments:**	eMEDS No.:	Evaluator Signature:

Call 6 – Evaluator **Comments:**	eMEDS No.:	Evaluator Signature:

Call 7 – Evaluator **Comments:**	eMEDS No.:	Evaluator Signature:

Call 8 – Evaluator **Comments:**	eMEDS No.:	Evaluator Signature:

Call 9 – Evaluator **Comments:**	eMEDS No.:	Evaluator Signature:

Call 10 – Evaluator **Comments:**	eMEDS No.:	Evaluator Signature: