I. PURPOSE

A. The purpose of the Cardiac Catheterization Lab (cath lab) rotation is to enable paramedic students to observe the clinical assessment of cardiac patients and emergency interventions to establish perfusion through coronary arteries.

B. This experience must be facilitated by a designated preceptor (see below). The student can maximize the learning potential of this experience by
   1. observing care of acutely ill cardiac patients;
   2. asking pertinent questions of the cath lab team; and
   3. correlating EMS assessments and interventions to those completed in the cath lab.

II. PRIOR EXPERIENCE

Prior to entry into the paramedic course, all students must be licensed as an EMT. Prior to this clinical unit rotation, students have completed the introductory elements of the paramedic program and the cardiac module.

III. SCOPE OF PRACTICE AND NEED FOR SUPERVISION

A. The Cardiac Cath Lab rotation at NCH is an observation – only experience.

B. A student enrolled in an IDPH-approved paramedic program, while fulfilling the clinical training and field internship requirements mandated for licensure must participate in a particular unit under the direct supervision of a physician licensed to practice medicine in all of its branches or a qualified registered professional nurse.

IV. PROCEDURE FOR REPORTING TO THE UNIT:

A. Report to the cath lab on the assigned day and approximately fifteen minutes prior to the assigned shift time. Inform the 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 (observer only), and the System's requests of them as a preceptor.

C. Initiate the paperwork for the cath lab clinical rotation.

V. BEHAVIORAL OBJECTIVES: STUDENTS

During the cath lab rotation, the student will;

A. Gain competence and strengthen cardiac patient assessment skills.

   This can best be accomplished by working with a physician, mid-level practitioner, or RN preceptor. 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 cath lab 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. Observe BLS interventions

   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
C. **Observe ALS interventions**
   1. Advanced airway techniques
   2. Application of patient monitoring equipment and interpretation of findings
   3. Peripheral vascular access and administration of crystalloid IV fluids
   4. Preparation, administration, and monitoring the patient response to medications commonly given in the cardiac catheterization suite.
   5. Obtaining venous blood samples
   6. Defibrillation/cardioversion; external and internal cardiac pacing

Although the actual methods of performing some of these interventions may differ from hospital to hospital, the evidence-based principles do not. Students are encouraged to exercise flexibility if shown a new way to accomplish a skill.

D. **Enhance communication skills** by observing the interaction of patients, family members/significant others, and the cath lab staff.

E. **Enhance diagnostic skills**: Observe the process followed by the physician in arriving at a medical diagnosis. Learn to use critical judgment skills in making a differential diagnosis based on clinical presentation and history.

F. **Enhance knowledge of A & P** by asking Dept. personnel to interpret diagnostic tests and explain the process steps of catheterization. Become more familiar with the major vessels of the heart and watch different methods to open the vessels. Observe as perfusion to the heart increases after the vessel is opened and learn how staff respond to any reperfusion dysrhythmias.

VI **PATIENT CARE REPORT REQUIREMENT:**

A. No patient care report is needed.

B. Each student is required to write a one to two page paper on a patient in the cath lab. Include how the patient presented, their medical history, all skills and interventions performed by the staff, and the patient outcome.

VII **BEHAVIORAL OBJECTIVES: PRECEPTORS**

During the cath lab clinical rotation, if time and resources allow, the unit preceptor will

A. take the student on a brief tour of the cath lab.

B. give a brief unit orientation describing the routine patient flow and the responsibilities usually assumed by nurses, and physicians.

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

VIII **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 that activities in this clinical area are “Observed only” (“X”).
   3. **Sign and date the form** verifying the times 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.
   4. 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 with the Clinical Unit Activity Report forms to the Course Clinical Coordinator on the next scheduled class day or with the weekly submission of clinical forms.

IX **PROFESSIONAL BEHAVIOR AND DRESS**

A. Students shall wear their EMS uniform or a polo shirt and dark slacks (no jeans). No scrubs are worn in the cath lab to avoid role confusion with staff.

B. Students shall wear their student name badges 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. **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 and reported to the Clinical Coordinator as soon as possible. **Call 847-618-4490.**
   2. A student may be required to repeat the experience if the preceptor believed that he or she did not meet the experience objectives or 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 students 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.

X **ATTENDANCE POLICIES**

A. If a student is unable to attend a clinical rotation as scheduled, they must call the Paramedic Course Clinical Coordinator (847-618-4490) at least one hour before the anticipated absence. In addition, the student must notify the designated contact person for that unit of their absence as well.

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 for the day.

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 a 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. 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.

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

H. 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.

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**APPROVED:**

Cath Lab Supervisor  
Paramedic Course Clinical Coordinator

Hospital  
Date

CB: Prepared: September, 2008  
Revised 11/11 (CF); 11/12 (JD); 9/13 (JD); 01/15 (JD)
# NWC EMSS Paramedic Education Program
## Student Clinical Activity Record
### NWC CARDIAC CATH LAB

<table>
<thead>
<tr>
<th>Name</th>
<th>Hospital: NCH</th>
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<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Time in</th>
<th>Time out</th>
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</table>

**Rating key:** For each patient, indicate the assessments/interventions observed by the student with an X

<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>
</tr>
</thead>
<tbody>
<tr>
<td>List each patient’s age and gender</td>
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<tr>
<td>Note each pt’s diagnosis prior to cath</td>
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<tr>
<td><strong>Assessment:</strong> SAMPLE history</td>
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<tr>
<td><strong>Assessment:</strong> Physical exam</td>
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<tr>
<td>Vital signs: BP; P; RR</td>
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<tr>
<td>List the monitors used during the procedure</td>
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</table>

### Interventions

<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>
</tr>
</thead>
<tbody>
<tr>
<td>Airway interventions: List</td>
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<tr>
<td>O2 delivery/ventilatory support</td>
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<tr>
<td>Indicate device(s) used:</td>
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<tr>
<td>Vascular access: Type/location</td>
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<tr>
<td>CPR</td>
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<tr>
<td>Defibrillation/cardioversion</td>
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<tr>
<td>Pacing</td>
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<tr>
<td>List drugs/routes given by staff to each pt</td>
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<tr>
<td>Detail what intervention the pt received. PTCA with/out stent</td>
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<tr>
<td>What vessels were occluded</td>
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<tr>
<td>How many vessels were dilated</td>
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</table>
**Rating key:** Select the rating 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 criterion

<table>
<thead>
<tr>
<th>Professional Characteristics</th>
<th>Rating</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Attitude:</strong> Cooperative, conforms to rules and regs of unit; interested in and participates in unit activities as directed</td>
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<tr>
<td><strong>Knowledge:</strong> Demonstrates entry level Paramedic mastery of patient care concepts</td>
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<tr>
<td><strong>Reliability:</strong> Promptness, ability to complete instructions/ assignments as directed</td>
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<tr>
<td><strong>Personal appearance:</strong> Adheres to dress code</td>
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<tr>
<td><strong>Initiative:</strong> Seeks out learning experiences</td>
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<tr>
<td><strong>Communication skills:</strong> Clearly communicates their assessment findings to other team members Interacts well with patients and hospital staff.</td>
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<tr>
<td><strong>Teachable spirit:</strong> Accepts feedback without becoming defensive and modifies behavior consistent with coaching</td>
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<tr>
<td><strong>Pt. privacy:</strong> Maintains patient confidentiality</td>
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</tbody>
</table>

**Overall comments:**

________________________________________________________________________

Preceptors’ signature

Revised 11/11 (CB); 01/15 (JD)