I. PURPOSE:
   A. The purpose of the Pediatric Emergency Department (Peds ED) rotation is to enable students to observe and participate in the clinical assessment and emergency interventions for acutely ill or injured pediatric patients.
   B. This experience shall be facilitated by a designated preceptor from the hospital (see below). The student can maximize the learning potential of this experience by; observing care of acutely ill and injured pediatric patients, asking pertinent questions of the Peds ED team, correlating EMS assessments and interventions to those completed in the Peds ED.

II. PRIOR EXPERIENCE:
   A. Prior to entry into the Paramedic course, all students must be licensed as an EMT with at least six months experience on an ambulance or approved equivalent. Prior to starting the clinical unit rotations, students will have completed the introductory elements of the paramedic program including patient assessment, airway management, oxygen delivery, pharmacology, IV access, and medication administration.

III. SCOPE OF PRACTICE AND NEED FOR SUPERVISION
   A. An paramedic student enrolled in an IDPH-approved paramedic program, while fulfilling the clinical training and in-field supervised experience requirements mandated for licensure or approval by the system and the department, may perform prescribed procedures under the direct supervision of a physician licensed to practice medicine in all of its branches, a qualified registered professional nurse or a qualified EMT, only when authorized by the EMS medical director (EMS Act Section 3.55(d); EMS Rules Section 515.550 (d).
   B. Students may not perform any skills that are outside of their scope of practice as defined by the National EMS Education Standards, Illinois EMS Act or Rules, and NWC EMS System policies.

IV. PROCEDURE FOR REPORTING TO UNIT
   A. Report to the unit on the assigned day and approximately fifteen minutes prior to the assigned shift time. Inform the charge nurse of your arrival and he or she will provide your preceptor assignment.
   B. Report to the assigned preceptor. Show the preceptor a copy of this instruction plan to remind them of your objectives, scope of practice, and the System’s requests of them as a preceptor.
   C. Listen to the change of shift report with the unit staff and receive area assignment.
   D. Initiate the paperwork for the Peds ED clinical rotation.

V. BEHAVIORAL OBJECTIVES: STUDENTS
   Goals of the Peds ED rotation
   A. Gain competence and strengthen patient assessment skills. This can best be accomplished by working with a physician, mid-level practitioner, or RN preceptor. Practice performing the steps of inspection, palpation, and auscultation. Correlate the kinematics of injury or the nature of the illness with the patient’s history to form an impression of their current status. Recognize the importance of frequent reassessments in planning patient care. Question the preceptor about the patient’s clinical presentation
and how they arrived at their decisions to intervene. Some prefer to teach at the bedside, others prefer you to observe and ask questions later. Regardless of individual preference, most are willing to instruct when the student shows interest and initiative. Interaction with the Peds ED staff can improve your performance in the field and can be a great learning experience, but don’t expect them to seek you out. You must initiate the interchange. Do not hesitate to ask for clarification regarding chart contents, terminology, etc.

B. If the opportunity presents, the student will

1. explain the general goals of management of pediatric patients.
2. discuss and demonstrate the general approach to a pediatric patient based on their level of growth and development, including sources of historical information.
3. for each of the following age groups, discuss: normal growth and development including normal vital signs; personality development; relationship to parents; and common illnesses and injuries:
   a. Neonatal
e. 3-5 years
b. 1-5 months
f. 6-12 years
c. 6-12 months
g. 12-17 years
d. 12-36 months
4. identify deviances from age-appropriate behavior which could indicate a significant problem in a child.
5. describe the pathophysiology, assessment and pre-hospital management of each of the following pediatric emergencies:
   a. Obstructed airway e. Epiglottitis
   b. Asthma f. Dehydration
c. Bronchiolitis g. Seizures
d. Croup h. Infectious disease
6. assess an infant, toddler, preschooler and school age child obtaining a SAMPLE history and completing a physical exam consistent with EMS principles. The exam should include estimating size using a length-based tape, taking vital signs, auscultating breath sounds, evaluating mental status, evaluating hydration status, and performing a focused assessment consistent with the child’s stage of growth & development.

C. Observe and perform BLS skills as directed

1. Obtaining vital signs
2. CPR and non-invasive obstructed airway maneuvers
3. Non-invasive airway management and suctioning
4. Application of oxygen via NC, NRM, BVM, C-PAP
5. Hemorrhage control using direct pressure and tourniquets
6. Eye and/or skin irrigation
7. Burn/wound management
8. Application of hot/cold packs
9. Application of dressings and bandages
10. Application of musculoskeletal splinting devices
11. Helmet removal; spine motion restriction
12. Proper restraint techniques
13. Psychological support of patients/significant others
14. Assist in patient care with lifting, as needed

D. Observe and perform ALS skills as directed under DIRECT supervision after they have been competenced in class;

1. Invasive airway access maneuvers:
2. Direct laryngoscopy and F/B removal using Magill forceps
3. Application and monitoring of pulse oximetry (SpO₂) and end tidal CO₂ (EtCO₂)
4. Peripheral IV access and administration of isotonic crystalloid fluids
5. Intraosseous access
6. Preparation, administration, and monitoring the response to P.O., sub-q, IM, IV, IN, nebulized, SL, IO, and/or topical medications approved for EMS use, i.e.

