

Harnett County EMS System Appendix

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Apgar Score



The Apgar score should be obtained and recorded initially and at 5 minutes with the birth of delivery of any infant.

- Each of the 5 parameters should be scored and then totaled.
- The Minimum score is 0
- The Maximum score is 10

Sign	0	1	2
Heart Rate	Absent	<100 min.	>100 min.
Respiratory Effort	Absent	Weak Cry	Strong Cry
Muscle Tone	Limp	Some Flexion	Good Flexion
Reflex Irritability (when feet stimulated)	No Response	Some Motion	Cry
Color	Blue; Pale	Body Pink Extremities Blue	Pink



Approved Medical Abbreviations



The following is a list of approved medical abbreviations. In general, the use of abbreviations should be limited to this list.

A&O x 3	- alert and oriented to person, place and time
A&O x 4	- alert and oriented to person, place, time and event
A-FIB	- atrial fibrillation
AAA	- abdominal aortic aneurysm
ABC	- airway, breathing, circulation
ABD	- abdomen (abdominal)
ACLS	- advanced cardiac life support
AKA	- above the knee amputation
ALS	- advanced life support
AMA	- against medical advice
AMS	- altered mental status
AMT	- amount
APPROX	- approximately
ASA	- aspirin
ASSOC	- associated
BG	- blood glucose
BILAT	- bilateral
BKA	- below the knee amputation
BLS	- basic life support
BM	- bowel movement
BP	- blood pressure
BS	- breath sounds
BVM	- bag-valve-mask
C-SECTION	- caesarean section
C-SPINE	- cervical spine
C/O	- complaint of (complains of)
CA	- cancer
CABG	- coronary artery bypass graft
CAD	- coronary artery disease
CATH	- catheter
CC	- chief complaint
CEPH	- cephalic
CHF	- congestive heart failure
CNS	- central nervous system
COPD	- chronic obstructive pulmonary disease
CP	- chest pain
CPR	- cardiopulmonary resuscitation
CSF	- cerebrospinal fluid
CT	- cat scan
CVA	- cerebrovascular accident (stroke)



Approved Medical Abbreviations



D5W	- 5% dextrose in water
DKA	- diabetic ketoacidosis
DNR	- do not resuscitate
DOA	- dead on arrival
DT	- delirium tremens
Dx	- diagnosis
ECG	- electrocardiogram
EEG	- electroencephalogram
ET	- endotracheal
ETOH	- ethanol (alcohol)
ETT	- endotracheal tube
EXT	- external (extension)
FB	- foreign body
FLEX	- flexion
Fx	- fracture
g	- gram(s)
GI	- gastrointestinal
GSW	- gunshot wound
gtts	- drops
GU	- gastrourinary
GYN	- gynecology (gynecological)
H/A	- headache
HEENT	- head, eyes, ears, nose, throat
HR	- heart rate (hour)
HTN	- hypertension
Hx	- history
ICP	- intracranial pressure
ICU	- intensive care unit
IM	- intramuscular
IV	- intravenous
JVD	- jugular vein distension
kg	- kilogram
KVO	- keep vein open



Approved Medical Abbreviations



L-SPINE	- lumbar spine
L/S-SPINE	- lumbarsacral spine
L&D	- labor and delivery
LAT	- lateral
lb	- pound
LLQ	- left lower quadrant
LMP	- last menstrual period
LOC	- level of consciousness (loss of consciousness)
LR	- lactated ringers
LUQ	- left upper quadrant
MAST	- military anti-shock trousers
mcg	- microgram(s)
MED	- medicine
mg	- milligram(s)
MI	- myocardial infarction (heart attack)
min	- minimum / minute
MS	- mental status
MS	- mental status change
MSO4	- morphine
MVC	- motor vehicle crash
N/V	- nausea/vomiting
N/V/D	- nausea/vomiting/diarrhea
NAD	- no apparent distress
NC	- nasal cannula
NEB	- nebulizer
NKDA	- no known drug allergies
NRB	- non-rebreather
NS	- normal saline
NSR	- normal sinus rhythm
OB/GYN	- obstetrics/gynecology
PALP	- palpation
PAC	- premature atrial contraction
PE	- pulmonary embolus
PEARL	- pupils equal and reactive to light
PMHx	- past medical history
PO	- orally
PRB	- partial rebreather
PRN	- as needed
PT	- patient
PVC	- premature ventricular contraction



Approved Medical Abbreviations



RLQ	- right lower quadrant
RUQ	- right upper quadrant
Rx	- medicine
RXN	- reaction
S/P	- status post
SOB	- shortness of breath
SQ	- subcutaneous
ST	- sinus tachycardia
SVT	- supraventricular tachycardia
Sx	- symptom
SZ	- seizure
T-SPINE	- thoracic spine
T	- temperature
TIA	- transient ischemic attack
TKO	- to keep open (refers to IV's - same as KVO)
Tx	- treatment
UOA	- upon our arrival
URI	- upper respiratory infection
UTI	- urinary tract infection
VF	- ventricular fibrillation
VS	- vital signs
VT	- ventricular tachycardia
WAP	- wandering atrial pacemaker
WNL	- within normal limits
YO (YOA)	- years old (years of age)
M or ♂	- male
F or ♀	- female
+	- positive
-	- negative
?	- questionable
Ψ	- psychiatric
~	- approximately
>	- greater than
<	- less than
=	- equal



Approved Medical Abbreviations



↑
a

- upper (increased)
- before

↓
p
c
s

- after
- with
- without

Δ
L
R

- change
- left
- right
- lower (decreased)
- primary
- secondary

↓
1°
2°

Burns Resources

Fluid Formula



Formula for Fluid Resuscitation of the Burn Patient (Also known as the Parkland Formula)

Pts Wt kg x %TBSA x 4.0cc LR infused over 24 hours with half given in the first 8 hours.

(For the equation, the abbreviations are: PW x TBSA x 4.0 cc)

EMS focuses on the care given during the 1st hour or several hours following the event. Thus the formula as adapted for EMS and the first 8 hours is:

$$PW \times TBSA \times 4.0 \text{ cc, divide by } 2$$

to take this to the hourly rate, divide that solution by 8 and the equation becomes:

$$PW \times TBSA \times 4.0 \text{ cc} / 2 / 8 = \text{total to be infused for each of the first 8 hours.}$$

Another way to state the equation is to use:

$$PW \times TBSA \times 0.25 \text{ cc} = \text{total to be infused for each hour of the first 8 hours.}$$

Example. 80 kg patient with 50 %TBSA x 0.25 cc = 1000 cc/hr.

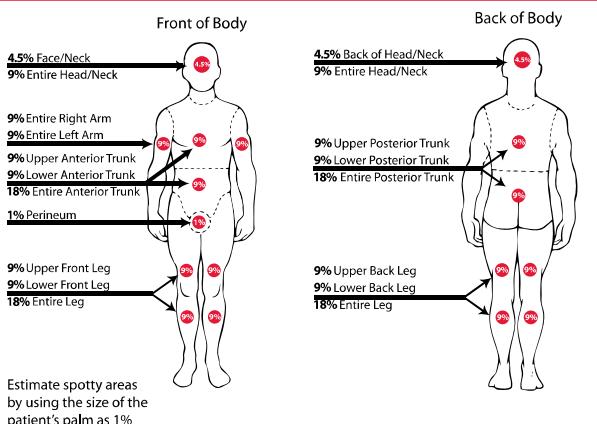
Remember:

Patient's Weight in kg (2.2 lbs = 1.0 kg) example: 220 lbs adult = 100 kg

% TSBA = Rule of Nine Total Body Surface Area

Factor for the 1st hr. and each hr. for the 1st 8 hrs. = 0.25

(Reminder, if two IV's are running, divide total amount to be infused each hr. by 2)



Wt (kg)	% TBSA	Factor	/Hr for 1st 8 Hrs of Care	60 gtt set, gtt/min	20 gtt set, gtt/min	15 gtt set, gtt/min	10 gtt set, gtt/min
10	10	0.25	25	25	8.3	6.3	4.2
10	20	0.25	50	50	16.7	12.5	8.3
10	30	0.25	75	75	25.0	18.8	12.5
10	40	0.25	100	100	33.3	25.0	16.7
10	50	0.25	125	125	41.7	31.3	20.8
20	10	0.25	50	50	16.7	12.5	8.3
20	20	0.25	100	100	33.3	25.0	16.7
20	30	0.25	150	150	50.0	37.5	25.0
20	40	0.25	200	200	66.7	50.0	33.3
20	50	0.25	250	250	83.3	62.5	41.7
30	10	0.25	75	75	25.0	18.8	12.5
30	20	0.25	150	150	50.0	37.5	25.0
30	30	0.25	225	225	75.0	56.3	37.5
30	40	0.25	300	300	100.0	75.0	50.0
30	50	0.25	375	375	125.0	93.8	62.5
40	10	0.25	100	100	33.3	25.0	16.7
40	20	0.25	200	200	66.7	50.0	33.3
40	30	0.25	300	300	100.0	75.0	50.0
40	40	0.25	400	400	133.3	100.0	66.7
40	50	0.25	500	500	166.7	125.0	83.3
50	10	0.25	125	125	41.7	31.3	20.8
50	20	0.25	250	250	83.3	62.5	41.7
50	30	0.25	375	375	125.0	93.8	62.5
50	40	0.25	500	500	166.7	125.0	83.3
50	50	0.25	625	625	208.3	156.3	104.2
60	10	0.25	150	150	50.0	37.5	25.0
60	20	0.25	300	300	100.0	75.0	50.0
60	30	0.25	450	450	150.0	112.5	75.0
60	40	0.25	600	600	200.0	150.0	100.0
60	50	0.25	750	750	250.0	187.5	125.0
70	10	0.25	175	175	58.3	43.8	29.2
70	20	0.25	350	350	116.7	87.5	58.3
70	30	0.25	525	525	175.0	131.3	87.5
70	40	0.25	700	700	233.3	175.0	116.7
70	50	0.25	875	875	291.7	218.8	145.8
80	10	0.25	200	200	66.7	50.0	33.3
80	20	0.25	400	400	133.3	100.0	66.7
80	30	0.25	600	600	200.0	150.0	100.0
80	40	0.25	800	800	266.7	200.0	133.3
80	50	0.25	1000	1000	333.3	250.0	166.7
90	10	0.25	225	225	75.0	56.3	37.5
90	20	0.25	450	450	150.0	112.5	75.0
90	30	0.25	675	675	225.0	168.8	112.5
90	40	0.25	900	900	300.0	225.0	150.0
90	50	0.25	1125	1125	375.0	281.3	187.5
100	10	0.25	250	250	83.3	62.5	41.7
100	20	0.25	500	500	166.7	125.0	83.3
100	30	0.25	750	750	250.0	187.5	125.0
100	40	0.25	1000	1000	333.3	250.0	166.7
100	50	0.25	1250	1250	416.7	312.5	208.3

Critical
(Red)

>15% TBSA 2nd/3rd Degree Burn
Burns with Multiple Trauma
Burns with definitive airway compromise
(When reasonable accessible, transport to a Burn Center)

Serious
(Yellow)

5-15% TBSA 2nd/3rd Degree Burn
Suspected Inhalation injury or requiring intubation for airway stabilization
Hypotension
GCS < 14
(When reasonable accessible, transport to either a Level I Burn Center or a Trauma Center)

Minor
(Green)

< 5% TBSA 2nd/3rd Degree Burn
No inhalation injury, Not Intubated, Normotensive
GCS>14
(Transport to the Local Hospital)



Difficult Airway Evaluation



Evaluating for the difficult airway

Between 1 – 3% of patients who require endotracheal intubation have airways that make intubation difficult. Recognizing those patients who may have a difficult airway allows the paramedic to proceed with caution and to keep as many options open as possible. It also allows the paramedic to prepare additional equipment (such as a cricothyrotomy kit) that may not ordinarily be part of a standard airway kit. The pneumonic LEMON is useful in evaluating patients for signs that may be consistent with a difficult airway and should raise the paramedic's index of suspicion.

