

**POCKET  
GUIDES**



# PARAMEDIC PLACEMENTS

Karan Botsford

**POCKET GUIDES**  
FOR NURSING AND HEALTH CARE



# PARAMEDIC PLACEMENTS

A unique series of pocket-sized books designed to help healthcare students

**"All the information was clear and concise, this book is exactly what I was looking for." ★★★★★**

**"A great little guide. All the basic information needed to have a quick reference." ★★★★★**

**"A very useful, well-written and practical pocket book." ★★★★★**

**"Written by students for students. A must for any student about to head on placement." ★★★★★**



**POCKET GUIDES**  
FOR NURSING AND HEALTH CARE



# PARAMEDIC PLACEMENTS

**Karan Botsford**

*University of East Anglia*



Lantern

---

ISBN 9781914962165

First published in 2024 by Lantern Publishing Ltd

Lantern Publishing Limited, The Old Hayloft, Vantage  
Business Park, Bloxham Road, Banbury OX16 9UX, UK  
[www.lanternpublishing.com](http://www.lanternpublishing.com)

---

© 2024, Karan Botsford. The right of Karan Botsford to be  
identified as author of this work has been asserted by her in  
accordance with the Copyright, Designs and Patents Act 1988.

All rights reserved. No part of this publication may be reproduced,  
stored in a retrieval system, copied or transmitted in any form or  
by any means, electronic, mechanical, photocopying, recording  
or otherwise without either written permission from Lantern  
Publishing Ltd or by a licence permitting restricted copying in the  
UK issued by the Copyright Licensing Agency, Saffron House, 6–10  
Kirby Street, London EC1N 8TS, UK.  
[www.cla.co.uk](http://www.cla.co.uk)

British Library Cataloguing in Publication Data

A catalogue record for this book is available from the British Library

The authors and publisher have made every attempt to ensure  
the content of this book is up to date and accurate. However,  
healthcare knowledge and information is changing all the time  
so the reader is advised to double-check any information in  
this text on drug usage, treatment procedures, the use of  
equipment, etc. to confirm that it complies with the latest safety  
recommendations, standards of practice and legislation, as well as  
local Trust policies and procedures. Students are advised to check  
with their tutor and/or practice supervisor before carrying out  
any of the procedures in this textbook.

Typeset by Medlar Publishing Solutions Pvt Ltd, India  
Printed and bound in the UK

Last digit is the print number: 10 9 8 7 6 5 4 3 2 1

# Personal information

Name: .....

Contact number: .....

University contact details: .....

.....

.....

.....

Personal tutor details: .....

## CONTACT IN CASE OF EMERGENCY

Name: .....

Contact number: .....

## PLACEMENT DETAILS

### Ambulance placement details:

Base station location: .....

Base station contact number: .....

Base station contact email: .....

### Non-ambulance placement contacts:

Hospital location: .....

Hospital contact number: .....

Hospital contact email: .....

Primary care location: .....

Primary care contact number: .....

Primary care contact email: .....

Additional placement location: .....

Additional placement contact number(s): .....

Additional placement contact email: .....

# Contents

Preface .....	x
About the author .....	xi
Acknowledgements .....	xii
Useful abbreviations .....	xiii

## Before you go

1. Preparing for placement .....	2
1.1 Planning for your first day .....	3
1.2 Absence .....	3
2. Professionalism .....	4
2.1 Health and Care Professions Council (HCPC) ..	4
2.2 College of Paramedics .....	6
2.3 Social media use .....	6

## Going on placement

3. Your first day .....	9
4. Working with your practice educator .....	10
4.1 Issues in practice .....	10

## Settling there

5. Communication and documentation .....	12
5.1 Communication .....	12
5.2 Documentation .....	14
5.3 Incident reporting / DATIX .....	15
5.4 Alternative communication aids .....	15
6. Patient assessments .....	17
6.1 Assessing response levels .....	18
6.2 Airway, Breathing, Circulation, Disability, Exposure (ABCDE) .....	19



6.3	Basic life support. . . . .	22
6.4	Sepsis . . . . .	24
6.5	Stroke assessment. . . . .	25
6.6	Assessment of pain . . . . .	25
6.7	Mental capacity assessment . . . . .	28
7.	Medications . . . . .	33
7.1	Routes of administration . . . . .	33
7.2	Common medications used in the ambulance service . . . . .	35
8.	Manual handling . . . . .	37
9.	Hand hygiene . . . . .	39
10.	Assessments in practice. . . . .	40