<table>
<thead>
<tr>
<th>Medication</th>
<th>Brand Name</th>
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<tbody>
<tr>
<td>Adenosine</td>
<td>Ipatropium Bromide (Atrovent)</td>
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<tr>
<td>Albuterol (Proventil)</td>
<td>Lidocaine 2% (Xylocaine)</td>
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<tr>
<td>Amiodarone</td>
<td>Magnesium Sulfate</td>
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<tr>
<td>ASA</td>
<td>Midazolam (Versed)</td>
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<tr>
<td>Atropine</td>
<td>Naloxone (Narcan)</td>
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<tr>
<td>Benzocaine 20% (Hurricane)</td>
<td>Nitroglycerin (NTG)</td>
</tr>
<tr>
<td>Dextrose (Glucose)</td>
<td>Normal Saline (0.9% NaCl)</td>
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<tr>
<td>Diphenhydramine (Benadryl)</td>
<td>Nitrous Oxide (Nitronox)</td>
</tr>
<tr>
<td>Dopamine drip (Intropin)</td>
<td>Ondansetron (Zofran)</td>
</tr>
<tr>
<td>Epinephrine (Adrenalin) 1:1,000</td>
<td>Sodium Bicarbonate inj 8.4%</td>
</tr>
<tr>
<td>Epinephrine 1:10,000</td>
<td>Tetracaine 0.5% solution</td>
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<tr>
<td>Etomidate (Amidate)</td>
<td>Vasopressin (Pitressin)</td>
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<tr>
<td>Fentanyl Citrate</td>
<td>Verapamil</td>
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<td>Glucagon</td>
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</tbody>
</table>

7. Obtaining venous blood samples
8. ECG monitor application and rhythm interpretation
9. Perform carotid sinus massage
10. Defibrillation/cardioversion
11. Transcutaneous pacing
12. Pleural decompression (Needle thoracostomy)

Although the actual methods of performing some of these skills may differ from hospital to hospital, the basic principles do not. Exercise flexibility if shown a new way to accomplish a skill.

**REMEMBER:** students may only perform a procedure or give a medication in a clinical setting for which they,
  a. have learned in a classroom setting, and
  b. have completed and received a competence assessment

**E. Develop communication skills by**
1. evaluating on-line medical control calls to the Peds ED from field units for clarity and thoroughness of data transmission.
2. expressing oneself verbally and in writing, using appropriate medical terminology with correct spelling on simulated patient care reports.
3. observing the interaction of patients, family members/significant others, and the Peds ED staff.

**F. Develop diagnostic skills** by reviewing the accuracy of your initial impressions. Observe the process followed by the preceptor in arriving at his/her impression or medical diagnosis. Learn to think critically in making a differential diagnosis based on clinical presentation and history.

**G. Observe comprehensive care of acutely ill and injured pediatric patients.** Emergency medicine is a multi-faceted field with a wide variety of patients presenting to the Peds ED. By observing total patient care, the student will achieve greater knowledge of disease processes and definitive interventions that will improve the quality of care provided in the field.

**H. Observe the effect and side effects of medications and/or treatment** that is rendered in the field and Peds ED. This promotes an introductory understanding of
pharmacodynamics. Assist in calculating any medication doses.

I. **Enhance knowledge of anatomy and pathophysiology** by asking the preceptor to interpret diagnostic tests. Accompany patients to special procedures, e.g., C-T scans, angiography, ultrasound, surgery, etc. whenever possible.

VI. **BEHAVIORAL OBJECTIVES PRECEPTORS**

During the Peds ED clinical rotation, the unit preceptor will

A. take the student on a brief tour identifying the location of patient assessment areas, diagnostic/treatment supplies and/or equipment, staff lounge, utility rooms, waiting rooms, x-ray, etc. that will facilitate their orientation to the unit.

B. show the student where they can store personal belongings during the shift.

C. give a brief unit orientation describing the routine patient flow patterns and the responsibilities usually assumed by nurses, physicians, and ancillary personnel.

D. review the clinical objectives with the student and mutually determine the level of participation expected of them during the clinical assignment.

E. encourage patient contact whenever possible and offer educational coaching while the student observes and/or performs listed skills.