Look externally

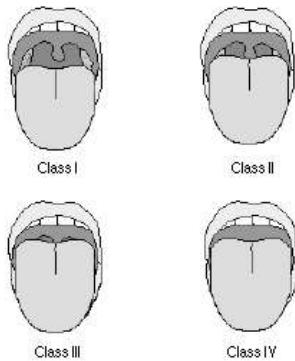
External indicators of either difficult intubation or difficult ventilation include: presence of a beard or moustache, abnormal facial shape, extreme cachexia, edentulous mouth, facial trauma, obesity, large front teeth or “buck teeth”, high arching palate, receding mandible, short bull neck.

Evaluate 3-3-2 Rule

- 3 fingers between the patient's teeth (patient's mouth should open adequately to permit three fingers to be placed between the upper and lower teeth)
- 3 fingers between the tip of the jaw and the beginning of the neck (under the chin)
- 2 fingers between the thyroid notch and the floor of the mandible (top of the neck)

Mallampati

This scoring system is based on the work of Mallampati et al published in the Canadian Anaesthesia Society Journal in 1985. The system takes into account the anatomy of the mouth and the view of various anatomical structures when the patient opens his mouth as wide as possible. This test is performed with the patient in the sitting position, the head held in a neutral position, the mouth wide open, and the tongue protruding to the maximum. Inappropriate scoring may occur if the patient is in the supine position (instead of sitting), if the patient phonates or if the patient arches his or her tongue.



Class I (easy) = visualization of the soft palate, fauces, uvula, anterior and posterior pillars.

Class II = visualization of the soft palate, fauces and uvula.

Class III = visualization of the soft palate and the base of the uvula.

Class IV (difficult) = soft palate is not visible at all.

Obstruction?

Besides the obvious difficulty if the airway is obstructed with a foreign body, the paramedic should also consider other obstructions such as tumor, abscess, epiglottis, or expanding hematoma.

Neck Mobility

Ask the patient to place their chin on their chest and to tilt their head backward as far as possible. Obviously, this will not be possible in the immobilized trauma patient.



Disposition Instruction Form



Instructions

The EMS Patient Disposition Information (PDI) form has been designed to be used by EMS personnel to legally document a variety of situations. This duplicate form consists of a single page. The front of the page is used to describe the situation and the back lists a variety of specific patient instructions by complaint.

The form should be used to document any refusal of care by a patient (complete refusal or refusal of specific aspects of care) and to document the patient / guardian's understanding of medical instructions.

To understand the intent of this form, it is probably simplest to walk through several common patient encounter situations.

1. Complete refusal of EMS care or transport: The first box "Patient Refusal" should be marked. In the first section, the appropriate blocks for "paramedic recommendation" should also be marked. This section should be explained to the patient or guardian, who should understand that their refusal may result in complications up to and including death. The patient or guardian should be asked to sign the form, indicating that he/she understands the seriousness of the situation and the information provided. If the situation warrants, the paramedic should explain the risks of the refusal using the patient instructions section and the back of the form for assistance. If the instructions section is used, the appropriate blocks should also be checked.
2. Refusal of a specific procedure (IV therapy, for example): The first box "Patient Refusal" should be marked. In the first section, the specific refused procedure should be marked. The first section should be explained to the patient or guardian, who should understand the potential consequences of their refusal. The patient or guardian should be asked to sign the form, indicating that he/she understands the seriousness of the situation.
3. The box "Patient Instructions" and the appropriate blocks in that section should be marked. This section and the specific instructions (on the back) should all be carefully explained to the patient and/or guardian, who must understand them. The patient or guardian should be asked to sign the form, indicating that he/she understands the instructions and the seriousness of the situation.

In all situations, the top part of the form should be completed, and as much of the signature portion as necessary. It is preferable to have witnesses, particularly if the patient or guardian refuses to sign. The original form should be kept on file, while a duplicate copy should be provided for the patient or guardian.

PCR Number

Emergency Medical Services Patient Disposition Information

SSN



Patient's Name	Date of Birth	Phone
Patient's Address	EMS Professionals Name	No.

PATIENT REFUSAL	<p><i>This section only applies if box is marked</i></p> <p>The EMT / Paramedic has recommended:</p> <ul style="list-style-type: none"> <input type="checkbox"/> A complete physical exam <input type="checkbox"/> Checking vital signs <input type="checkbox"/> Ambulance transportation to a hospital <input type="checkbox"/> Transport to _____ hospital <input type="checkbox"/> PCI ctr <input type="checkbox"/> Burn ctr <input type="checkbox"/> Trauma ctr <input type="checkbox"/> Pedi ctr <input type="checkbox"/> Giving oxygen <input type="checkbox"/> Starting an IV <input type="checkbox"/> A heart monitor (EKG) <input type="checkbox"/> Giving medicine for _____ <input type="checkbox"/> Other _____ <p>I decline the recommendation(s) the EMT / Paramedic has made. I understand that refusing the recommendation(s) may result in worsening illness / injury including possible death. I accept full responsibility for my decision. I assume all risks and consequences resulting from my refusal. I agree to release and hold harmless Harnett County EMS, its officers, members, employees and the medical director from all claims, actions, causes, damages, injuries or liabilities of any kind arising from my decision. My signature below attests that I have read and understand this form's contents and statements, that the recommendation(s), risks and benefits and possible consequences have been explained to me, and I still refuse to have the recommended care provided by the EMS service.</p>	
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PATIENT INSTRUCTIONS	<p><i>This section only applies if box is marked</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> You have not been evaluated by a doctor, EMS is not qualified to make a diagnosis <input type="checkbox"/> You may have a more significant problem than we can evaluate for or recognize, and our evaluation and care is not a substitute for that of a doctor's <input type="checkbox"/> You recognize that, even though you may feel fine now, without medical attention you could get worse <input type="checkbox"/> You understand that by declining you are increasing your risk of further illness or injury <input type="checkbox"/> You are accepting full responsibility for your actions <input type="checkbox"/> You know that you may change your mind and call 911, go to a hospital, or to your own doctor <input type="checkbox"/> If you insisted on being transported to a hospital other than recommended, you understand that there may be significant delay in receiving care, that the emergency room you chose may lack the staff, equipment, space, or ability to properly care for your condition and that you may have to be transferred to another hospital. <p>The patient is being released to: <input type="checkbox"/> Family member <input type="checkbox"/> Law Enforcement Officer <input type="checkbox"/> Self / Guardian <input type="checkbox"/> Other: _____</p> <p>Follow the instructions printed on the back of this form for:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Abdominal Pain</td> <td style="width: 50%;"><input type="checkbox"/> Back Pain</td> <td style="width: 50%;"><input type="checkbox"/> Universal</td> </tr> <tr> <td><input type="checkbox"/> Head Injury</td> <td><input type="checkbox"/> Insect Bite/Sting</td> <td><input type="checkbox"/> Fever</td> </tr> <tr> <td><input type="checkbox"/> Extremity Injury</td> <td><input type="checkbox"/> Vomiting / Diarrhea</td> <td><input type="checkbox"/> Respiratory Distress</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Wound Care</td> </tr> </table> <p>Other Instructions: _____</p> <p>Privacy Practices Acknowledgment: by signing below, the signer acknowledges that Harnett County EMS (HCEMS) provided a copy of its Notice of Privacy Practices. This is not a bill.</p>		<input type="checkbox"/> Abdominal Pain	<input type="checkbox"/> Back Pain	<input type="checkbox"/> Universal	<input type="checkbox"/> Head Injury	<input type="checkbox"/> Insect Bite/Sting	<input type="checkbox"/> Fever	<input type="checkbox"/> Extremity Injury	<input type="checkbox"/> Vomiting / Diarrhea	<input type="checkbox"/> Respiratory Distress			<input type="checkbox"/> Wound Care
	<input type="checkbox"/> Abdominal Pain	<input type="checkbox"/> Back Pain	<input type="checkbox"/> Universal											
<input type="checkbox"/> Head Injury	<input type="checkbox"/> Insect Bite/Sting	<input type="checkbox"/> Fever												
<input type="checkbox"/> Extremity Injury	<input type="checkbox"/> Vomiting / Diarrhea	<input type="checkbox"/> Respiratory Distress												
		<input type="checkbox"/> Wound Care												

Patient / Guardian's Name (Printed)		<input type="checkbox"/> Patient <input type="checkbox"/> Guardian <input type="checkbox"/> Refused / Unable	Patient / Guardian Signature	
Guardian's address <input type="checkbox"/> Same as Patient			Date of Signatures	EMS Signature
Witness 1 Name	Witness 1 Signature		Witness 2 Name	Witness 2 Signature

Discharge Instructions



UNIVERSAL INSTRUCTIONS:

- YOU HAVE NOT RECEIVED A COMPLETE MEDICAL EVALUATION. SEE A PHYSICIAN AS SOON AS POSSIBLE.
- IF AT ANY TIME AFTER YOU HAVE TAKEN ANY MEDICATION YOU HAVE TROUBLE BREATHING, START WHEEZING, GET HIVES OR A RASH, OR HAVE ANY UNEXPECTED REACTION, CALL 911 IMMEDIATELY.
- IF YOUR SYMPTOMS WORSEN AT ANY TIME, YOU SHOULD SEE YOUR DOCTOR, GOT TO THE EMERGENCY DEPARTMENT OR CALL 911.

