

**Rappahannock EMS Council**  
435 Hunter Street, Fredericksburg, Va. 22401

**ADVANCED SKILLS TRACKING FORM**

**Provider Information**

Name: \_\_\_\_\_ ENH / ST / CT / I / P / OTH

Certification #: \_\_\_\_\_ Agency Affiliation: \_\_\_\_\_

**Incident Information / Patient Demographics**

Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_ PPCR #: \_\_\_\_\_

Patient Age: \_\_\_\_\_ DOB: \_\_\_\_\_  Male  Female Weight: \_\_\_\_\_ LB / KG

Nature of Incident:  Medical  Trauma  Other: \_\_\_\_\_

Patient Outcome:  Survived  Expired  Unknown

**Skills Section – Complete Only Pertinent Section**

**Intubation**  Medication Assisted  Orotracheal  Nasotracheal  Digital

Successful  Unsuccessful # Attempts: \_\_\_\_\_

Complications: \_\_\_\_\_

COMBITUBE

**Cricothyrotomy**  Needle  Surgical  Manufactured Device

Successful  Unsuccessful # Attempts: \_\_\_\_\_

Complications: \_\_\_\_\_

**Transcutaneous Pacing**

Successful  Unsuccessful # Attempts: \_\_\_\_\_

Complications: \_\_\_\_\_

**Electrical Cardioversion**

Successful  Unsuccessful # Attempts: \_\_\_\_\_

Complications: \_\_\_\_\_

**Chest Decompression**

Successful  Unsuccessful # Attempts: \_\_\_\_\_

Complications: \_\_\_\_\_

**Interosseous Infusion**

Successful  Unsuccessful # Attempts: \_\_\_\_\_

Complications: \_\_\_\_\_

AIC Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Att. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Driver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Medical Control Signature: \_\_\_\_\_ Date: \_\_\_\_\_

All advanced procedures should be documented whether successful or not. The specific information regarding the technique, or any other pertinent information for each procedure should be documented completely on the PPCR, and a copy should be attached to this form. This form is intended for tracking purposes only.