

Patient Exposure Directions for AEMT Clinical Visit Packet

As part of your clinical experience, you are required to meet minimum exposure standards for various patient conditions and age groups. Please carefully follow these instructions to ensure proper documentation.

Patient Conditions

- In this packet, you will find a sign-off grid for each patient condition.
- Next to the title of each patient condition, the minimum number of required exposures is listed. While you must meet these minimums, you are encouraged to document additional exposures as they may help fulfill your age group requirements.
- For each patient condition sign-off, include the following details:
 - **Patient's age**
 - **Team Role:** Indicate in the provided column whether you were a **member (M)** of the treatment team or a **leader (L)** of the team:
 - If you were a team **member (M)**, simply document the exposure as required.
 - If you were a team **leader (L)**, this means you successfully managed the scene, performed patient assessments, and directed medical care and transport **with minimal to no assistance**. 5 encounters as a leader is required.
 - If you indicate **L (Leader)** in the column, you must also document the condition line number (e.g., M5) on the **last page of the packet** and have your preceptor print and sign their name to verify your leadership role.
 - **Chief complaint** that corresponds to the condition category
 - **Date of the encounter**
 - **Clinical site**
 - **Preceptor's signature** verifying the exposure
- **Important:** Each patient can only be documented under one condition category. For example, if a cardiac patient is also experiencing respiratory issues, you may document them under either the "Cardiac" or "Respiratory" category—but not both.

Age Groups

- The last page of the packet includes an age group chart where you will document your exposures to patients from different age groups.
- Under each age group, record the line number from the patient condition sign-off grid that corresponds to that age group.
 - **Example:** If you encounter a pediatric patient documented under the respiratory condition on line R4, write "R4" in the appropriate section under "Pediatrics" in the age group chart.

By following these directions, you will ensure accurate and complete documentation of your clinical experiences, including your role as a team leader.

Student: _____

Cardiac pathologies or complaints (Min 8)
(for example, acute coronary syndrome, cardiac chest pain)

	Age	M/L	Chief Complaint	Date	Clinical Site	Preceptor Signature
C1						
C2						
C3						
C4						
C5						
C6						
C7						
C8						
C9						
C10						
C11						
C12						

Medical neurological pathologies or complaints (Min 8)
(for example, transient ischemic attack, stroke, syncope, or altered mental status presentation)

	Age	M/L	Chief Complaint	Date	Clinical Site	Preceptor Signature
M1						
M2						
M3						
M4						
M5						
M6						
M7						
M8						
M9						
M10						
M11						
M12						

Student: _____

Respiratory pathologies or complaints (Min 8)

(for example, respiratory distress, respiratory failure, respiratory arrest, acute asthma episode, lower respiratory infection)

	Age	M/L	Chief Complaint	Date	Clinical Site	Preceptor Signature
R1						
R2						
R3						
R4						
R5						
R6						
R7						
R8						
R9						
R10						
R11						
R12						
R13						
R14						

Student: _____

Other medical conditions or complaints (Min 8)

[for example, gastrointestinal, genitourinary, gynecologic, reproductive pathologies, or abdominal pain complaints, infectious disease, endocrine disorders, or complaints (hypoglycemia, DKA, HHNS, thyrotoxic crisis, myxedema, Addison, Cushing), overdose or substance abuse, toxicology, hematologic disorders, non-traumatic musculoskeletal disorders, diseases of the eyes, ears, nose, and throat]

	Age	M/L	Chief Complaint	Date	Clinical Site	Preceptor Signature
MC1						
MC2						
MC3						
MC4						
MC5						
MC6						
MC7						
MC8						
MC9						
MC10						
MC11						
MC12						
MC13						
MC14						
MC15						

Student: _____

Trauma (Min 8)

	Age	M/L	Chief Complaint	Date	Clinical Site	Preceptor Signature
T1						
T2						
T3						
T4						
T5						
T6						
T7						
T8						
T9						
T10						
T11						
T12						

Psychiatric/Behavioral (Min 8)

	Age	M/L	Chief Complaint	Date	Clinical Site	Preceptor Signature
M1						
M2						
M3						
M4						
M5						
M6						
M7						
M8						
M9						
M10						
M11						
M12						

Age Tracking

Enter the Patient Condition Line Number for The Age Group

	Pedi (5)	Adult (30)	Geriatric (15)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
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21			
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23			
24			
25			
26			
27			
28			
29			
30			

Team Leader (Min 5)

Successfully manages the scene, performs patient assessments, and directs medical care and transport as TEAM LEADER with minimal to no assistance

	Condition Line Number (ex, M5)	Preceptor Printed Name	Preceptor Signature
1			
2			
3			
4			
5			
6			
7			
8			