Health ONE EMS
Emergency Medical Services

IV Clinical Log

*Student Name _____ *Course Dates_____

*Clinical Site _____ *Clinical Date_____

*Preceptor Name _____ *Preceptor Signature _____

ID badge and documentation of total of 10 successful IV sticks must be submitted for successful course completion.

Successful IV Sticks

Date	Age & Complaint	Reason for IV	Needle size and IV site	Preceptor Initial
		Class/Practice		
		Class/Practice		

Unsuccessful IV Sticks

Date	Age and Complaint	Reason for IV	Needle and Size	Contributing Factors

This log must be submitted within 60 days of successful completion of final exam

Date Submitted _____ Requirements meet? _____ Y _____ N

Course Coordinator _____ Date _____

Education Supervisor Signature _____ Date _____

_____ Additional requirements needed (See attached)

* Required field