ABDOMINAL PAIN:

- Abdominal pain is also called belly pain. Many illnesses can cause abdominal pain and it is very difficult for EMS to identify the cause
- Take your temperature every 4 hours

Call or see a physician, go to the emergency department, or call 911 immediately if:

- Your pain gets worse or is now only in 1 area
- You vomit (throw up) blood or find blood in your bowel movement
- You become dizzy or faint
- Your abdomen becomes distended or swollen
- You have a temperature over 101° F
- You have trouble passing urine
- You have trouble breathing

BACK PAIN:

- Apply heat to the painful area to help relieve pain
You may use a warm heating pad, whirlpool bath, or warm, moist towels for 10-20 minutes every hour
- Try not to stay in bed
- Continue to move as much as pain allows
- When picking things up, bend at the hips and knees, Never bend from the waist only

Call or see a physician, go to the emergency department, or call 911 immediately if:

- You have shooting pain into your buttocks, groin, legs, or arms or the pain increases
- You have trouble urinating or lose control of your stools or urine
- You have numbness or weakness in your legs, feet, arms, or hands

FEVER:

- Tylenol (acetaminophen) and Motrin (ibuprofen) may be alternated. You should take Tylenol, then three hours later take Motrin, then three hours later Tylenol, etc. until you feel better.
- If you are taking antibiotics, take them until they are gone, not until you are feeling better
- Drink extra liquids (1 glass of water, Pedialyte, or Gatorade per hour of fever for an adult)
- Temperature should be taken every 4 hours

Call or see a physician, go to the emergency department, or call 911 immediately if:

- Temperature is greater than 101° F for 24 hours
- A child becomes less active or alert

HEAD INJURY:

- Immediately after a blow to the head, nausea and vomiting may occur
- Individuals who have sustained a head injury should not be left alone for the first 24 hours and should be checked regularly for signs of increased confusion
- Ice may be placed on the injured area
- Only drink clear liquids such as juices, or water the first 12 hours after injury
- Acetaminophen (Tylenol) may be used for pain

Call or see a physician, go to the emergency department, or call 911 immediately if:

- The injured person has persistent vomiting, is not able to be awakened, has trouble walking or using an arm or leg, has a seizure, develops unequal pupils, has a clear or bloody fluid coming from the ears or nose, or has strange behavior

INSECT BITE / STING:

- A bite or sting typically is a red lump, which may have a hole in the center. You may have pain, swelling and a rash. Severe stings may cause a headache and an upset stomach (vomiting)
- Some individuals will have an allergic reaction to a bite or sting. Difficulty breathing or chest pain is an emergency requiring medical care
- Elevation of the injured area and ice (applied to the area 10-20 minutes each hour) will decrease pain and swelling
- Diphenhydramine (Benadryl) may be used as directed to control itching and hives

Call or see a physician, go to the emergency department, or call 911 immediately if:

- You develop any chest pain or difficulty breathing
- The area becomes red, warm, tender, and swollen beyond the area of the bite or sting.
- You develop a temperature above 101°F

RESPIRATORY DISTRESS:

- Respiratory Distress is also known as shortness of breath or difficulty breathing
- Causes of Respiratory Distress include reactions to pollen, dust, animals, molds, foods, drugs, infections, smoke, and respiratory conditions such as Asthma and COPD. If possible, avoid any causes which produce respiratory distress
- If you have seen a physician for this problem, take all medications as directed

Call or see a physician, go to the emergency department, or call 911 immediately if:

- Temperature is greater than 101°F
- The cough, wheezing or breathing difficulty becomes worse or does not improve even when taking medications
- You have Chest pain
- Sputum (spit) changes from clear to yellow, green, grey, or becomes bloody
- You are not able to perform normal activities

EXTREMITY INJURY:

- Extremity Injuries may consist of cuts, scrapes, bruises, sprains, or broken bones (fractures)
- Apply ice on the injury for 15 to 20 minutes each hour for the first 1 to 2 days
- Elevate the extremity above the heart as possible for the first 48 hours to decrease pain and swelling
- Use the extremity as pain allows

Call or see a physician, go to the emergency department, or call 911 immediately if:

- Temperature is greater than 101°F
- The bruising, swelling, or pain gets worse despite the treatment listed above
- Any problems listed on the **Wound Care Instructions** are noted
- You are unable to move the extremity or if numbness or tingling is noted
- You are not improved in 24 to 48 hours or you are not normal in 7 to 10 days

VOMITING / DIARRHEA:

- Vomiting (throwing up) can be caused by many things. It is common in children, but should be watched closely
- Diarrhea is most often caused by either a food reaction or infection
- Dehydration is the most serious problem associated with vomiting or diarrhea
- Drink clear liquids such as water, apple juice, Gatorade, or Pedialyte for the first 12 hours or until things improved. Adults should drink 8 to 12 glasses of fluids per day with diarrhea
- Children should drink 1 cup of fluids or each loose bowel movement

Call or see a physician, go to the emergency department, or call 911 immediately if:

- Temperature is greater than 101°F
- Vomiting or Diarrhea lasts longer than 24 hours, gets worse or blood is noted
- You cannot keep fluids down or no urination is noted in 8 hours

WOUND CARE:

- Wounds include cuts, scrapes, bites, abrasions, or puncture wounds
- If the wound begins to bleed, apply pressure over the wound with a clean bandage and elevate the wound above the heart for 5 to 10 minutes
- Unless instructed otherwise, clean the wound twice daily with soapy water, and keep the wound dry. It is safe to take a shower but, do not place the wound in bath or dish water
- See a physician for a tetanus shot if it has been 10 years or more since you last one

Call or see a physician, go to the emergency department, or call 911 immediately if:

- See the Extremity Injury Instructions
- Temperature is greater than 101°F
- Bruising, swelling, or pain gets worse or bleeding is not controlled as directed above
- Any signs of infection, such as redness, drainage of yellow fluid or pus, red streaks extending from the wound, or a bad smell is noted



Los Angeles Prehospital Stroke Screen (LAPSS)



1. Patient Name: _____
(last name) _____ (first name)

2. Information/History from: [] Patient [] Family Member [] Other

_____ (name - if other than patient) _____ (phone)

3. Last known time patient was at baseline or deficit free and awake:

_____ (military time) _____ (date)

SCREENING CRITERIA

	Yes	Unknown	No
4. Age > 45	[]	[]	[]
5. History of seizures or epilepsy absent	[]	[]	[]
6. Symptom duration less than 24 hours	[]	[]	[]
7. At baseline, patient is not wheelchair bound or bedridden	[]	[]	[]
8. Blood glucose between 60 and 400	[]	[]	[]

9. Exam: LOOK FOR OBVIOUS ASYMMETRY

	Normal	Right	Left
Facial smile/grimace	[]	[] Droop	[] Droop
Hand grip	[]	[] Weak	[] Weak
Arm strength	[]	[] No grip	[] No grip
		[] Drifts dn	[] Drifts dn
		[] Falls fast	[] Falls fast

Based on exam, patient has only unilateral (not bilateral) weakness: [] YES [] NO

10. Items 4, 5, 6, 7, 8, 9 all YES's (or unknown) --- LAPSS screening criteria met:

[] YES [] NO

11. If LAPSS criteria for stroke are met, alert the receiving hospital of a possible stroke patient. If not, then return to the appropriate treatment protocol.

(Note: the patient may be experiencing a stroke even if the LAPSS criteria are not met.)

12. Time LAPSS Exam Performed: Military Time: _____

13. Form Completed by: _____



On-Scene Physician Form



This EMS service would like to thank you for your effort and assistance. Please be advised that the EMS Professionals are operating under strict protocols and guidelines established by their medical director and the State of North Carolina. As a licensed physician, you may assume medical care of the patient. In order to do so, you will need to:

1. Receive approval to assume the patient's medical care from the EMS Agencies Online Medical Control physician.
2. Show proper identification including current North Carolina Medical Board Registration/Licensure.
3. Accompany the patient to the hospital.
4. Carry out any interventions that do not conform to the EMS Agencies Protocols. EMS personnel cannot perform any interventions or administer medications that are not included in their protocols.
5. Sign all orders on the EMS Patient Care Report.
6. Assume all medico-legal responsibility for all patient care activities until the patient's care is transferred to another physician at the destination hospital.
7. Complete the "Assumption of Medical Care" section of this form below.

Assumption of Medical Care

I, _____, MD; License #: _____,
(Please Print your Name Here)

have assumed authority and responsibility for the medical care and patient management for

_____.
(Insert Patient's Name Here)

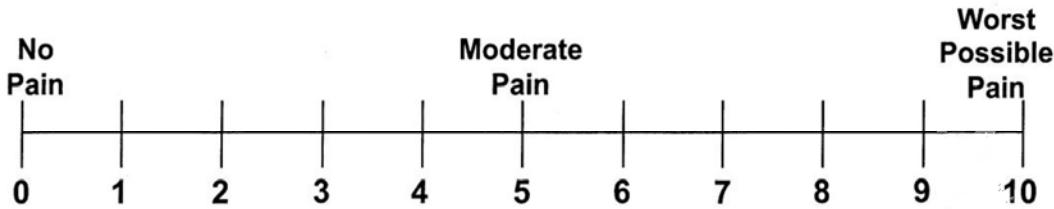
I understand that I must accompany the patient to the Emergency Department. I further understand that all EMS personnel must follow North Carolina EMS Rules and Regulations as well as local EMS System protocols.

_____, MD Date: ____ / ____ / ____ Time: ____ AM/PM
(Physician Signature Here)

_____, EMS _____ Witness
(EMS Lead Crew Member Signature Here) **(Witness Signature Here)**



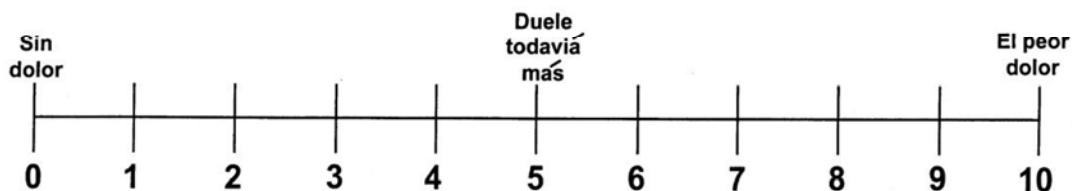
Pain Scale Forms



**If you are having pain, tell your doctor or nurse.
Use these pain scales to describe your pain.**



UNC Health Care Pain Management Committee
March 2001



**Si tiene dolor, digaselo a su doctor o enfermera.
Use esta escala para describir su dolor.**



UNC Health Care
Pain Management Committee
March 2001

From Hockenberry MJ, Wilson D, Winkelstein ML; Wong's Essentials of Pediatric Nursing, ed. 7, St. Louis, 2005, p. 1259. Used with permission. Copyright, Mosby.

Reperfusion Checklist



The Reperfusion Checklist is an important component in the initial evaluation, treatment, and transport of patients suffering from an acute ST-Elevation Myocardial Infarction (STEMI) or acute Stroke (CVA). Both of these conditions can be successfully treated using fibrinolysis (thrombolytics) if the patient arrives at the appropriate hospital within the therapeutic window of time.

This form should be completed for all acute STEMI and acute Stroke/CVA patients.

Patients Name: _____

PCR Number: _____ Date: _____

1. Has the patient experience chest discomfort for > 15 minutes and < 12 hours?

Yes No

2. Has the patient developed a sudden neurologic deficit with a positive Los Angeles Prehospital Stroke Screen?

Yes No

3. Are there any contraindications to fibrinolysis?

If any of the following are checked "YES," fibrinolysis MAY be contraindicated.

- Yes No Systolic Blood Pressure > 180 mm/Hg
 Yes No Diastolic Blood Pressure > 110 mm/Hg
 Yes No Right vs. Left Arm Systolic Blood Pressure difference > 15 mm/Hg
 Yes No History of structural Central Nervous System disease (tumors, masses, hemorrhage, etc.)
 Yes No Significant closed head or facial trauma within the previous 3 months
 Yes No Recent (within 6 weeks) major trauma, surgery (including laser eye surgery), gastrointestinal bleeding or severe genital-urinary bleeding
 Yes No Bleeding or clotting problem or on blood thinners
 Yes No CPR performed > 10 minutes
 Yes No Currently pregnant
 Yes No Serious systemic disease such as advanced/terminal cancer or severe liver or kidney failure

4. (STEMI Patients Only) Does the patient have severe heart failure or cardiogenic shock?