## Going on ambulance placements

11.	Ambulance placement . . . . .	43
11.1	What to expect. . . . .	43
11.2	Potential learning outcomes. . . . .	43
11.3	Roles and responsibilities. . . . .	43
11.4	Uniform . . . . .	44
11.5	Common ambulance terminology. . . . .	46

## Going on non-traditional placements

12.	Making the most of non-traditional placements . . .	51
12.1	Common non-ambulance placement terminology . . . . .	51
13.	Care homes. . . . .	54
13.1	What to expect. . . . .	54
13.2	Potential learning outcomes. . . . .	55

13.3	Roles and responsibilities.....	55
13.4	Uniform .....	56
14.	Hospices .....	59
14.1	What to expect.....	59
14.2	Potential learning outcomes.....	59
14.3	Roles and responsibilities.....	59
14.4	Uniform .....	60
15.	Community/primary care .....	62
15.1	What to expect.....	62
15.2	Potential learning outcomes.....	62
15.3	Roles and responsibilities.....	63
15.4	Uniform .....	64
16.	Acute hospital setting .....	66
16.1	What to expect.....	66
16.2	Potential learning outcomes.....	66
16.3	Roles and responsibilities.....	67
16.4	Uniform .....	70
17.	Maternity.....	72
17.1	What to expect.....	72
17.2	Potential learning outcomes.....	72
17.3	Roles and responsibilities.....	72
17.4	Uniform .....	73
17.5	Specific maternity terms.....	75

## Moving on

18.	Reflection and personal development .....	78
19.	FAQs .....	80

# Preface

As student paramedics, you are going into an exciting and rapidly developing healthcare profession. As the career options for paramedics are growing, you may go into a variety of clinical placements from those with more 'traditional' ambulance services, to general practice, care homes and hospital settings such as Emergency Departments. Each offers a variety of learning opportunities, and you will meet a lot of different people who can help you develop your knowledge and skills.

While we as lecturers can try to prepare you as much as we can in the classroom, we know that going into a new placement area can also be daunting. You will meet lots of new people, hear lots of different terms and acronyms and see a lot of different patients with a range of health and care needs. The paramedic team began to develop pocket-sized handouts to support the students going into placement, so they could have a quick reference to help them when hearing new terms or meeting people from different job roles. From these, a small-scale evaluation showed how much students valued a quick reference to help them in placements and so this guide was created!

**Karan Botsford**

# About the author

**Karan Botsford** is a lecturer in Paramedic Science at the University of East Anglia and a Registered Nurse with an Emergency Department and Pre-Hospital Care background, which she still practises today. After leaving full-time clinical practice to move into education, Karan was responsible for developing placements for healthcare students, including paramedic students, in non-traditional placement areas such as primary care and the voluntary sector. Here, Karan worked with the University of East Anglia paramedic science team to expand placement roles for paramedics beyond ambulance placements. Karan subsequently moved into a permanent lecturing role, where she continues to support practice education.

# Acknowledgements

The author would like to thank all the students from the University of East Anglia Paramedic Science Programme, past and present, for their valuable contributions that have made this book possible.

Thanks to Juliet Harrison, Ryan Goodman and Dee Mencarini, placement team colleagues, for getting the ball rolling and to the authors of the *Clinical Placements* pocket guide, for allowing the adaptation of their work to become a guide for many healthcare students.

# Useful abbreviations

AF	atrial fibrillation
AKI	acute kidney injury
ALS	advanced life support
ARDS	acute respiratory distress syndrome
BGL	blood glucose level
BLS	basic life support
BP	blood pressure
BPM	beats per minute
CAD	coronary artery disease
CHD	congenital heart disease/defect
CHF	congestive heart failure
COPD	chronic obstructive pulmonary disease
CRF	chronic renal failure
CVE	cerebral vascular event; stroke
Defib	defibrillation
DKA	diabetic ketoacidosis
DVT	deep vein thrombosis
ED	Emergency Department
ETI	endotracheal intubation
Fx	fracture
GORD	gastro-oesophageal reflux
HaSU	hyperacute stroke unit
HR	heart rate
HTN	hypertension
ITU	intensive care unit
JVD	jugular vein distension
LOC	loss of consciousness

Confusion in the use of abbreviations has been cited as the reason for some clinical incidents.

Therefore you should use these abbreviations with caution and only in line with local Trusts' Clinical Governance recommendations which vary between departments!

