



Yolo County Emergency Medical Services Agency Service Provider

Revised Date: September 1, 2018

PARAMEDIC 5 CALL EVALUATION FORM

(This form **MUST** be submitted to the local CES Coordinator prior to receiving YEMSA Accreditation)

Candidate Name: _____ Date: ___ / ___ / ___ Run Number: _____

FTO Name: _____ Apparatus Number: _____

PATIENT INFORMATION

Chief Complaint: _____ Protocol Used: _____

Sex: _____ Age: _____ Location: _____

PERFORMANCE EVALUATION

PATIENT ASSESSMENT AND MEDICAL MANAGEMENT

a) Initial Survey N/A Satisfactory Unsatisfactory

Satisfactory Performance: Performs the initial survey promptly, completely, and appropriately. Identifies any life-threatening problems that are detectable during the initial survey and institutes any corrective measures immediately.

Justification for Rating: _____

b) Secondary Survey N/A Satisfactory Unsatisfactory

Satisfactory Performance: Performs a complete "head-to-toe" physical examination which is appropriate for the patient's chief complaint. No critical procedural steps are omitted. Accurately determines physical findings as validated by the Evaluator. The secondary survey is completed within an appropriate time frame for the patient's clinical status.

Justification for Rating: _____

c) Eliciting Patient History N/A Satisfactory Unsatisfactory

Satisfactory Performance: Elicits all patient information contained in the procedural steps that can be gathered, given the patient's situation. Asks key questions based upon the patient's chief complaint.

Justification for Rating: _____



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d) **Patient Treatment and Transport** N/A Satisfactory Unsatisfactory

Satisfactory Performance: Establishes appropriate priorities for patient treatment and transport considering the patient's chief complaint and clinical status. Life-saving BLS skills are instituted immediately. ALS skills are instituted in an appropriate sequence and performed according to YEMSA Protocols and Procedures. Demonstrates the ability to determine an appropriate prehospital treatment plan. Provides treatment in a timely manner, considering the patient's chief complaint and clinical status.

Justification for Rating: _____

CONTROL OF THE SCENE

a) **Priority Setting and Speed** N/A Satisfactory Unsatisfactory

Satisfactory Performance: Sets appropriate priorities for controlling the environment. Immediately assumes a leadership role related to the medical management and scene control. Demonstrates safety awareness for the patient and other on-scene personnel, when potentially unsafe conditions exist.

Justification for Rating: _____

b) **Use of Resources** N/A Satisfactory Unsatisfactory

Satisfactory Performance: Appropriately utilizes available resources to provide patient care and scene control. Gives adequate and clear directions to resources on scene, as needed.

Justification for Rating: _____

COMMUNICATIONS

a) **Communications with Partner and Other On-Scene Personnel** N/A Satisfactory Unsatisfactory

Satisfactory Performance: Communicates accurately and completely with their partner and other on-scene personnel, adhering to appropriate priorities. Displays good overall written and oral communication skills.

Justification for Rating: _____

b) **Communications with Patient/Family/Bystanders** N/A Satisfactory Unsatisfactory

Satisfactory Performance: Demonstrates a nonjudgmental attitude when communicating with the patient, the family members and/or bystanders. Communications are appropriate for the situation.

Justification for Rating: _____



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**c) Communication with
Hospital or Transport Crew**

N/A

Satisfactory

Unsatisfactory

Satisfactory Performance: Gives an accurate and pertinent verbal patient report to the receiving hospital staff or transporting agency paramedic(s).

Justification for Rating: _____

OVERALL RATING

Satisfactory

Unsatisfactory

Justification for Rating: _____

Additional Comments: _____

FTO Signature

Date

Candidate Signature

Date

****Candidate MUST receive a satisfactory rating for all areas scored by the evaluator****