These patients may benefit more from a percutaneous coronary intervention (PCI) capable hospital.

- Yes No Presence of pulmonary edema (rales greater than halfway up lung fields)
 Yes No Systemic hypoperfusion (cool and clammy)

If any contraindication is checked as "YES" and an acute Stroke/CVA is suspected by exam or a STEMI is confirmed by ECG, activate the EMS Stroke Plan or EMS STEMI Plan for fibrinolytic ineligible patients. This may require the EMS Agency, an Air Medical Service, or a Specialty Care Transport Service to transport directly to a specialty center capable of interventional care within the therapeutic window of time.



Restraint Checklist



Patient's Name: _____

PCR Number: _____ Date: _____

It is recommended that a Restraint Checklist be completed with any restraint use.

1. Reason for restraint (check all that apply):

- Patient attempting to hurt self
- Patient attempting to hurt others
- Patient attempting to remove medically necessary devices

2. Attempted verbal reassurance / redirection?

- Yes
- No

3. Attempted environmental modification? (i.e. remove patient from stressful environment)

- Yes
- No

4. Received medical control order for restraints?

- Yes _____, MD
- No (Medical Control Physician Name Here)

5. Time and Type of restraint applied (check all that apply):

Date: ____ / ____ / ____ Time: ____ AM/PM

Limb restraints:

- LUE
- RUE
- LLE
- RLE

Chemical Restraint:

- Yes
- No

If Yes: Drug Used: _____

Total Dose: _____

6. Vital signs and extremity neurovascular exam should be taken every 15 minutes.

7. Transport Position (Patient should NOT be in prone position)

- Supine position for transport
- Lateral recumbent position for transport

Signature: _____
(EMS Lead Crew Member)

Harnett County EMS System



Trauma Criteria

TRAUMA ONE CRITERIA

- Provider / Physician discretion
- Trauma Arrest
- Age > 65 with SBP <110
- Airway Compromise / Intubated (or need for intubation) patients
- Systolic BP < 90
- GCS < 9
- Any penetrating injury to head, neck, anterior/posterior torso, extremities above the knees/elbows
- Receiving blood products
- Respiratory rate < 10 or > 29
- Amputation proximal to wrist or ankle
- Paralysis
- Tourniquet in place to any extremity
- STEMI or Stroke with any trauma criteria
- Drowning, hanging, asphyxiation that meets above criteria

OB TRAUMA ONE CRITERIA

PREGNANT PATIENTS > 20 WEEKS GESTATION

- Any trauma one criteria met
- Vaginal bleeding after traumatic injury
- Significant blunt mechanism:
 - Pelvic Fracture
 - 1 or more long bone fracture
 - Fall > 20 feet
 - MVC with ejection (partial or complete)
 - Auto vs. pedestrian/bicyclist thrown, run over, or with significant impact, speed > 20mph
- Fetal heart rate < 110 for > 60 seconds

PEDIATRIC ONE CRITERIA

PATIENTS < 15 YEARS OF AGE

- Any trauma one criteria met
- Systolic BP < 70 + 2 x age (in years)
- Respiratory rate < 20 in infant less than 1 year
- 2 or more long bone fractures

Harnett County EMS System

Trauma Criteria



TRAUMA ALERT CRITERIA

- Provider / Physician discretion
- GCS 9-13
- Two or more long bone fractures
- Crush to chest (flail chest, multiple rib fractures, blunt chest trauma)
- MVC with ejection
- Death of another passenger in vehicle
- Falls > 20 feet, or any height greater than standing for patients > 65 years old
- 2nd or 3rd degree burns > 10% or to hands, feet, or perineum, or potential for airway compromise
- Crushed, degloved, or mangled extremity
- Pelvic Fractures
- Open or depressed skull fractures
- Intrusion > 12 inches at occupant site, > 18 inches at passenger compartment
- Auto vs. pedestrian/bicyclist thrown, run over, or with significant impact, speed > 20 mph
- Motorcycle crash > 20 mph
- Anticoagulants/antiplatelets/antithrombin agents (other than aspirin) with significant injury
- > 55 years old with traumatic injury

OB TRAUMA ALERT CRITERIA

PREGNANT PATIENTS > 20 WEEKS GESTATION

- Any trauma alert criteria met
- Immobilized on long spine board
- Abdominal pain

PEDIATRIC ALERT CRITERIA

PATIENTS < 15 YEARS OF AGE

- Falls > 10 feet or 2-3 times height of child

North Carolina EMS Airway Evaluation Form



The NC EMS Airway Evaluation Form is required to be completed with all patients receiving Drug-Assisted Intubation in the Pre-hospital Environment.

FOR ORAL ROUTE:

Each Insertion of Blade into Oropharynx = 1 Attempt

FOR NASAL ROUTE:

Pass of Tube Past the Nares = 1 Attempt

1. Patient Demographic Information

Date: ____ / ____ / ____ Dispatch Time: ____ : ____ am/pm

PCR # _____

EMS Agency Name: _____

Patient Age (yr): _____ Patient Sex: M F

4. Was intubation attempt due to Trauma?

Yes

No

5. Level of training of each rescuer assisting with intubation

Rescuer A

- State ID: _____
- Paramedic
 - EMT-I
 - Medic Student
 - Nurse
 - Phys. Assist
 - MD/DO
 - Other: _____

Rescuer B

- State ID: _____
- Paramedic
 - EMT-I
 - Medic Student
 - Nurse
 - Phys. Assist
 - MD/DO
 - Other: _____

Rescuer C

- State ID: _____
- Paramedic
 - EMT-I
 - Medic Student
 - Nurse
 - Phys. Assist
 - MD/DO
 - Other: _____

2. Glasgow Coma Score (GCS) before intubation

Eye (1) (2) (3) (4)

Verbal (1) (2) (3) (4) (5)

Motor (1) (2) (3) (4) (5) (6)

3. Was ETI successful for the overall encounter?

Yes No Uncertain

6. Indicate drugs given to facilitate intubation

- Atropine _____ mg
- Etomidate _____ mg
- Lidocaine _____ mg
- Midazolam _____ mg
- Rocuronium _____ mg
- Succinylcholine _____ mg
- Vecuronium _____ mg
- Other-Specify _____ mg
- Other-Specify _____ mg

7. Times and Vital Signs

Time	Heart Rate	Resp. Rate	Blood Pressure	Pulse Oximetry	ECTO ₂
------	------------	------------	----------------	----------------	-------------------

Pre-Airway Assessment Values :

--	--	--	--	--	--

/

Successful Airway Obtained :

--	--	--	--	--	--

Post-Airway Assessment Values :

--	--	--	--	--	--

/

8. Provide information for each laryngoscopy attempt.

Attempt	ETI Method	Rescuer	Successful?
1	<input type="checkbox"/> Direct <input type="checkbox"/> Nasal <input type="checkbox"/> Video	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	<input type="checkbox"/> Direct <input type="checkbox"/> Nasal <input type="checkbox"/> Video	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	<input type="checkbox"/> Direct <input type="checkbox"/> Nasal <input type="checkbox"/> Video	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	<input type="checkbox"/> Direct <input type="checkbox"/> Nasal <input type="checkbox"/> Video	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> Yes <input type="checkbox"/> No

11. Endotracheal tube confirmation

Auscultation	ETCO ₂	Breath Sounds	Absent Epigastric
--------------	-------------------	---------------	-------------------

Placement Confirmation

Tube Depth

Security Method

9. Who verified placement of ET Tube?

- Rescuer performing intubation
- Another rescuer on the same team
- Receiving helicopter/EMS crew
- Receiving hospital team
- Other: _____

10. If all attempts FAILED, indicate secondary airway technique used (Check all that apply)

- Bag-Valve-Mask (BVM) Combitube
- Open Cricothyroidotomy King LTD
- LMA Other _____

12. Were pulses maintained while under agencies care?

Yes No

13. Signature of Receiving Physician/Healthcare Provider (Confirming Destination/Transfer Tube Placement)

Yes No Uncertain

14. Signature of EMS Medical Director (Confirming Review of Completed Form)

Chart Review Done Remediation Required Approved

Date and Time: ____ : ____ am/pm

Date:



**STOP
DO NOT
Resuscitate**

Effective Date: _____
Expiration Date, if any _____

Check box if no expiration

DO NOT RESUSCITATE ORDER

Patient's full name _____

In the event of cardiac and/or pulmonary arrest of the patient, efforts at cardiopulmonary resuscitation of the patient **SHOULD NOT** be initiated. This order does not affect other medically indicated and comfort care.

I have documented the basis for this order and the consent required by the NC General Statute 90-21.17(b) in the patient's records.

Signature of Attending Physician/Physician Assistant/Nurse Practitioner

Printed Name of Attending Physician

Address _____

City, State, Zip _____

Telephone Number (office) _____

Telephone Number (emergency) _____

Do Not Copy

Do Not Alter





Harnett County EMS System



Epinephrine Drip Rates

A mixture of 1mg of Epinephrine in 1,000 mL = 1 mcg/mL

Rates based on MACRO drip set (10 gtts/mL)

Desired Dose (mcg/min)	1 mcg/min	2 mcg/min	3 mcg/min	4 mcg/min	5 mcg/min	6 mcg/min	7 mcg/min	8 mcg/min	9 mcg/min	10mcg/min
Drip Rate (Drops/min)	10 gtts/min	20 gtts/min	30 gtts/min	40 gtts/min	50 gtts/min	60 gtts/min	70 gtts/min	80 gtts/min	90 gtts/min	100 gtts/min

Epinephrine Infusion Preparation

- 1) Draw up **1 mg epinephrine, preferably 1:1,000 epinephrine (1 mg/mL)**
- 2) Add **1 mg of epinephrine to 1,000 mL bag of normal saline**, this yields **epinephrine 1 mcg/mL** solution
- 3) Connect and prime a **10 gtts/mL IV set** for medication administration
- 4) Label bag - Using high contrast sticker when available, label IV bag with medication name, amount added, date/time added, resulting concentration and provider initials