LRTI	lower respiratory tract infection
MI	myocardial infarction
MRSA	methicillin-resistant <i>Staphylococcus aureus</i>
NEWS2	National Early Warning Score version 2
Obs	patient observations
OA	osteoarthritis
OD	overdose
PAC	premature atrial contraction
PAF	paroxysmal atrial fibrillation
PE	pulmonary embolism
PPCI	primary percutaneous coronary intervention (a life-saving treatment for MI)
RA	rheumatoid arthritis
Resus	resuscitation unit within an ED
RPM	respirations per minute
RR	respiratory rate
RSI	rapid sequence induction (of anaesthesia)
SCI	spinal cord injury
SPO <sub>2</sub>	peripheral oxygen saturations
ST	sinus tachycardia
SVT	supraventricular tachycardia
T1DM	type 1 diabetes mellitus
T2DM	type 2 diabetes mellitus
TBI	traumatic brain injury
TIA	transient ischaemic attack
URTI	upper respiratory tract infection
UTI	urinary tract infection
VSD	ventricular septal defect
VT	ventricular tachycardia

# Before you go

1. Preparing for placement ..... 2
2. Professionalism ..... 4



Scared, excited, nervous, overwhelmed... these are just some of the feelings we experienced before our first clinical placements. We hope that this guide will help you through those first days and weeks, wherever you go on placement.

You will meet a range of different people and will be learning a lot of new things. Being a student paramedic is exciting, with the professional career you are about to embark on expanding and broadening into new areas. You will no doubt get to spend time in a range of different placements; these tips have been shared with us by our own students, as well as from our own experiences.



## Top tips

- Try to rest as much as possible
- As our own course director says, always make sure you pack a good lunch! A shift of 12–14 hours is a long time!
- Take snacks as well as meals – you don't know when your meal break will be
- Stay hydrated
- Remember to do things you enjoy on your rest days.

But also go to the loo at every opportunity!



## Notes

---

---

---

---

## 1.1 Planning for your first day

- Contact the placement area as soon as possible.
- Plan how you are going to get to the placement – some places such as ambulance stations are in rural areas and are not accessible on public transport.
- Do a trial run of the journey, so you know how much time to allow; if you are late, the ambulance and team won't wait for you if they get a call.
- Make sure you have enough clean uniform.
- Break in your footwear – you will be in them for many hours, so you need to make sure they are comfortable!

A tip from our students when they are on hospital placement: 'you will be on your feet for many hours, and boots are very uncomfortable after a few hours standing up. Black shoes or trainers were far more comfortable!'

- Before placement, go through your practice assessment document and look at each element you need to complete. Some students find using Post-it notes on key sections helps remind them what they need to do.
- Be clear about what your scope of practice is – what you are trained and allowed to do.

## 1.2 Absence

Make sure you know the process to follow for reporting absence, for both your higher education institute and placement area.

Let the relevant people know as soon as possible; we worry if a student doesn't turn up.

## 2.1 Health and Care Professions Council (HCPC)

The HCPC is the professional standards regulatory body (PSRB) for several health and care professions, including paramedics. The role of the HCPC is to set the standards for education, training and practice; it outlines the standards of education that must be achieved to register as a professional. Once registered, the HCPC ensures its registrants uphold these standards and will take action if any registrant fails to comply with these. More information is found here: [www.hcpc-uk.org/standards/](http://www.hcpc-uk.org/standards/).

As a student on a professional course, it is important that you comply with the values of professionalism.

These include:

- being honest and trustworthy; this includes owning up to any mistakes (known as duty of candour)
- maintaining confidentiality
- communicating appropriately and effectively
- working within your limits; do not undertake any procedure that you are not competent in, even if asked by another professional
  - your university should provide you with a record of the skills you have been deemed competent in; this may be included in your practice assessment documentation
- being on time
- offering to help where possible – recording observations, ECGs, minor dressings, injections, venepuncture
- BUT only doing what you feel comfortable doing!
- wearing uniform, unless told otherwise

- not using mobile phones in the clinical area (if you need to use your phone, let someone know and go somewhere private)
- learning names; try not to use terms of endearment such as 'love' or 'dear'
- not being offended if a service user does not want you involved in their care
- being aware that it's OK not to know the answer
  - but do try to find out what the answer is, by asking colleagues or doing your own research
- respecting others, including colleagues, service users and carers.



