



Clinical Familiarisation Skills Gap Analysis

Name:	HCPC registration no:
NHS Ambulance Trust:	HCPC registration period:

Paramedic Skills / Drugs

(Please place a in the boxes applicable to those skills/drugs which you are trained & authorised to practice/administer and a for those you are not)

Cannulation - EJV	<input type="checkbox"/>	Adrenaline	<input type="checkbox"/>	Hypostop	<input type="checkbox"/>
Cannulation - Intra-Osseous	<input type="checkbox"/>	Amiodarone	<input type="checkbox"/>	Ipratropium Bromide	<input type="checkbox"/>
Cannulation – Peripheral IV	<input type="checkbox"/>	Aspirin	<input type="checkbox"/>	Metoclopramide	<input type="checkbox"/>
Cricothyroidotomy	<input type="checkbox"/>	Atropine	<input type="checkbox"/>	Morphine Sulphate	<input type="checkbox"/>
Endotracheal Intubation:	<input type="checkbox"/>	Benzyl Penicillin	<input type="checkbox"/>	Naloxone	<input type="checkbox"/>
If yes, date trained	<input type="checkbox"/>	Chlorphenamine	<input type="checkbox"/>	Ondansetron	<input type="checkbox"/>
EZIO	<input type="checkbox"/>	Dexamethasone	<input type="checkbox"/>	Salbutamol	<input type="checkbox"/>
<i>Supraglottic Airway Device:</i>	<input checked="" type="checkbox"/>	Diazepam	<input type="checkbox"/>	Paracetamol IV	<input type="checkbox"/>
I-Gel	<input type="checkbox"/>	Glucagon	<input type="checkbox"/>	Sodium Chloride	<input type="checkbox"/>
Laryngeal Mask Airway	<input type="checkbox"/>	Glucose 10%	<input type="checkbox"/>	Syntometrine	<input type="checkbox"/>
Needle Chest Decompression	<input type="checkbox"/>	Haemostatic Gauze	<input type="checkbox"/>	Tranexamic Acid	<input type="checkbox"/>
	<input type="checkbox"/>	Hydrocortisone	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

Current Education/Training

(Please indicate the year - & month if known - you last completed education/training in each element. Please place a for those you have not undertaken)

12 Lead ECG	<input type="checkbox"/>	Lifepak®1000 AED	<input type="checkbox"/>	Trackside Safety	<input type="checkbox"/>
A/PPEd (PED)	<input type="checkbox"/>	Major Incidents	<input type="checkbox"/>	Traction Splint	<input type="checkbox"/>
ALS / BLS	<input type="checkbox"/>	Major Trauma dressings	<input type="checkbox"/>	Trauma	<input type="checkbox"/>
Appropriate Care Pathways	<input type="checkbox"/>	Mental Capacity Act	<input type="checkbox"/>		<input type="checkbox"/>
Blue Light Registration	<input type="checkbox"/>	Mental Health	<input type="checkbox"/>		<input type="checkbox"/>
Capnography	<input type="checkbox"/>	Minor Injury Dressings	<input type="checkbox"/>		<input type="checkbox"/>
Chest Seal	<input type="checkbox"/>	Moving & Handling	<input type="checkbox"/>	<i>Moving & Handling Equip.</i>	<input checked="" type="checkbox"/>
Conflict Resolution	<input type="checkbox"/>	Non - Conveyance	<input type="checkbox"/>	Curved Glide Board	<input type="checkbox"/>
Consent	<input type="checkbox"/>	Obstetrics	<input type="checkbox"/>	Handling Belt	<input type="checkbox"/>
Driving Ass. (D1 / D2)	<input type="checkbox"/>	Paediatrics	<input type="checkbox"/>	Mangar Elk® Lifting Aid	<input type="checkbox"/>
Elderly Fallers	<input type="checkbox"/>	Patient Assessment	<input type="checkbox"/>	Patient Transfer Sheet	<input type="checkbox"/>
Equality & Inclusion	<input type="checkbox"/>	Pelvic Splint	<input type="checkbox"/>	Traction Splints	<input checked="" type="checkbox"/>
Fire Safety (incl vehicles)	<input type="checkbox"/>	Pharmacology	<input type="checkbox"/>	Kendrick®	<input type="checkbox"/>
Immobilisation	<input type="checkbox"/>	Positional Asphyxia	<input type="checkbox"/>	SAGER®	<input type="checkbox"/>
Infection Prevention	<input type="checkbox"/>	Safeguarding	<input type="checkbox"/>	Sliding Sheets	<input type="checkbox"/>
Lead II ECG	<input type="checkbox"/>	Sharps Management	<input type="checkbox"/>	STRYKER® PowerPro Trolley	<input type="checkbox"/>
Lifepak®15 Monitor/Defib	<input type="checkbox"/>	Stroke Care	<input type="checkbox"/>	Turning Disc	<input type="checkbox"/>



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Additional Information:

Date of Issue: Feb 2014	Review Date: Feb 2016
Authorised By : Clinical Education & Training Manager	To Be Reviewed By : Practice Learning Manager
Index No : Clinical Familiarisation/GA/Feb2014/v2	Page 2 of 2