MEDICATION REFERENCE GUIDE

Medication	Protocol	Route	Adult Dose	> 65 Dose	Peds Dose	Peds Max (per dose)	Repeat Dosing
Acetaminophen (Tylenol)	Fever / Pain	PO	975mg - 1000mg	Same	15mg/kg	650mg	X
Adenosine (Adenocard)	Tachycardia	IV/IO	6mg	Same	0.1mg/kg	6mg	(Adult) Repeat 12mg x 2 PRN (Pediatric) Repeat 0.2mg/kg x 2 PRN - Max Dose 12mg/kg
Albuterol (Accuneb)	Multiple Protocols	Neb	2.5mg-5mg	Same	1.25-2.5mg	2.5mg	Repeat x 3 PRN
Amiodarone (Cordarone)	V-Fib / V-Tach, Pedi Post ROSC	IV/IO	300mg	Same	5mg/kg	300mg	(Adult) Repeat 150mg x 1 (Pediatric) Repeat x 2 - MAX DOSE 15mg/kg
	Monomorphic & Polymorphic Tachycardia	IV/IO	150mg over 10 minutes	Same	X	X	(Adult) May repeat if no response or if tachycardia reoccurs
Atropine	Bradycardia	IV/IO	1mg	Same	0.02mg/kg	0.5mg	(Adult) Repeat q3-5mins MAX DOSE 3mg (Pediatric) Repeat x 1 MIN Dose 0.1mg / MAX DOSE 0.5mg
	WMD	IV/IO	2mg	Same	See Pearls	2mg	See TE 8 Protocol
Aspirin (Bayer)	Chest Pain	PO	324mg	Same	X	X	≥ 16 only
Calcium Chloride	Multiple Protocols	IV/IO	1gm	Same	20mg/kg	1gm	Over 2-3 minutes
Calcium Gluconate	Multiple Protocols	IV/IO	2gm	Same	20mg/kg	X	Over 2-3 minutes
Cefazolin (Ancef)	Extremity Trauma	IV/IO	2g over 2-3 minutes	Same	X	X	X
Dexamethasone (Decadron)	Multiple Protocols	IV/IO/IM	10mg	Same	0.5mg/kg	10mg	X
Dextrose (D10)	Asystole/PEA, Diabetic	IV/IO	250mL Titrate to Effect	Same	$\leq 50\text{kg}$ 5 mL/kg	Same	Repeat as needed until BGL > 80 mg/dl
Diltiazem (Cardizem)	Narrow Complex Tachycardia	IV/IO	0.25mg/kg (MAX: 25mg)	Same	X	X	Repeat 0.35mg/kg x1 - MAX: 25mg
Diphenhydramine (Benadryl)	Multiple Protocols	IV/IO/IM/PO	50mg	Same	1mg/kg	Same	X
Enalapril (Vasotec)	CHF / Pulmonary Edema	IV	1.25 mg	Same	X	X	Only if SBP ≥ 190 mmHg

MEDICATION REFERENCE GUIDE

Medication	Protocol	Route	Adult Dose	> 65 Dose	Peds Dose	Peds Max (per dose)	Repeat Dosing
Epinephrine 1:1 (1:1,000)	Allergic Reaction / Anaphylaxis	IM	0.3mg - 0.5mg	Same	0.15mg 0.01mg/kg	0.3mg	Repeat every 5 minutes if no improvement
	Asthma/COPD	Neb	1mg/2ml NS	Same	Same	Same	May Repeat x 1
Epinephrine 1:10 (1:10,000)	Cardiac Arrest	IV/IO	1mg	1mg	0.01mg/kg	1mg	(Pediatric Only) Repeat q3-5mins
	Peri Arrest & Allergic Reaction	IV/IO	0.1mg	Same	X	X	X
Epinephrine 1mcg/mL Infusion	Multiple Protocols	IV/IO	1mcg/min - 10mcg/min	Same	0.1 - 1mcg/kg /min	10mcg/min	(Adult) Titrate to SBP \geq 90 or MAP \geq 65mmHg (Pediatric) Titrate to SBP \geq 70 + (2 x Age)
Epinephrine 1mcg/mL Push Dose	Multiple Protocols	IV/IO	10mcg (10mL)	Same	1mcg/kg (1mL/kg)	10mcg (10mL)	Repeat every 2 minutes as needed to achieve desired BP or HR
Famotidine (Pepcid)	Allergic Reaction / Anaphylaxis	IV / IO / PO	20mg	Same	1mg/kg	20mg	60ggt set over 5-10 minutes
Fentanyl	Chest Pain	IV/IO/IM/IN	50-100mcg	25-50mcg	X	X	(Adults) 25mcg q5mins to max 200mcg
	Pediatric Pulmonary Edema	IV/IO	X	X	1mcg/kg	50mcg	(Pediatric) Max Single Dose 50mcg
	Post Intubation Management, Pain Management	IV/IO/IM/IN	50-100mcg	25-50mcg	1mcg/kg	2mcg/kg	(Adults) 25mcg q5mins to max 200mcg (Pediatric) Repeat 0.5mcg/kg q5mins
Glucagon	Diabetic	IM/IV	1mg	Same	0.1 mk/kg	1mg	May repeat in 15 minutes as needed to keep Blood Glucose $>$ 60mg/dL
	Overdose	IM/IV/IO	2mg - 4mg	Same	0.1 mk/kg	1mg	May repeat in 15 minutes as needed
Haloperidol (Haldol)	Behavioral	IM/PO	> 12 y/o Dose 5mg	2.5mg	X	X	Repeat every 5 minutes to max 10mg
Ipratropium (Atrovent)	Multiple Protocols	Neb	0.5mg	Same	Same	1mg	Repeat x 3 PRN
Ketamine	Behavioral	IM	4mg/kg	Same	2mg/kg	400mg	(Adult) Max 400mg (Pediatric) \leq 15 y/o requires Medical Director Order
	DAI & Post Intubation Mgt.	IV/IO	2mg/kg	Same	X	X	May Repeat x 1
	DAI - COMBATIVE PATIENT	IM	400mg	Same	X	X	X
		IN	1mg/kg	Same	Same	Same	Maximum 1 Dose

MEDICATION REFERENCE GUIDE

Medication	Protocol	Route	Adult Dose	> 65 Dose	Peds Dose	Peds Max (per dose)	Repeat Dosing
	Pain Control	IV/IO	0.3mg/kg	Same	Same	30mg	Maximum 30mg - 10ggs in 250 D5W q10 minutes, May repeat in 30 minutes as needed
Ketorolac (Toradol)	Pain Control	IV/IO/IM	15mg	Same	0.5mg/kg	15mg	X
Furosemide (Lasix)	CHF / Pulmonary Edema, Artificial Heart	IV	40mg	Same	1mg/kg	1mg/kg	Maximum 80mg Only If: Known CHF/Furosemide Use/Afebrile
Lidocaine	Multiple Protocols	IV/IO	1mg/kg	Same	Same	3mg/kg	Adult: Repeat 1mg/kg Ped: Repeat 0.5mg/kg MAX 3mg/kg
Magnesium Sulfate	Asthma/COPD	IV/IO	2gm/250ml NS	Same	40mg/kg	2gm	10gts 1 drop/sec for adult, peds slow push over 10 mins
	Tachyarrhythmias	IV/IO	2gm	Same	40mg/kg	2g	(Adult) If refractory to other antiarrhythmics (Pediatric) Given over 1-2 minutes may repeat every 5 minutes to max of 2g
	Obsetrical	IV/IO	4gm	Same	X	X	Push over 2-3min Repeat x 1
Metoprolol	Tachycardia	IV/IO	5mg	Same	X	X	If no improvement may repeat in 5 minutes
Methylprednisolone (Solumedrol)	Multiple Protocols	IV/IO/IM	125mg	Same	2mg/kg	125mg	X
Midazolam (Versed)	Multiple Protocols	IV/IO/IN	2.5mg	1mg	0.2mg/kg	2.5mg	q5mins PRN MAX 10mg
		IM	5mg	2.5mg		5 mg	
	Active Seizure ≥50kg	IM	10mg	Same		5 mg	q5mins PRN MAX 20mg
Morphine	Multiple Protocols	IV/IO/IM	5mg	2.5mg	0.1mg/kg	5mg	Repeat q5mins 2.5mg to max 10mg
Naloxone (Narcan)	Multiple Protocols	IV/IO/IN/IM	0.4mg-2mg	Same	0.1mg/kg	4mg	BLS/LEO: May Repeat X 1 ALS: Repeat as needed to adequate ventilation and oxygenation
Nitroglycerin	Multiple Protocols	Dermal	1-2 Inches	Same	X	X	X
		SL	0.4mg	0.4mg	X	X	Repeat q5mins
Normal Saline	Multiple Protocols	IV/IO	250 - 2000 mL	Same	20 mL/kg	60 mL/kg	PRN
Norepinephrine (Levophed)	Multiple Protocols	IV/IO	4-30mcg/min	Same	0.1 - 2.0 mcg/kg/min	Same	ADULT: Titrage to SBP ≥ 90 or MAP ≥ 65mmHg PEDS: See Protocols for age chart

MEDICATION REFERENCE GUIDE

Medication	Protocol	Route	Adult Dose	> 65 Dose	Peds Dose	Peds Max (per dose)	Repeat Dosing
Odansetron (Zofran)	ABD Pain/Vomiting	IV/IO/ODT/PO/IM	4mg	Same	0.2mg/kg	4mg	May repeat in 15 minutes
Oral Glucose	Diabetic	PO	0.5 - 1 Tube	Same	0.5-1 Tube	1 Tube	May Repeat x 1
Oxymetazoline (Afrin)	Epistaxis	IN	2 sprays	Same	Same	Same	Followed by continuous direct pressure for at least 5 minutes
Pralidoxime (2PAM)	WMD	IV/IO/IM	600mg	Same	15-25mg/kg	X	Over 30 minutes
Promethazine (Phenergan)	ABD Pain/Vomiting	IV/IO/IM	12.5mg	Same	X	X	x 1 PRN
Rocuronium	DAI	IV/IO	1.5mg/kg	Same	X	X	May Repeat x 1
	Post-Intubation	IV/IO	1mg/kg	Same	X	X	If needed for patient movement
Sodium Bicarbonate	Multiple Protocols	IV/IO	50mEq	Same	1mEq/kg	50mEq	Overdose Protocol Only: May Repeat in 10 minutes as needed
Tranexamic Acid (TXA)	Multiple Protocols	IV/IO	1gm into 250 D5W over 10 min	Same	X	X	X
		Topical	1g reconstituted on gauze - apply to wound	Same	X	X	As Needed

Push-Dose Vasopressor (Epinephrine)-Procedure

ADULT

1) Indications

- a) Peri-intubation hypotension
- b) Post-arrest (post-ROSC) hypotension
- c) Hypotension requiring initiation of vasopressor drip – prior to drip setup
- d) Unstable bradycardia (as a supplement to other therapy)

2) Instructions

- a) Draw up 1 mg epinephrine, preferably 1:1,000 epinephrine (1 mg/mL)
- b) Add 1 mg of epinephrine to 1,000 mL bag of normal saline
 - i) This yields epinephrine 1 mcg/mL
- c) Place label on bag to identify it as vasopressor
- d) Administer 10 mcg (10 mL) every 2 minutes as needed to maintain SBP \geq 90 mmHg

PEDIATRIC

1) Indications

- a) Peri-intubation hypotension
- b) Post-arrest (post-ROSC) hypotension
- c) Hypotension requiring initiation of vasopressor drip – prior to drip setup
- d) Unstable bradycardia (as a supplement to other therapy)

2) Instructions

- a) Draw up 1 mg epinephrine, preferably 1:1,000 epinephrine (1 mg/mL)
- b) Add 1 mg of epinephrine to 1,000 mL bag of normal saline
 - i) This yields epinephrine 1 mcg/mL
- c) Place label on bag to identify it as vasopressor
- d) Administer 1 mcg/kg (1 mL/kg) max 10 mcg/dose every 2 minutes as needed to maintain SBP \geq 70 + 2 x Age (in years)

**HIPAA PERMITS DISCLOSURE OF MOST TO OTHER HEALTH CARE PROFESSIONALS AS NECESSARY**

 Medical Orders for Scope of Treatment (MOST) <p>This is a Physician Order Sheet based on the patient's medical condition and wishes. Any section not completed indicates full treatment for that section. When the need occurs, <u>first</u> follow these orders, <u>then</u> contact physician.</p>	Patient's Last Name:	Effective Date of Form:
	Patient's First Name, Middle Initial:	Patient's Date of Birth:

Section A <i>Check One Box Only</i>	CARDIOPULMONARY RESUSCITATION (CPR): Patient has no pulse and is not breathing. <input type="checkbox"/> Attempt Resuscitation (CPR) <input type="checkbox"/> Do Not Attempt Resuscitation (DNR/no CPR) <p>When not in cardiopulmonary arrest, follow orders in B, C, and D.</p>	
Section B <i>Check One Box Only</i>	MEDICAL INTERVENTIONS: Patient has pulse and/or is breathing. <input type="checkbox"/> Full Scope of Treatment: Use intubation, advanced airway interventions, mechanical ventilation, cardioversion as indicated, medical treatment, IV fluids, etc.; also provide comfort measures. Transfer to hospital if indicated. <input type="checkbox"/> Limited Additional Interventions: Use medical treatment, IV fluids and cardiac monitoring as indicated. Do not use intubation or mechanical ventilation. May consider use of less invasive airway support such as BiPAP or CPAP. Also provide comfort measures. Transfer to hospital if indicated. Avoid intensive care. <input type="checkbox"/> Comfort Measures: Keep clean, warm and dry. Use medication by any route, positioning, wound care and other measures to relieve pain and suffering. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. Do not transfer to hospital unless comfort needs cannot be met in current location.	
<i>Other Instructions</i>		
Section C <i>Check One Box Only</i>	ANTIBIOTICS <input type="checkbox"/> Antibiotics if indicated <input type="checkbox"/> Determine use or limitation of antibiotics when infection occurs <input type="checkbox"/> No Antibiotics (use other measures to relieve symptoms)	
<i>Other Instructions</i>		
Section D <i>Check One Box Only in Each Column</i>	MEDICALLY ADMINISTERED FLUIDS AND NUTRITION: Offer oral fluids and nutrition if physically feasible. <input type="checkbox"/> IV fluids if indicated <input type="checkbox"/> IV fluids for a defined trial period <input type="checkbox"/> No IV fluids (provide other measures to ensure comfort)	
<input type="checkbox"/> Feeding tube long-term if indicated <input type="checkbox"/> Feeding tube for a defined trial period <input type="checkbox"/> No feeding tube		
<i>Other Instructions</i>		
Section E <i>Check The Appropriate Box</i>	DISCUSSED WITH AND AGREED TO BY: <i>Basis for order must be documented in medical record.</i> <ul style="list-style-type: none"> <input type="checkbox"/> Patient <input type="checkbox"/> Parent or guardian if patient is a minor <input type="checkbox"/> Health care agent <input type="checkbox"/> Legal guardian of the patient <input type="checkbox"/> Attorney-in-fact with power to make health care decisions <input type="checkbox"/> Spouse <ul style="list-style-type: none"> <input type="checkbox"/> Majority of patient's reasonably available parents and adult children <input type="checkbox"/> Majority of patient's reasonably available adult siblings <input type="checkbox"/> An individual with an established relationship with the patient who is acting in good faith and can reliably convey the wishes of the patient 	
MD/DO, PA, or NP Name (Print):	MD/DO, PA, or NP Signature and Date (Required):	Phone #:

Signature of Patient, Parent of Minor, Guardian, Health Care Agent, Spouse, or Other Personal Representative
 (Signature is required and must either be on this form or on file)

I agree that adequate information has been provided and significant thought has been given to life-prolonging measures. Treatment preferences have been expressed to the physician (MD/DO), physician assistant, or nurse practitioner. This document reflects those treatment preferences and indicates informed consent.

If signed by a patient representative, preferences expressed must reflect patient's wishes as best understood by that representative. Contact information for personal representative should be provided on the back of this form.

You are not required to sign this form to receive treatment.

Patient or Representative Name (print)	Patient or Representative Signature	Relationship (write "self" if patient)
--	-------------------------------------	--

SEND FORM WITH PATIENT/RESIDENT WHEN TRANSFERRED OR DISCHARGED



Contact Information

Patient Representative:	Relationship:	Phone #:
Health Care Professional Preparing Form:	Preparer Title:	Preferred Phone #: Date Prepared:

Directions for Completing Form**Completing MOST**

- MOST must be reviewed and prepared by a health care professional in consultation with the patient or patient representative.
- MOST is a medical order and must be signed and dated by a licensed physician (MD/DO), physician assistant, or nurse practitioner to be valid. **Be sure to document the basis for the order in the progress notes of the medical record.** Mode of communication (e.g., in person, by telephone, etc.) also should be documented.
- The signature of the patient or his/her representative is required; however, if the patient's representative is not reasonably available to sign the original form, a copy of the completed form with the signature of the patient's representative must be placed in the medical record and "on file" must be written in the appropriate signature field on the front of this form or in the review section below.
- Use of original form is required. **Be sure to send the original form with the patient.**
- MOST is part of advance care planning, which also may include a living will and health care power of attorney (HCPOA). If there is a HCPOA, living will, or other advance directive, a copy should be attached if available. **MOST may suspend any conflicting directions in a patient's previously executed HCPOA, living will, or other advance directive.**
- There is no requirement that a patient have a MOST.**
- MOST is recognized under N. C. Gen. Stat. 90-21.17.

Reviewing MOST

Review of the MOST form is recommended when:

- The patient is admitted to and/or discharged from a health care facility; or
- There is a substantial change in the patient's health status.

This MOST must be reviewed if:

- The patient's treatment preferences change.

If MOST is revised or becomes invalid, draw a line through Sections A – E and write "VOID" in large letters.

Revocation of MOST

A patient with capacity or the patient's representative (if the patient lacks capacity) can revoke the MOST at any time and request alternative treatment based on the known preferences of the patient or, if unknown, the patient's best interests.

Review of MOST

Review Date	Reviewer and location of review	MD/DO, PA, or NP Signature (required)	Signature of patient or representative (preferred)	Outcome of Review
				<input type="checkbox"/> No Change <input type="checkbox"/> FORM VOIDED, new form completed <input type="checkbox"/> FORM VOIDED, no new form
				<input type="checkbox"/> No Change <input type="checkbox"/> FORM VOIDED, new form completed <input type="checkbox"/> FORM VOIDED, no new form
				<input type="checkbox"/> No Change <input type="checkbox"/> FORM VOIDED, new form completed <input type="checkbox"/> FORM VOIDED, no new form
				<input type="checkbox"/> No Change <input type="checkbox"/> FORM VOIDED, new form completed <input type="checkbox"/> FORM VOIDED, no new form
				<input type="checkbox"/> No Change <input type="checkbox"/> FORM VOIDED, new form completed <input type="checkbox"/> FORM VOIDED, no new form

SEND FORM WITH PATIENT/RESIDENT WHEN TRANSFERRED OR DISCHARGED**DO NOT ALTER THIS FORM!**

North Carolina Medical Board
Approved Medications for Credentialed EMS Personnel



EMS personnel at any level who administer medications must do so within an EMS system that provides medical oversight. Personnel must follow written treatment protocols and must complete appropriate medical education. All EMS System protocols and policies must be reviewed and approved by the Medical Director of the Office of EMS.

All items highlighted in “**red**” are required by NCCEP in all systems with EMS personnel credentialed at the specified level. Specialty Care (SCTP) required items are not listed here, as they can be found on the Specialized Ambulance Protocol Summary (SAPS) form.

Medications	EMR	EMT	AEMT	MEDIC
ACE inhibitors				X
Acetaminophen	X	X	X ¹⁵	X
Adenosine				X
Aminophylline				X
Amiodarone				X
Anti-arrhythmic				X ¹²
Antibiotics				X
Anti-emetic preparations				X
Antivirals				X
Aspirin	X	X	X	
Atropine	X ⁴	X ⁴	X ⁴	X
Barbiturates				X
Benzodiazepine preparations				X ¹⁴
Beta agonist preparations		X ²	X	X
Beta blockers				X ¹³
Bretylium				X
C1 Esterase-Inhibitors				X
Calcium channel blockers				X ¹³
Calcium chloride/gluconate				X
Charcoal	X	X	X	
Clonidine				X
Clopidogrel				X
CroFab (Crotalidae Polyvalent Immune Fab)				X ⁸
Crystalloid solutions			X	X
Cyanide poisoning antidote kit				X
Digoxin				X
Diphenhydramine	X ³	X ³	X	X
Dobutamine				X
Dopamine				X
Droperidol				X
Epinephrine	X ¹	X ¹	X	X
Etomidate				X
Flumazenil				X
Furosemide				X
Glucagon			X	X
Glucose, oral	X	X	X	X
Glucose solutions			X	X
Haloperidol				X
Heparin (unfractionated and low molecular weight)				X



Medications	EMR	EMT	AEMT	MEDIC
Histamine 2 blockers			X	X
Hydroxocobalamin				X
Immunizations			X ⁶	X ⁶
Insulin				X
Ipratropium			X	X
Isoproterenol				X
Ketamine				X ⁷
Levetiracetam				X
Lidocaine				X
Magnesium sulfate				X
Mannitol				X
Methylene blue				X
Milrinone				X
N-acetylcysteine				X
Narcotic analgesics				X
Narcotic antagonists	X ^{9,10}	X ^{9,10}	X	X
Nasal spray decongestant		X	X	X
Nesiritide				X
Nitroglycerin		X ²	X	X
Nitroprusside sodium				X
Nitrous oxide				X
Non-prescription medications		X	X	X
Non-steroidal anti-inflammatory		X	X ¹⁵	X
Norepinephrine				X
Octreotide				X
Oxygen	X ⁵	X ⁵	X ⁵	X ⁵
Oxytocin				X
Paralytic agents				X ⁷
Phenothiazine preparations				X
Phenylephrine				X
Phenytoin preparations				X
Plasma protein fraction				X
Platelet g-II/IIIa inhibitors				X
Potassium chloride				X
Pralidoxime	X ⁴	X ⁴	X ⁴	X
Procainamide				X
Procaine				X
Proparacaine				X
Propofol				X ⁸
Proton pump inhibitors				X
Sodium bicarbonate				X
Steroid preparations				X
Thiamine			X	X
Thrombolytic agents				X
Topical hemostatic agents	X	X	X	X
Total Parenteral Nutrition				X
Tranexamic Acid (TXA)				X ¹¹
Tuberculosis skin test			X ⁶	X ⁶
Valproic acid				X
Vasopressin			X	X
Vasopressor				X ¹⁶



Medications	EMR	EMT	AEMT	MEDIC
Whole blood and components				X
Ziprasidone				X

¹ EMR and EMT use of epinephrine is limited to the treatment anaphylaxis and may be administered only by auto injector, unless approved by EMS System Medical Director and OEMS.

² EMT use of beta-agonists and nitroglycerine is limited to patients who currently are prescribed the medication. EMTs may administer these medications from EMS supplies. EMT use of beta-agonists may be through any inhaled method of medication administration.

³ EMR/EMT administration of diphenhydramine is limited to the oral route.

⁴ As a component of preparedness for domestic terrorism, EMS personnel, public safety officers, and other first responders recognized by the EMS system, may carry, self-administer, or administer to a patient atropine and/or pralidoxime, based on written protocols and medical direction. All personnel except for Paramedics must administer these medications by an auto injector.

⁵ Administration of oxygen does not require medical direction.

⁶ Administration of immunizations and TB skin tests are not limited to public health initiatives.

⁷ Can only be used as induction agent for RSI or for post intubation sedation.

⁸ Can only be used for interfacility transport where infusion has already been started at transferring facility. **EMS units cannot carry Propofol or CroFab. This medication must be provided by the transferring hospital.**

⁹ FR, EMR, and EMT administration of Naloxone is limited to the intra-nasal (IN), intra-muscular (IM), and auto-injector routes.

¹⁰ First Responder agencies are allowed to administer Naloxone with the following requirements:

a. They must administer the Naloxone under the medical oversight of the County EMS Medical Director, and be incorporated into the respective EMS System in which they are administering the Naloxone.

b. They must receive appropriate training and continuing education as approved by the County EMS Medical Director.

c. The Naloxone must be administered as part of a protocol and procedure approved by the County EMS Medical Director, and the NC Office of EMS.

d. All administration of Naloxone must be reviewed by the EMS Peer Review/Quality Management Committee of the EMS System, which functions under the supervision of the local County EMS Medical Director.

¹¹ For an EMS System to use Tranexamic Acid (TXA), they must submit for approval by the OEMS State Medical Director a signed letter from any Trauma Centers that would be the recipient of the patient that the destination Trauma Center agrees with its use and will give the 2nd required dose of Tranexamic Acid (TXA).

¹² All Paramedic systems must carry some form of anti-arrhythmic agent. This must either be amiodarone, lidocaine, **or** procainamide.

¹³ Paramedic systems must carry either a calcium channel blocker **or** beta-blocker.

¹⁴ All Paramedic systems must carry some form of injectable benzodiazepine.

¹⁵ EMT-Intermediate/AEMT systems must carry either acetaminophen **or** a non-steroidal anti-inflammatory.

¹⁶ All Paramedic systems must carry an approved vasopressor. This must either be dobutamine, dopamine, epinephrine, norepinephrine, phenylephrine, **or** vasopressin.

North Carolina Medical Board
Approved Skills for Credentialed EMS Personnel



EMS personnel performing these skills must do so within an EMS system. Personnel must follow written treatment protocols and must complete appropriate medical education. All EMS System protocols and policies must be reviewed and approved by the Medical Director of the Office of EMS.

All items highlighted in “red” are required by NCCEP in all systems with EMS personnel credentialed at the specified level. Specialty Care (SCTP) required items are not listed here, as they can be found on the Specialized Ambulance Protocol Summary (SAPS) form.

Skills	EMR	EMT	AEMT	MEDIC
12-Lead ECG Acquisition & Transmission		X	X	X
12-Lead ECG Interpretation				X
15-Lead ECG Acquisition				X
Arterial Access - Blood Draw				X
Arterial Line maintenance				X
Blind Insertion Airway Device (BIAD)		X ¹	X	X
Capnography (Waveform)		X ⁶	X ⁶	X ⁶
Carbon Monoxide Measurement (non-invasive)	X	X	X	X
Cardiac Monitoring		X ⁴	X ⁴	X
Cardiac Pacing				X
Cardiopulmonary Resuscitation	X	X	X	X
Cardioversion				X
Carotid Massage				X
Central Venous Pressure Line Maintenance				X
Chest Compression-External Device		X	X	X
Chest Decompression-Needle				X
Chest Tube Maintenance				X
Childbirth	X	X	X	X
Cricothyrotomy-Needle				X
Cricothyrotomy-Surgical				X ⁵
Decontamination	X	X	X	X
Defibrillation-Automated	X	X	X	X
Defibrillation-Manual				X
Direct Laryngoscopy			X	X
Endotracheal Tube Introducer			X	X
Epidural Catheter Maintenance				X
Foreign Body Airway Obstruction	X	X	X	X
Gastric Intubation		X ³	X ³	X
Glucose Measurement	X	X	X	X
Hemostatic Agent	X	X	X	X
Injections – Subcutaneous and Intramuscular		X ²	X	X
Intra-Ventricular Catheter Maintenance				X
Intubation - Nasotracheal			X	X
Intubation - Orotracheal			X ⁶	X ^{6,7}
Intubation Confirmation - Capnometry (color)			X	X
Intubation Confirmation - Esophageal Bulb			X	X
Medication Administration	X ²	X ²	X ²	X ²
Nebulizer Inhalation Therapy		X	X	X



Skills	EMR	EMT	AEMT	MEDIC
Non-Invasive Positive Pressure Ventilation		X	X	X
Orthostatic Blood Pressure	X	X	X	X
Oxygen Administration	X	X	X	X
Patient Assessment	X	X	X	X
Pulse Oximetry	X	X	X	X
Rapid Sequence Induction (RSI)				X ^{5,6}
Reperfusion Checklist	X	X	X	X
Respirator Operation		X	X	X
Restraints		X	X	X
Spinal Motion Restriction	X	X	X	X
Splinting	X	X	X	X
Stroke Screen	X	X	X	X
Suction	X	X	X	X
Swan-Ganz Catheter maintenance				X
Taser Probe Removal	X	X	X	X
Temperature Measurement	X	X	X	X
Tourniquet Application	X	X	X	X
Tracheostomy Tube Change			X	X
Urinary Catheterization				X
Venous Access-Blood Draw			X	X
Venous Access-Existing catheters				X
Venous Access-Femoral Line				X
Venous Access-Intraosseous			X	X
Venous Access-Peripheral			X	X
Ventilator Operation		X ⁸	X ⁸	X
Wound Care	X	X	X	X

¹ EMTs using blind insertion airway devices must be functioning in EMS systems with medical direction and written treatment protocols.

² EMS personnel at any level who administer medications must do so within an EMS system that provides medical oversight. Personnel must follow written treatment protocols and must complete appropriate medical education. All EMS System protocols and policies must be reviewed and approved by the Medical Director of the Office of EMS. The approved medication list is found at the beginning of this document. The administration of oxygen does not require medical direction.

³ Gastric tube insertion may be performed only when utilized in conjunction with a blind insertion airway device.

⁴ EMT and AEMT may use the cardiac monitor for vital sign monitoring and EKG transmission.

⁵ Systems performing rapid sequence induction must have the ability to perform surgical cricothyrotomy. Commercial cricothyrotomy or tracheostomy kits that create an airway comparable to a surgical cricothyrotomy are acceptable.

⁶ Capnometry or capnography is mandatory with all methods of intubation. Continuous capnography (EtCO₂) is strongly recommended for the monitoring of all patients with a BIAD and mandatory with monitoring of an endotracheal tube.

⁷ Pediatric intubation is an optional skill/procedure.

⁸ Ventilator patients may be transported by EMT/AEMT when all of the following conditions are met:

- Patient is receiving home (or skilled nursing) ventilator therapy.

- The ventilator is portable and can continue to ventilate the patient during transport.

- The patient is accompanied by a non-EMS adult (from either the home or facility) who is knowledgeable, capable, and willing to maintain the ventilator during the EMS transport.

- While in transit, the patient is monitored using pulse oximetry.

-As of 1 January 2017, NCOEMS will be transitioning all EMT-Intermediates to the Advanced EMT Level in order to align with the National Education Standards. The EMT-I and AEMT will have the same scope of practice. All EMR personnel performing skills beyond the National Education Standards, must do so under approved medical direction.



-EMD personnel are responsible for:

- 1) Pre-arrival instructions to callers
- 2) Determining and dispatching appropriate EMS resources
- 3) All EMD skills must be performed in EMS systems with medical oversight and written EMS protocols



Preliminary Report*

Revision 2

Revision 2

* This is a preliminary document. This is not the final EMS Patient Care Report.



HARNETT COUNTY EMERGENCY SERVICES

VACCINATION ADMINISTRATION LOG

Vaccination _____ Lot # _____

	Date	Recipient	Date of birth	Declination	Initials	Administered by
1				Y N		
2				Y N		
3				Y N		
4				Y N		
5				Y N		
6				Y N		
7				Y N		
8				Y N		
9				Y N		
10				Y N		
11				Y N		
12				Y N		
13				Y N		
14				Y N		
15				Y N		
16				Y N		
17				Y N		
18				Y N		
19				Y N		
20				Y N		
21				Y N		
22				Y N		
23				Y N		
24				Y N		
25				Y N		

Medical Director _____

Administreated by _____

Date _____

Signature _____



Harnett County EMS System

ALS Personnel Verification Form



APPLICANTS FULL NAME: _____ DATE _____ / _____ / _____

STATE CERTIFICATION LEVEL: _____ EXP DATE _____ / _____ / _____

APPLICANT NCOEMS P#: _____

DEPARTMENT AFFILIATION: _____

SPECIALTY CERTIFICATIONS

Certifications	Received	Expiration
BLS		
ACLS		
PALS/PEPP/EPC		
ITLS/PHTLS		
EVDC / VFIS		
NIMS (100, 200, 700)		
HAZ-MAT (Awareness, OPS, OPS+)		

Others not listed: (Please include expiration dates)

APPLICANT TESTING LEVEL _____ (AEMT or Paramedic)

ASSESSMENT CENTER

STATION	DATE	RESULTS
LIFT TEST		
SCENARIO # 1		
SCENARIO # 2		
INTERVIEW PANEL		

The above applicant is recommended for Internship & 3rd Party Precepting: Yes No

Comments:

Assistant Chief - Training Signature: _____ Date: _____ / _____ / _____

EMS Division Chief: _____ Date: _____ / _____ / _____

Medical Director Approval: _____ Date: _____ / _____ / _____



Harnett County EMS System

Credentialing Compliance Form



Name of Applicant:

Last _____ First _____ Middle _____

State OEMS P Number:

Department Affiliation:

Level of Certification:

Application Type: New In System

EMD _____

AEMT _____

EMR _____

MEDIC _____

EMT _____

Recertification

Dept. Verification

Cert. Change

SECTION 1.

The signature listed below verifies that the named applicant is affiliated with the above named Harnett County EMS System affiliated provider and is good standing with our organization.

Signature of Ranking Department Officer

Date

SECTION 2.

The signature listed below verifies that the Training Officer with the above named Harnett County EMS System affiliated provider has verified all continuing education records, copies of certification cards, technical scope of practice evaluations and they comply with the Harnett County EMS System Requirements.

Signature of Training Officer

Date

SECTION 3.

The signature listed below verifies that the applicant has completed a Technical Scope of Practice evaluation conducted under my direction and has demonstrated, to my satisfaction, his/her ability to perform the skills and procedures consistent with the certification level of application and complies with the requirements of the Harnett County EMS System.