### Top tips from students

You are not '**just the student**'. Yes, you are there to learn, but you are part of the team too and so should be made to feel included. If you have any issues, talk to your educator or university placement team.

- Don't join in with things you are not comfortable with.
- Don't use phones in patients' houses or in front of patients.
- Don't get cynical or mimic unprofessional behaviours to 'fit in'.
- Don't talk about your social life in front of patients.
- Be careful how you act when in uniform and **don't ever wear your uniform outside of placement.**
- Don't ever come in hungover. It's dangerous and unprofessional.
- If you are asked to get a carry chair, get a blanket too.
- Do expect to clean the ambulance, inside and out.
- Don't stand with your hands in your pockets, or arms folded – you won't get anywhere looking bored.

**Get involved if you want to learn and succeed.**

## 2.2 College of Paramedics

The College of Paramedics is the professional body that represents paramedics in the UK. It also represents anyone interested in the sector, including students.

The College also has a separate student council, whose role is outlined below.

To become a member, go to [bit.ly/1COP](https://bit.ly/1COP)

To make it easy for you to access them, we have shortened web links to this format - simply type these into any web browser and you'll go to the right page!

### College of Paramedics' student council

To advise and be consulted on activity and College policy involving student paramedics

To promote and support the advancement of paramedic practice in relation to students and education

To liaise and communicate with students to ensure that students are embedded in the activities of the College at all levels, regional, national, and international

1

.....

2

.....

3

## 2.3 Social media use

Using social media platforms such as X (formerly known as Twitter) and Instagram can be beneficial in the development of your knowledge and skills, as they offer an opportunity to connect with others in a professional way. Closed groups can offer an opportunity to discuss cases in a sensitive way, if confidentiality is upheld. Information about upcoming

learning events such as webinars and conferences is often shared via social media. However, it is important to remember that your posts could be seen by anyone.



### HCPC tips for social media use

- Think before you post.
- Think about who can see your post.
- Maintain appropriate professional boundaries; adding patients or their family as friends on social media could leave you open to issues including harassment.
- Do not post any details that could allow others to identify who you are discussing (including photos).
- Do not post any inappropriate or offensive material; you are representing your profession and how the public may perceive you.



### Notes

---

---

---

---

---

---

---

---

# Going on placement

- 3. Your first day ..... 9
- 4. Working with your practice educator ..... 10

We know going to a new placement can be scary, exciting and nerve-racking! But even if you are shy, try to make a point of smiling and saying hello to people. It will make a big difference!



### Top tips for your first day

- Remember your ID card.
- Turn up on time.
- Smile and introduce yourself to as many people as possible.
- Ask to be shown around placement and find out where key areas are – such as toilets and break areas
- Bring a spare uniform and leave it in your car.
- For ambulance placement – make sure you have all your personal protective equipment, e.g. helmet, hi-vis jacket.
- For non-ambulance placement – take a pair of comfortable shoes; you may be on your feet for a long time and boots may hurt your feet!
- Don't forget food and a water bottle!

Remember to  
bring this book  
with you!



You may not work with your educator all the time; in fact, working with a range of different people can be beneficial to your learning.

- What are their expectations of you?
- What do you expect of them?
- Discuss your areas of strength and weakness.
- Make sure you let the educator know what year of study you are in.
- Let them know the skills the university has said you can undertake – usually in your practice assessment document.

## 4.1 Issues in practice

We know sometimes things do not go as well as planned, or people don't get on as well as hoped. If you are struggling, try speaking with your educator first. If that is difficult, contact the university link to your area to discuss your concerns. Remember, we won't get on with everyone, but we should all remain professional.



### Notes

---

---

---

---

# Settling there

<b>5.</b>	Communication and documentation.....	12
<b>6.</b>	Patient assessments.....	17
<b>7.</b>	Medications .....	33
<b>8.</b>	Manual handling.....	37
<b>9.</b>	Hand hygiene .....	39
<b>10.</b>	Assessments in practice.....	40

## 5.1 Communication

You will communicate with a range of people and in a range of different ways too.

An airwave radio is often used to communicate with other teams and the control room. This can feel scary, so ask your educator to show you what to do!



Shutterstock

Examples of airwave radios you may come across on placement.

Often, information will need to be shared via telephone too. A couple of tools used are described below.

## ATMISTER

This is often used to pre-alert an unwell patient.

