Office of Prehospital Care
OPC
at
ECMC

Erie County Medical Center
Office of Prehospital Care

Quarterly Skills Demonstration Reporting Form

1st Quarter (Jan 1 – March 31)
Due by: April 15th

2nd Quarter (April 1 – June 30)
Due by: July 15th

3rd Quarter (July 1 – Sept. 30)
Due by: October 15th

4th Quarter (Oct. 1 – Dec. 31)
Due by: Jan 15th

Mail To:
Office of Prehospital Care
Department of Emergency Medicine
462 Grider Street
Buffalo, New York 14215
FAX: (716) 898-3721

Agency: _____

Preceptor(s): _____ _____
(please print)
_____ _____

Date(s): ____/____/____ ____/____/____ ____/____/____

CFR/EMT-B **EMT-Intermediate** **AEMT- CC/Paramedic**

Name (please print)	**NYS Cert. #**	**Provider level**	**P.A.D.**	**Semi-auto Defib**	**Epi-Pen**	**Neb.**	**Adult ET**	**Ped ET**	**IV**	**I.O.**	**Adult NT**	**EJC**	***Man Defib**	**Ext. Pace**	**Need. Thor.**	**Need. Cric.**	**NG**	**Umb Cann**

Abbreviations: ·PAD=Public Access Defibrillation ·Semi-auto Defib. = Semi-Automatic Defibrillation ·Epi Pen = Auto injection Epinephrine Pen ·Neb = Albuterol Nebulizer · Adult ET = Adult Endotracheal Intubation ·Ped ET = Pediatric Endotracheal Intubation ·IV = Peripheral Intravenous Infusion ·IO = Intraosseous Infusion ·Adult NT = Adult Nasotracheal Intubation ·EJC = External Jugular Cannulation ·Man. Defib = Manual Defibrillation ·Ext. Pace = External Pacing ·Need. Thor. = NeedleThoracostomy ·Need. Cric. = Needle Cricothyrotomy ·NG = Nasogastric Tube ·Umb. Cann = Umbilicus Cannulation.

***Manual Defib** for "bridged" Intermediates only.