LOUDOUN COUNTY
EMT-Enhanced EVALUATION FORM

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

CATAGORY		COMMENTS	PERFORMANCE & KNOWLEDGE	
MEDICATION THERAPY				
IV ADMINISTRATION	Y/N			EXCELLENT
IM ADMINISTRATION	Y/N			
ET ADMINISTRATION	Y/N			SATISFACTORY
SL/ORAL ADMINISTRATION	Y/N			
NEBULIZER	Y/N			NEEDS IMRPOVEMENT
SQ ADMINISTRATION	Y/N			
AIRWAY MANAGEMENT / IV SKILLS				
ENDOTRACHEAL INTUBATION	Y/N			EXCELLENT
OXYGEN ADMINISTRATION	Y/N			
PERIPHERAL IV ACCESS	Y/N			SATISFACTORY
DEXTROSE STICK	Y/N			
COMBITUBE/NPA/OPA	Y/N			NEEDS IMPROVEMENT
BAG VALVE MASK /PPV	Y/N			
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:**_____

"PLEASE ATTACH A COPY OF THE RUN REPORT"