

Shipboard Medical Recruitment

Paramedic Skills List Questionnaire

Applicant information:			
Full name (as in passport):			
Prof. registration institution:			
Length of time since qualified:		Registration number	
List all degrees or diplomas:			
List all current courses attended and expiry dates: <i>E.g. ACLS: 05-2019</i>			
List all expired courses attended and expiry dates:			

Please provide a brief overview of your experience in Emergency Medicine and managing critically ill patients during the past three years:

Current year:
One year ago:
Two years ago:
Three years ago:

Please provide details of your experience with electronic health records and other health specific IT platforms:

Answer:

Please indicate (or estimate) the number of times you have performed the below procedures and the last time you performed each.

Procedures	No	Yes	If Yes, approx. how many times?	Date last performed
1. Have you managed a cardiac arrest?	<input type="checkbox"/>	<input type="checkbox"/>		
2. Have you performed a 12 lead ECG?	<input type="checkbox"/>	<input type="checkbox"/>		
3. Have you interpreted 12 lead ECG to detect major arrhythmias/ischemia?	<input type="checkbox"/>	<input type="checkbox"/>		
4. Have you inserted a supra-glottic airway device during a resuscitation?	<input type="checkbox"/>	<input type="checkbox"/>		
5. Have you performed phlebotomy?	<input type="checkbox"/>	<input type="checkbox"/>		
6. Have you performed intradermal drug administration?	<input type="checkbox"/>	<input type="checkbox"/>		
7. Have you assisted in a hospital wound care?	<input type="checkbox"/>	<input type="checkbox"/>		
8. Have you used adhesive strips as a wound closure technique?	<input type="checkbox"/>	<input type="checkbox"/>		
9. Have you sutured wounds?	<input type="checkbox"/>	<input type="checkbox"/>		
10. Have you applied plaster of Paris or synthetic casts?	<input type="checkbox"/>	<input type="checkbox"/>		
11. Have you been a solo responder in an emergency situation?	<input type="checkbox"/>	<input type="checkbox"/>		
12. Have you performed clinical triage in Emergency Department or similar?	<input type="checkbox"/>	<input type="checkbox"/>		
13. Have you performed defibrillation by using an AED?	<input type="checkbox"/>	<input type="checkbox"/>		
14. Have you performed defibrillation by using a manual defibrillator?	<input type="checkbox"/>	<input type="checkbox"/>		
15. Have you performed transcutaneous pacing?	<input type="checkbox"/>	<input type="checkbox"/>		
16. Have you performed cardioversion?	<input type="checkbox"/>	<input type="checkbox"/>		
17. Have you performed sedation for cardioversion or pacing?	<input type="checkbox"/>	<input type="checkbox"/>		
18. Have you gained peripheral IV access in an adult patient?	<input type="checkbox"/>	<input type="checkbox"/>		
19. Have you gained peripheral IV access in a pediatric patient?	<input type="checkbox"/>	<input type="checkbox"/>		
20. Have you withdrawn medication from an ampoule?	<input type="checkbox"/>	<input type="checkbox"/>		
21. Have you performed intramuscular drug administration?	<input type="checkbox"/>	<input type="checkbox"/>		
22. Have you performed intravenous drug administration?	<input type="checkbox"/>	<input type="checkbox"/>		
23. Have you performed endotracheal Intubation in an adult patient?	<input type="checkbox"/>	<input type="checkbox"/>		
24. Have you performed endotracheal Intubation in a pediatric patient?	<input type="checkbox"/>	<input type="checkbox"/>		
25. Have you performed adult intraosseous infusions?	<input type="checkbox"/>	<input type="checkbox"/>		
26. Have you performed pediatric intraosseous infusions?	<input type="checkbox"/>	<input type="checkbox"/>		
27. Have you performed needle thoracotomy?	<input type="checkbox"/>	<input type="checkbox"/>		
28. Have you performed needle cricothyrotomy?	<input type="checkbox"/>	<input type="checkbox"/>		

Please indicate if you have previously received education or been trained to administer any of the below medications. Additionally, please indicate if you currently or have had worked in an area that has allowed or permitted you to administer the medications listed below.

Medications	Received Education or Training (yes/no)	Allowed to administer to adults (current/past)	Allowed to administer to pediatrics (current/past)
Aspirin Tablets, PO			
Dextrose (Glucose) 50%, IV			
Diazepam Rectal Tube, PR			
Diazepam, IV			
Epinephrine 1:1000, IM			
Epinephrine 1:10000, IV			
Glucagon, IM			
Glucogel® (Oral Glucose), PO			
Glyceryl Tri-Nitrate (GTN) Spray, SL			
Ipratropium Bromide, Inhaled			
Naloxone, IV			
Oxygen, Inhaled			
Salbutamol, Inhaled			
Sodium Chloride 0.9%, IV			

Signature:

Date: