

Return to Practice Individual Needs Self-Assessment

The goal of CPER's Return to Practice (RTP) process is to offer a Paramedic the opportunity to reorient themselves to the clinical environment after a period of absence, in a supportive and educational manner. Please complete this form and return it to your Service. The information gathered will be used in a partnership approach with you to develop your Individualized RTP plan and to help prepare you for a safe return to the road. Confidence in a particular area is important to recognize while we touch base in all required areas.

Date:

Employee Name:

Certification Level:

Date of Last Clinical Activity:

If your date of last clinical activity is ≥ 90 days and ≤ 180 days, please check one of the following boxes:

- I am comfortable with my current certification level/authorized and certified skills. I do not request any review prior to my return to practice.
If you select this option, please sign your name at the bottom of this document. You are not required to complete the chart below.
- I am not comfortable with my current certification level/authorized and certified skills. I am requesting additional review prior to my return to practice.
If you select this option, please complete the chart below and sign your name at the bottom of the document.

As you have been away from active paramedic practice for some time, we would like you to reflect on your current comfort level with the listed skills below, from 1-5.

| | <i>Needs Review</i> | | <i>Confident</i> | | | <i>List directives requiring review</i> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---|------------------|---|---|-----------------------------------------|
| Cardiac <ul style="list-style-type: none"> • <i>Cardiac Ischemia</i> • <i>Tachydysrhythmia</i> • <i>Bradyarrhythmia</i> • <i>ACPE</i> • <i>Cardiac Arrest (medical,, hypothermia, FBAO, pediatric, neonatal)</i> • <i>ROSC</i> • <i>Cardiogenic Shock</i> • <i>Hyperkalemia</i> | 1 | 2 | 3 | 4 | 5 | |

| | Needs Review | Confident | | | | List directives requiring review |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----------|---|---|---|----------------------------------|
| Respiratory <ul style="list-style-type: none"> • <i>Salbutamol</i> • <i>CPAP</i> • <i>Epinephrine [croup, asthma, anaphylaxis]</i> • <i>Tracheostomy Tube Emergency Care (Reinsertion, Suctioning)</i> | 1 | 2 | 3 | 4 | 5 | |
| LOC <ul style="list-style-type: none"> • <i>Hypoglycemia</i> • <i>Seizure</i> • <i>Opioid Toxicity</i> • <i>Adrenal Crisis</i> • <i>Combative patient</i> | 1 | 2 | 3 | 4 | 5 | |
| Procedural <ul style="list-style-type: none"> • <i>IM drug administration</i> • <i>IV initiation</i> • <i>IO initiation</i> • <i>Airway adjuncts (NPA, OPA, intubation, SGA, Bougie)</i> • <i>Needle Thoracostomy</i> • <i>Emergency Dialysis Disconnect</i> • <i>Taser Probe Removal</i> • <i>Emergency Childbirth</i> | 1 | 2 | 3 | 4 | 5 | |

During your absence, have you been participating in any clinical environments or learning that may be relevant to your paramedic practice or may impact your RTP plan? Please explain.

Is there any areas of discomfort or any particular topic that you would like further education/practice with during your RTP that is not listed above?

Paramedic Signature: _____