

**MASSACHUSETTS EMT-PARAMEDIC FIELD INTERNSHIP TIME LOG DOCUMENTATION**



OEMS Program Approval # \_\_\_\_\_  
 Student Name: \_\_\_\_\_ EMT # \_\_\_\_\_

**FIELD INTERNSHIP TIME LOG**

Minimum Requirement is 200 hours

NOTE: Each skill performed must have a corresponding date on the time log

	Date	Time	#hrs	Field Internship Site	Preceptor Signature	EMT-I/P #
sample	05/25/04	7A-7P	12	Sunlight Ambulance Service	<i>Frank Black, NREMT-P</i>	546573
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	<b>TOTAL</b>	<b>HRS</b>				

I attest the information listed above is a true and accurate record to the best of my knowledge.

\_\_\_\_\_  
 Signature of the Program Field Coordinator

\_\_\_\_\_  
 Date

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**EMTS INC.**  
Emergency Medical Teaching  
Services, Incorporated

OEMS Program Approval # \_\_\_\_\_  
Student Name: \_\_\_\_\_ EMT # \_\_\_\_\_

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**\*\* ON DUTY \*\***

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**MASSACHUSETTS EMT-PARAMEDIC FIELD INTERNSHIP SKILL DOCUMENTATION**



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OEMS Program Approval # \_\_\_\_\_  
Student Name: \_\_\_\_\_ EMT # \_\_\_\_\_

**PATIENT ASSESSMENTS**

*Adult or Pediatric*

**Minimum 30 ALS Contacts 10 of which you MUST be the "Team Leader"**

NOTE: This skill also requires a written report.

	Date	Age/Sex	Chief Complaint	Team Leader	Preceptor Signature	EMT-P #	SARF #
sample	06/15/04	21/ M	Chest Pain	YES/NO	<i>Susan Smith, EMT-P</i>	876543	999999
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**INTRAVENOUS LINE (IV) CANNULATION**

	Date	Age/Sex	IV ga.	Solution	Location	Preceptor Signature	EMT-P #	SARF #
sample	06/15/04	21/ M	18 ga	D5/W	Left Forearm	<i>Susan Smith, EMT-P</i>	876543	9999999
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**ENDOTRACHEAL INTUBATION**  
*(Oral, Nasal or Digital)*

	Date	Age/Sex	ET Tube size	Blade Type	Preceptor Signature	EMT-P #	SARF #
sample	11/15/04	35 / F	7.0 ET	Miller blade	<i>Paul Jankis, EMT-P</i>	765432	9999999
1.							
2.							

**ELECTRICAL THERAPY SKILL COMBINATIONS**  
*(Defibrillation, synchronized cardioversion or Transcutaneous Cardiac Pacing)*

	Date	Age/Sex	Electrical Therapy	Preceptor Signature	EMT-P #	SARF #
sample	7/15/04	35 / F	Defibrillation @ 200J	<i>Paul Jankis, EMT-P</i>	765432	9999999
1.						
2.						

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**CARDIAC EKG RECOGNITION / INTERPRETATION**

	Date	Age/Sex	EKG INTERPRETATION	Preceptor Signature	EMT-P #	SARF #
sample	5/15/04	55 / M	Ventricular Tachycardia	<i>Paul Jankis, EMT-P</i>	765432	9999999
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**IV BOLUS MEDICATION ADMINISTRATION**

	Date	Age/Sex	IV BOLUS MEDICATION	Preceptor Signature	EMT-P #	SARF #
sample	6/15/04	55 / M	50% Dextrose 25 gms IVP	<i>Paul Jankis, EMT-P</i>	765432	9999999
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**IV INFUSION MEDICATION ADMINISTRATION**

	Date	Age/Sex	IV INFUSION MEDICATION	Preceptor Signature	EMT-P #	SARF #
sample	5/15/04	55 / M	Lidocaine 4mg/ml at 2 mg/min	<i>Paul Jankis, EMT-P</i>	765432	9999999
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**MISCELLANEOUS MEDICATION ADMINISTRATION**  
 (ET Tube, Inhalation, Nebulizer, IM, SC, Oral, Rectal or Transderm/Topical)

	Date	Age/Sex	Route of Medication Administration	Preceptor Signature	EMT-P #	SARF #
sample	6/15/04	24 / F	Albuterol via nebulizer	<i>Paul Jankis, EMT-P</i>	765432	9999999
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4.						

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