



Jefferson County Emergency Services Agency Rapid Sequence Intubation

CASE PERFORMANCE EVALUATION

Intern:		Date:				
Preceptor:		Incident #:				
Primary Complaint:						
1= Dangerous 2= Needs Improvement 3= Average 4= Good 5= Excellent/Experienced Provider						
Team Management	N/A	1	2	3	4	5
Checklist Utilization/Flow	N/A	1	2	3	4	5
Drug Selection, Calculation, & Rationale	N/A	1	2	3	4	5
Airway Technique	N/A	1	2	3	4	5
Written Report	N/A	1	2	3	4	5
Comments:						
Preceptor's Signature:						

Attach Redacted PCR