LOUDOUN COUNTY
I/P EVALUATION FORM

CANDIDATE'S NAME: _____ **EVALUATOR'S NAME:** _____
AFFILIATION: _____ **AFFILIATION:** _____
INCIDENT #: _____ **DATE:** _____

CATAGORY		COMMENTS	PERFORMANCE & KNOWLEDGE	
MEDICATION THERAPY				
IV ADMINISTRATION	Y/N			EXCELLENT
IMSQ ADMINISTRATION	Y/N			
ET ADMINISTRATION	Y/N			SATISFACTORY
SL/ORAL ADMINISTRATION	Y/N			
NEBULIZER	Y/N			NEEDS IMRPOVEMENT
DRIP ADMINISTRATION	Y/N			
AIRWAY MANAGEMENT / IV SKILLS				
ENDOTRACHEAL INTUBATION	Y/N			EXCELLENT
SURGICAL CRICOTHYOIDOTOMY	Y/N			
NEEDLE THORACOSTOMY	Y/N			SATISFACTORY
PERIPHERAL IV ACCESS	Y/N			
INTEROSSEOUS ACCESS	Y/N			NEEDS IMPROVEMENT
EXTERNAL JUGULAR ACCESS	Y/N			
EKG & ELECTRICAL THERAPY				
DYSRYTHMIA RECOGNITIATION	Y/N			EXCELLENT
TELEMETRY	Y/N			
DEFIBRILLATION	Y/N			SATISFACTORY
CARDIOVERSION	Y/N			
EXTERNAL PACING	Y/N			NEEDS IMPROVEMENT
ASSESSMENT/ MANAGEMENT				
PATIENT ASSESSMENT	Y/N			EXCELLENT
TEAM MANAGEMENT	Y/N			
HOSPITAL COMMUNICATIONS	Y/N			SATISFACTORY
ORDERS REQUESTED/RECEIVED	Y/N			
INCIDENT REPORT FORM	Y/N			NEEDS IMPROVEMENT
PROTOCOLS FOLLOWED	Y/N			

CANDIDATE'S SIGNATURE: _____ **EVALUATOR'S SIGNATURE:** _____

MENTOR'S COMMENTS

MENTOR'S SIGNATURE: _____ **DATE:**_____

EASE ATTACH A COPY OF THE RUN REPORT"

Appendix "H"