	For injury	For illness
<b>Age</b>	I am calling about an 18-year-old male	I am calling about a 45-year-old female
<b>Time</b>	At 2pm	Since 8am
<b>Mechanism</b>	He fell from a ladder, about 1.5m high	She became short of breath and developed chest pain suddenly
<b>Injuries / Illness suspected</b>	I am suspecting that he has an injury to his head, neck and pelvis	I am concerned that she has a PE (pulmonary embolism)
<b>Signs and Symptoms</b>	He has a patent airway, a respiratory rate of 28 and unequal chest expansion. His heart rate is 140 and blood pressure is 70/40mmHg. He is responding to voice and has an obvious injury to his head and pelvis.	She is conscious and able to maintain her own airway, but has a respiratory rate of 32. Heart rate is high at 120 and blood pressure is 100 systolic. The patient developed shortness of breath suddenly and has pinpoint chest pain on the right.
<b>Treatment so far</b>	We have started high-flow oxygen, intravenous fluids and have administered 1g of paracetamol	We have started high-flow oxygen and have administered 1g of paracetamol
<b>Expected time of arrival</b>	15 mins	20 mins
<b>Requests</b>	Please can a trauma team be ready for our arrival?	Please can my patient be a priority for assessment?

## SBAR

This tool can be used to help you create a structured, concise handover.

<b>Situation</b>	Ms Smith is an 82-year-old female, with known cardiac failure
<b>Background</b>	At 6am, Ms Smith woke up with difficulty breathing, that is worse than normal
<b>Assessment</b>	Her oxygen saturations are 82% on room air and she has fine crackles on both lungs. Ms Smith's heart rate is high, and she is very short of breath
<b>Recommendations</b>	Please can you assess my patient as soon as possible?



### Top tips when communicating with patients

- Make sure you introduce yourself and state that you are a student.
- Always explain what you are going to do and why, even if the patient is unconscious.
- Speak clearly and don't use jargon or acronyms.
- Think about using communication aids such as pictures to help (see *Section 5.4* on alternative communication).
- Don't give too much information at once; allow the patient time to process what you have said.

## 5.2 Documentation

Every patient contact is recorded, either on paper or via an electronic form such as patient care records (ePCR). Some areas call the documentation 'care plans' and they contain information about the patient, their family, GP and previous medical history. They may include details about the patient's communication, mobility and medication.

This is a legal document, so it is important to be factual and clear. Depending on your placement, you may record the information on an electronic system or paper. Many placement areas are using electronic systems and so you may require an NHS smart card to access them. Your university should arrange an appointment with the local smart card team if you need one to access the patient care records.

## 5.3 Incident reporting / DATIX

DATIX is a reporting system that is used to log incidents such as mistakes or near misses. Sometimes mistakes are made, or things go wrong. A patient may be given the wrong medication or a piece of equipment like the ambulance stretcher may stop working. Sometimes a patient may become aggressive or hurt a member of the team. To help us all learn and try to stop mistakes happening again, they need to be reported. Any member of the team, including students (or even patients/carers/family) can report an incident and the duty manager, your educator or another member of staff should be able to help you complete one if you need to. The incident will be investigated by a trained person, and they may ask further questions, but your educator and university placement team can support you.

## 5.4 Alternative communication aids

Some people have difficulties communicating their needs, so may use different strategies to help them express themselves. People with communication difficulties may show certain behaviours, such as lashing out or hitting. Helping them to express themselves is an important aspect of health care and finding ways to help can be rewarding for all involved and will increase patients' confidence in those looking after them.

Causes of communication difficulties vary, so it is important to find out as much as possible about the patient. Family, friends, caregivers and care plans will be able to help you

support the best way to communicate with your patients.  
Some causes include:

- Brain injury
- Brain tumour
- Complex communication needs – such as autism, cerebral palsy, learning disabilities
- Degenerative neurological conditions, including Huntington's disease, motor neurone disease (MND), muscular sclerosis (MS) and Parkinson's
- Dementia
- Spinal injury
- Stroke
- Surgical removal of the larynx (voice box) for cancers.

Types of augmentative communication aids include:

- Body language
- Gesturing
- Pictures: this could be photos of familiar words, symbols or picture exchange communication system (PECS)
- Signing
  - Signalong
  - Makaton
  - British Sign Language
- Voice output communication aids – can include microphones, simple sound devices and apps on tablets to talk for the person.

More information can be found at [www.communicationmatters.org.uk](http://www.communicationmatters.org.uk).