Signature of Medical Director

Date



Harnett County EMS System FTO Field Evaluation Form

Employee Name:			Certification Level:				Agency:			Date:					
Page _____ of _____		Phase:	Time In: _____ Time Out: _____		FTO:			Medic Unit #:							
Patient Age Gender	Run # or PRID	Chief Complaint	Summary of treatments rendered successfully by employee	Circle Patient Contact Type	Rater	Clinical Objectives				COMMENTS and IMMEDIATE PLAN FOR IMPROVEMENT FOR NEXT PATIENT CONTACT					
					E	Pt Interview + HX gathering	Physical Exam	Impression Tx Plan	Skill Performance	Communication	Professional Behavior (Effect)	Team Leadership	FTO Initials		
1.				ALS BLS	FTO										
2.				ALS BLS	E										
3.				ALS BLS	FTO										
4.				ALS BLS	E										
5.				ALS BLS	FTO										
6.				ALS BLS	E										
7.				ALS BLS	FTO										
8.				ALS BLS	E										
9.				ALS BLS	FTO										
10.				ALS BLS	E										
				FTO											

RATINGS*: NA = Not applicable- not needed or expected. 0 = Unsuccessful - required excessive or critical prompting; includes "Not attempted" when employee was expected to try. 1 = Marginal - inconsistent, not yet competent. 2 = Successful/competent - no prompting



Comment on any unsatisfactory ratings or discrepancies:

Overall plan for improvement for future shifts:

Employee reported on time, well groomed, in uniform and prepared to begin the shift Yes No Employee knows equipment location and use. Yes No

Behavior was professional: Accepts feedback openly Self-motivated Efficient Flexible
 Careful Confident Employee helps clean up and restock, unprompted. Yes No

Employee asked relevant questions and participated in learning answers, used downtime to its highest potential.
 Yes No Employee left site early (did not complete shift). Yes No

emCharts Reports Documentation Acceptable Minor Improvements Required Moderate Improvements Required Unable to Complete Charting

EMPLOYEE SIGNATURE

I agree to the above ratings:
FTO SIGNATURE

Preceptor Comments:

Clinical Objectives:

Pt Interview/Hx Gathering: Employee completes an appropriate interview and gathers appropriate history; listens actively, makes eye contact, clarifies complaints, respectfully addresses patient(s); demonstrated compassion and /or firm bedside manner depending on the needs of the situation.

Physical Exam: Employee completes an appropriate physical exam specific to the chief complaint and/or comprehensive head-to-toe physical examination.

Communication: Employee communicates effectively with team, provides an adequate verbal report to other health care providers, completes a thorough written patient narrative.

Impression + Tx plan: Employee formulates an impression and verbalizes an appropriate treatment plan.

Professional Behavior Objectives: Employee demonstrates they are:

Self-motivated: Takes initiative to complete assignments and improve/correct problems, strives for excellence, incorporates feedback, adjusts behavior/performance.

Efficient: keeps assessment and treatment times to a minimum, releases other personnel when not needed, organizes team to work faster/better.

Flexible: makes adjustments to communication style, directs team members changes impressions based on findings.

Careful: pays attention to detail of skills, documentation, patient comfort, set-up and clean-up, completes tasks thoroughly.

Confident: makes decisions, trusts and exercises good personal judgment, is aware of limitations and strengths.

Accepts feedback openly: listens to FTO and accepts constructive feedback without being defensive (interrupting, giving excuses).

Harnett County EMS System
Emergency Medical Response



Vehicle Equipment / Supply Specifications

Item Description	Quantity	Specification	EMT (FR)	EMT (TP)	AEMT	MEDIC
Blind Insertion Airway Device	1 each	King Airway (sizes 2, 3, 4, 5	X	X	X	X
Batteries Laryngoscope	1 each	Adult and Pediatric			X	X
Bulb Laryngoscope	1 each	Adult and Pediatric			X	X
BVM with mask	1 each	Adult and Child with 4 sizes	X	X	X	X
CPAP	1			X	X	X
Capnography	1				X	X
Endotracheal Tubes	2 each	2.5 - 8.0 cuffed			X	X
Endotracheal Tube Introducer (Bougie)	2 each	Adult & Pediatric			X	X
Laryngoscope Blades	1 each	Mac 2, 3, 4 and Miller 0, 1, 2,3			X	X
Laryngoscope Handle	1 each	Adult and Pediatric			X	X
Magill Forceps	1 each	Adult and Pediatric			X	X
Nasal Cannula	2 each	Adult and Pediatric	X	X	X	X
Nasopharyngeal Airways	1 each	Sizes 14, 18, 20, 22, 24,26, 28, 30, 32	X	X	X	X
Nebulizer Masks	2 each	Adult and Pediatric	X	X	X	X
Non Rebreathing Masks	2 each	Adult and Pediatric	X	X	X	X
Oral Airway	1 each	Sizes 0, 1, 2, 3, 4, ,5	X	X	X	X
Oxygen Cylinder	1	M or Larger		X	X	x
Oxygen Tubing	2		X	X	X	X
Portable O2 Cylinder/Regulator	2	D or Larger	X	X	X	X
Surgical Cricothyrotomy Kit	1					X
Stylettes	1 each	Adult and Pediatric			X	X
Portable Suction Device	1	with replacement container	X	X	X	X
Soft Suction Cats French		6 thru 16 french			X	X
Yankauer Suction/Tubing	2		X	X	X	X
Angiocath needles	4 each	14, 16, 18, 20, 22, 24			X	X
EZ-IO	1 each	Adult and Pediatric			X	X
IV Arm Board	1 each	Adult and Pediatric			X	X
IV Drip Set Macro	4				X	X
Iv Drip Set Micro	1				X	X
IV Tourniquet	1				X	X
Chest Decompression Needles	2	3.25 Large Bore				X
Intraosseous Needles	1 each	Adult and Pediatric				X
Nasal Atomizer syringes	2 each	Adult	X	X	X	X
Pressure Infuser IV	1				X	X
Saline Locks	2				X	X
Trauma set / Blood set	1				X	X
Syringe 10 ml (non-Luer lock)	2	10 ml	X	X	X	X
Needles		Assortment (various sizes)			X	X
Sharps Container	1 each	Fixed or Portable			X	X
AED	1		X	X	X	
Defibrillation electrodes	2 each	Adult and Pediatric	X	X	X	X
EKG Monitor	1	With defib, pacer, 12 lead				X
Monitoring electrodes	20	Adult and Pediatric			X	X
Recording Tape/Paper	1				X	X

**Harnett County EMS System
Emergency Medical Response**



Vehicle Equipment / Supply Specifications

Item Description	Quantity	Specification	EMT (FR)	EMT (TP)	AEMT	MEDIC
Adult spinal extrication device	1	KED, XP1, Short Board		X	X	X
Adult stethoscope	1		X	X	X	X
Alcohol wipes	10		X	X	X	X
Backboard Long	2			X	X	X
Backboard straps	3	straps or equivalent		X	X	X
Bed pan	1			X	X	X
Blood Pressure Cuff and devices	1 each	Peds/Adult/Lg Adult	X	X	X	X
Length Based Measuring Tape	1	Broslow or equivalent	X	X	X	X
Bulb Syringe	1		X	X	X	X
Burn Pack	1		X	X	X	X
Cellular Phone	1				X	X
Cervical Collar	2 each	Adult and Pediatric sizes	X	X	X	X
Cold Pack	4		X	X	X	X
Dressing Sterile		Assorted sizes	X	X	X	X
Emesis Container	1		X	X	X	X
Extremity Immobilization device	2 each	Upper and Lower	X	X	X	X
Fire Extinguisher	1	mounted in unit	X	X	X	X
Glucose monitor	1		X	X	X	X
Head immobilization device	2			X	X	X
Heavy Duty Scissors	1	pair	X	X	X	X
Hypothermic thermometer	1		X	X	X	X
Infection Control Kit	1		X	X	X	X
Latex Free gloves	1	box each size	X	X	X	X
Lubricating Jelly	1		X	X	X	X
Nonporous pillow	1			X	X	X
Occlusive dressing	1		X	X	X	X
Operational Flashlight	1	(Extra Batteries if required)	X	X	X	X
Pediatric immobilization devices	1	pedi-board, etc		X	X	X
Pediatric restraint device	1			X	X	X
Pillowcase, sheet, towel, blanket	5	each size		X	X	X
Pulse oximeter	1		X	X	X	X
Stair chair or Folding chair	1			X	X	X
Sterile OB kit with supplies	1		X	X	X	X
Sterile Saline solution	2	1000 ml	X	X	X	X
Syringes	1 each	1ml, 5ml, 10ml	X	X	X	X
Traction Splint	1 each	Adult and Pediatric sizes		X	X	X
Triangular bandages	4		X	X	X	X
Tourniquet (commercial or other)	1	including EMR level	X	X	X	X
Triage Tags Smart or other	5		X	X	X	X
Two Way Radio	1		X	X	X	X
Urinal	1			X	X	X
Wheeled cot with straps	1			X	X	X

Harnett County EMS System
Required Medications List



Item Description	Quantity	Specifications	EMR	EMT	AEMT	MEDIC
Acetominophen	1			X	X	X
Adenosine	5	6 mg vials/prefills				X
Albuterol	3	2.5mg/3ml		X	X	X
Amiodarone	6	150mg vials				X
Ancef	2	2g premixed bags				X
Aspirin (Baby)	1	Bottle		X	X	X
Atropine	3	1 mg				X
Calcium Chloride	2	1 gram				X
Cardizem / Metoprolol	2	25mg or 2.5mg				X
Diazepam	2	10 mg				X
Diphenhydromine (Benadryl)	2	50 mg (Liquid preparations for EMT)		X	X	X
Enalapril	2	1.25 mg Vial				X
Epinephrine 1:1,000	2	2 mg (ampules, prefilled, multidose)			X	X
Epinephrine 1:10,000	10	10 mg			X	X
Epinephrine Auto Injectors		1 Adult 1 Pediatric - not required if using amp	X	X		
Famotidine (Pepcid)	2	20mg			X	X
Furosemide	4	40 mg				X
Glucagon	2	1 mg			X	X
Haloperidol (Haldol)	2	5 mg				X
Ipratropium (Atrovent)	3	500 mcg			X	X
Ketamine	2	100 mg				X
Ketorolac/Toradol	2	30 mg			X	X
Lidocaine	2	100 mg				X
Magnesium Sulfate	1	5 grams				X
Methylprednisone(Solumedrol)	2	125 mg				X
Midazolam (Versed)	2	5 mg				X
Naloxone (Narcan)	2	2 mg	X	X	X	X
Nasal Spray (Afrin, Otrivin)	1	Bottle		X	X	X
Nitroglycerin (Sublingual)	1	Bottle/Spray		X	X	X
Nitroglycerin (Paste)	1	Tube			X	X
Norepinephrine (Levophed)	1	4mg Vial				X
Ondansetron (Zofran)	1 each	4mg vial & 4mg tablet				X
Oral Glucose	2	15 mg tubes	X	X	X	X
Oxygen	2	"D" Cylinders	X	X	X	X
*Pralidoxime	*1	*Mark 1 kit				*X
Promethazine (Phenergan)	2	25 mg				X
Rocuronium	1					X
Sodium Bicarbonate	2	50 meq 8.4%				X
Tranexemic Acid (TXA)	2	1g				X

I. V. Solutions

Item Description	Quantity	Specifications	EMR	EMT	AEMT	MEDIC
Dextrose 10% H2O (D10W)	2	250 ml			X	X
Dextrose 5% H2O (D5W)	2	250 ml				X
Normal Saline	4	1000 ml			X	X

* Not supplied on each unit unless WMD Incident Declared



HARNETT COUNTY EMS SYSTEM

VIPER MEDICAL NETWORK RADIO CHANNEL GUIDE



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