F. serve as a source of reference in answering specific questions posed by the EMT-P student regarding unit policy, patient evaluation or treatment rendered.

G. resolve any potential conflicts in favor of the patient welfare and restrict the student's activities until any incidents can be reviewed and investigated by the Paramedic Course Clinical Coordinator.

VII. **EVALUATIONS**

A. Unit preceptors shall complete and sign the **Student Clinical Activity Record**

1. This form is important for documenting achievement of course objectives.

2. Note if an intervention was observed and rate the skill level of each intervention performed.

3. **Rate the student's performance** using the following scale. Please be objective and honest in your evaluations. If any skills are rated as "needs additional practice", enter an explanation of your rationale in the comments section.

   a. X Observed activity only
   b. 4 Excellent/independently competent. Is able to perform the skill correctly with no coaching.
   c. 3 Above average. Skill level exceeds entry-level criteria. Can perform safely with minimal coaching.
   d. 2 Satisfactory. Meets entry-level criteria. Performs safely with direct supervision and moderate coaching.
   e. 1 Needs additional practice. Student could verbalize critical steps but skill level is not at an entry level of practice w/o supervision and coaching. Recommend additional clinical experience.

4. **Sign and date the form** verifying the times documented. Document the time the student entered and left the unit using the 24-hour military clock. The form will not be accepted for credit without these items completed.

5. After completion, return the form to the student or the hospital's EMS Coordinator for forwarding to the Paramedic Course Clinical Coordinator. The only persons with access to this evaluation are the student and Resource Hospital program faculty.

B. Students shall complete the Unit/Preceptor evaluation form to critique the unit/preceptor
and return it to the Paramedic Course Clinical Coordinator on the next scheduled class day or with the weekly submission of clinical forms.

VIII PROFESSIONAL BEHAVIOR AND DRESS

A. Students shall wear their ambulance uniform or a polo shirt and dark slacks (no jeans). No scrubs should be worn in the Peds ED to avoid role confusion with ED staff.

B. Students shall wear their student name badge at all times while on the unit.

C. Hair must be neatly groomed. It should not rest on the collar. Students with shoulder length hair shall pull it back with barrettes or into a ponytail/braid.

D. Students appearing in inappropriate attire shall be dismissed from the area and must reschedule the rotation based on unit availability.

E. Each student shall bring their own stethoscope, penlight and pen to the clinical experience.

F. General rules of conduct

1. During clinical rotations, students will be required to observe all rules, regulations and policies imposed by the host hospital on its employees. All instances of inappropriate conduct or potential conflict must be immediately resolved in favor of the patient’s welfare and reported to the Paramedic Course Clinical Coordinator as soon as possible. Call 847-618-4490.

2. A student may be required to do additional hours in a clinical site if the preceptor believes that he or she did not meet the experience objectives or if there was an insufficient patient population during the clinical rotation.

3. Students should attempt to schedule their breaks so they coincide with their preceptors’ breaks. The student must report off to their preceptor when leaving the unit at any time during the clinical rotation.

4. Students must refrain from using tobacco products while on hospital premises.

IX ATTENDANCE POLICIES

A. If a student is unable to attend a clinical rotation as scheduled, they must call or page (847-618-4490) the Course Clinical Coordinator at least 30 min. before the anticipated absence.

B. If a student fails to come to a clinical unit as assigned and doesn’t call ahead of time to notify the Paramedic Course Clinical Coordinator of his or her anticipated absence, the student will receive an unexcused absence for that day.

C. A student who, through personal error, goes to the wrong clinical unit and/or the right unit on the wrong day or time will be sent home and receive an unexcused absence.

D. If a student arrives more than fifteen minutes late to the clinical area without calling or paging the Paramedic Course Clinical Coordinator, the lateness will be noted as unexcused.

E. Highly unusual or extenuating circumstances occasionally occur, causing an student to be absent or late without opportunity to provide advance notice. These situations are deemed to be rare. The acceptance of such unusual circumstances as adequate for an excused absence is the sole responsibility of the Paramedic Course Clinical Coordinator.

F. Two unexcused absences and/or late arrivals will be interpreted as irresponsible behavior violating the course ethics policy and may be grounds for dismissal from the program. The attendance infraction will be evaluated by the EMS Administrative Director and EMS Medical Director.

G. Rescheduling of clinical rotations can only be done based on unit availability. A student may delay entering the field internship, graduating from the course, and may not be eligible to take the state exam if they do not finish the clinical component on time.

H. No student may leave a clinical unit before completing the assigned shift unless permission
is granted by the Paramedic Course Clinical Coordinator or the Administrative Director.

I. The policies concerning clinical time are very specific and will be consistently enforced throughout the various program locations. It is important that students handle clinical responsibility in a professional way. The ability to function in a professional and dependable manner will be as important as knowledge in overall success as a paramedic.

