



EMS MODULE FOR MONTH OF _____

NAME: _____ NVFD ID # _____

These objectives are to be completed throughout the month at Station 23, and signed off by the Paramedic or NVFD Lieutenant. These are NOT to be completed all in one night.

OBJECTIVE	SIGNATURE	DATE	TIME
<u>A: VITAL SIGNS</u>			
1. Blood Pressure	_____	_____	_____
2. Pulse	_____	_____	_____
3. Respirations	_____	_____	_____
<u>B: STRETCHER OPERATIONS</u>			
1. Raising and Lowering Stretcher	_____	_____	_____
2. Loading Stretcher	_____	_____	_____
3. Unloading Stretcher	_____	_____	_____
4. Raising and Lowering Head and Feet	_____	_____	_____
<u>C: O2 THERAPY (When and how to use each)</u>			
1. Nasal Canula	_____	_____	_____
2. Non-Rebreather	_____	_____	_____
3. Ambu Bag	_____	_____	_____
<u>D: C-SPINE</u>			
1. C-Collar Use and Sizing	_____	_____	_____
2. Long Spine Board	_____	_____	_____
3. Scoop Stretcher	_____	_____	_____
<u>E: IV SETUP</u>			
1. PRN Setup	_____	_____	_____
2. IV Bag Setup (know difference between 250/1000cc)	_____	_____	_____
<u>F: MONITOR</u>			
1. Placement of Limb Leads	_____	_____	_____
2. Pulse OX	_____	_____	_____
3. Printing a Strip	_____	_____	_____
<u>G: SUCTIONING</u>			
1. Portable	_____	_____	_____
2. On-Board	_____	_____	_____
<u>H: MISC:</u>			
1. Blood Glucose	_____	_____	_____
2. Familiarization with Rescue	_____	_____	_____