APPROVED BY:

________________________________________  _______________________________________
Pediatric ED Supervisor                        Paramedic Clinical Course Coordinator

________________________________________  _______________________________________
Hospital                                      Date

CJB\API\CJM  EMT-P\PedsED.F03
Prepared:  September 1981
Revised:    2/92, 3/98, 2/99, 10/01; 2/02; 5/03; 9/08.
            10/10 (CF); 11/11 (CF); 11/12(JD); 9/13 (JD)
NWC EMSS Paramedic Training Program
Page 7

Student Clinical Activity Performance Record

PEDIATRIC EMERGENCY DEPARTMENT

<table>
<thead>
<tr>
<th>Name</th>
<th>Hospital</th>
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<tbody>
<tr>
<td>Date</td>
<td>Time in</td>
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</table>

**Rating key:** Check the box that most closely reflects the student's performance

- **X** Observed activity only
- **4** Excellent/independently competent. Is able to perform the skill correctly with no coaching.
- **3** Above average. Skill level exceeds entry level criteria. Can perform safely with minimal coaching.
- **2** Satisfactory. Meets entry level criteria. Performs safely with moderate coaching.
- **1** Needs additional practice. Skill level not at entry level of practice; needs supervision and coaching.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Pt. 1</th>
<th>Pt. 2</th>
<th>Pt. 3</th>
<th>Pt. 4</th>
<th>Pt. 5</th>
<th>Comments</th>
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</thead>
<tbody>
<tr>
<td><strong>Patient's age / sex</strong></td>
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<tr>
<td>Note each patient’s nature of complaint/diagnosis from the ED record (BE SPECIFIC!!!!!)</td>
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<td><strong>Patient assessments</strong>; SAMPLE history; physical exam consistent with peds growth &amp; development</td>
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<td>Estimating size using length-based tapes</td>
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<td>Vital signs</td>
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<td>Breath sounds - Adventitious sounds heard:</td>
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<td>Mental status exam</td>
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<td>Hydration status</td>
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<td><strong>Airway access maneuvers</strong> - Oropharyngeal airways</td>
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<tr>
<td>Suctioning</td>
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<td>Intubation - technique used:</td>
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<tr>
<td><strong>Oxygen delivery/ventilatory support</strong></td>
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<td>Circle device(s) used:</td>
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<td>NC NRM Face tent BVM</td>
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<tr>
<td><strong>Cardiac monitoring/resuscitation</strong></td>
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<tr>
<td>Apply leads; interprets strips correctly</td>
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<td>(Attach strips)</td>
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<td>CPR</td>
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<tr>
<td>Defibrillation/cardioversion</td>
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<tr>
<td><strong>Peripheral IV/IO access</strong>; verify # attempts as S/U</td>
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<tr>
<td>Regulates IV flow</td>
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<tr>
<td>Hemorrhage control</td>
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</tbody>
</table>
### Activity

<table>
<thead>
<tr>
<th>Drug administration: List drugs/routes:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Venous blood samples</td>
</tr>
<tr>
<td>Eye and/or skin irrigation</td>
</tr>
<tr>
<td>Wound management</td>
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<tr>
<td>Dressings and bandages</td>
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<tr>
<td>Spinal immobilization</td>
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<tr>
<td>Musculoskeletal splinting</td>
</tr>
<tr>
<td>Restraint techniques</td>
</tr>
<tr>
<td>Psychological support</td>
</tr>
<tr>
<td>Others, please list:</td>
</tr>
</tbody>
</table>

#### Rating key:
Check the box that most closely reflects the student's performance

- X Did not observe/cannot evaluate
- 4 Excellent/outstanding: consistently exceeds expectations
- 3 Above average/meets all and exceeds some expectations
- 2 Satisfactory/meets entry level expectations.
- 1 Unsatisfactory. Student should be coached on this criteria.

### Professional Characteristics

<table>
<thead>
<tr>
<th>Professional Characteristics</th>
<th>X</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attitude: cooperative, conforms to rules and regs of unit; interested in and participates in unit activities.</td>
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<td>Knowledge: demonstrates entry level EMT-P mastery of patient care concepts.</td>
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<td>Reliability: promptness, ability to complete instructions/assignments as directed.</td>
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<td>Personal appearance: adheres to dress code.</td>
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<td>Initiative: seeks out learning experiences.</td>
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<td>Communication skills: clearly communicates their assessment findings to other team members. Interacts well with patients and hospital staff.</td>
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<td>Teachable spirit: accepts feedback without becoming defensive and modifies behavior consistent with coaching.</td>
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<td>Confidentiality: maintains patient confidentiality.</td>
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#### Overall comments:  

CJM: 5/03  
Preceptor signature/credentials