# MONO COUNTY

# EMERGENCY MEDICAL CARE COMMITTEE

**Mammoth Hospital**
**ED Lounge/Conference Room**

**January 24, 2012**
**9:00 a.m.**

# A G E N D A

**I. CALL TO ORDER**

**II. APPROVAL OF MINUTES** — **ACTION**
September 20, 2011

**III. INTRODUCTIONS** — **INFO**
LEMSA Coordinator - Georgeann Smith
Mono County EMS Consultants - Fitch and Associates

**IV. ICEMA UPDATE** — **INFO/ACTION**
A. Legislation Update (AB 1387)
B. EMS MISS

**V. EMS SYSTEM MANAGEMENT REPORTS** — **INFO/ACTION**
A. Scantron Reports
B. Extended Response Time Report – Ray McGrale
C. Base Hospital Report

**VI. OLD BUSINESS** — **INFO/ACTION**
A. EMCC Membership – Lynda Salcido
B. QI Plan and Proposed Indicators

**VII. NEW BUSINESS** — **INFO/ACTION**
A. Regulatory Authority for Patient Care Records
B. QI Plan and Proposed Indicators
C. General Protocols
1. Draft Minimum Documentation Requirements for Transfer of Patient Care
2. Draft ICEMA Abbreviation List
3. 2010 BLS/ALS Standard Drug and Equipment List
4. 7020 EMS Aircraft Standard Drug and Equipment List

**VIII. OTHER/PUBLIC COMMENT**

**IX. COMMITTEE MEMBER REQUEST FOR TOPICS FOR NEXT MEETING**

**X. NEXT MEETING DATE AND LOCATION**

## XI. ADJOURNMENT

*The Mono County Emergency Medical Care Committee (EMCC) meeting facility is accessible to persons with disabilities. If assistive listening devices or other auxiliary aids or services are needed in order to participate in the public meeting, requests should be made through the Inland Counties Emergency Medical Agency at least three (3) business days prior to the EMCC meeting. The telephone number is (909) 388-5823, and office is located at 515 North Arrowhead Avenue, San Bernardino, CA*

**MONO COUNTY EMCC MEETING**
Mammoth Hospital
A/B Conference Room
Mammoth Lakes, CA

**MINUTES**
**September 20, 2011**

| Committee Members | Affiliation |
|---|---|
| ☑ Dr. Rick Johnson, MD | Mono County Health Officer |
| ☑ Bob Rooks | Mono County Fire Chief's Association |
| ☑ Lori Baitx, RN | Mammoth Hospital |
| ☑ Rosemary Sachs, RN | Mammoth Hospital |
| Vacant | Mono County EMS |
| **Other Attendees** | **Affiliation** |
| Ray McGrale | Mono County EMS |
| Ted Shepard | Mono County EMS |
| Sherri Shimshy, RN | ICEMA EMS Nurse |
| Denice Wicker-Stiles | ICEMA Assistant Administrator |
| Lynda Salcido, Public Health Director | Interim Mono County EMS |
| Ales Tomaier | Mammoth Lakes Fire Department |
| Natalie Morrow | Mammoth Lakes Fire Department |
| Greg Dallas | Mammoth Mountains Ski Area |

## I. CALL TO ORDER

The meeting was called to order at 9:06 a.m.

## II. APPROVAL OF SEPTEMBER 20, 2011 MINUTES

Motion to approve by Rosemary Sachs, second by Bob Rooks. All in favor with none opposed.

## III. ICEMA UPDATE

### A. Legislative

AB1245 was returned unsigned by the Governor.
AB210 was changed to a two year bill and is now AB1387. Virginia remains engaged with task force as it continues to progress.

### B. CQI Project – Pediatric Intubation

Chris McMath will be monitoring all pediatric intubations to determine if there are any education needs currently.

### C. Medication Shortage Update

Magnesium Sulfate continues to be in short supply. ICEMA will continue to monitor the shortage and give waivers as needed.

### D. Online Education

ICEMA anticipates a December/January rollout of the Ninth Brain education system and will be free of charge to all ICEMA prehospital personnel.

## IV. EMS SYSTEM MANAGEMENT REPORTS

### A. Scantron Data

Scantron data reports were not available but will be distributed as soon as possible. Discussion followed regarding transports with response time of fifty (50) minutes or greater. Ray McGrale is analyzing data and will report at the next meeting. This will be a routine report to the EMCC. Discussion regarding need to release ICEMA reports a minimum of two (2) weeks prior to meeting dates.

### B. Base Hospital Report

The Base Hospital Report was not available but will be distributed as soon as possible.

## V. OLD BUSINESS

### A. Mono County Field Treatment Site Plan

Virginia Hastings requested several minor changes to the plan. Dr. Johnson will provide the final version to ICEMA for final review and implement usage. Additionally, Rosemary Sachs and Dr. Johnson were acknowledged for their expertise and dedication to the development of the plan.

### B. Committee Membership

Lynda Salcido needs to be appointed to the committee as Interim Director for Mono County EMS. She will contact the Board of Supervisors.

## VI. NEW BUSINESS

### A. QI Plan

QI Plan templates were distributed and discussion occurred regarding which EMS providers were required to have QI programs. Sherri stated plans are required

from all ALS and BLS providers. Bob Rooks stated there may be some difficulty with the volunteer agencies. Discussion revealed that patient care records are often not completed by first responder agencies. ICEMA will provide regulatory authority for patient care records and sample template for minimum documentation.

**B. General Protocols**

All protocols unanimously recommended for approval.

**C. Mammoth Mountain Ski Patrol**

Greg Dallas, Operations Manager for Mammoth Mountain Ski Area (MMSA) was in attendance and stated MMSA is interested in becoming actively involved in the EMCC. Personnel include Emergency Medical Technicians and Emergency Medical Responders and they have numerous resources which can be used in a disaster. EMS training program is currently eighty (80) hours and includes oxygen administration. MMSA is interested in having their training program approved by ICEMA prior to opening day on November 11, 2011. ICEMA will contact Greg as soon as possible.

## VII. OTHER/PUBLIC COMMENT

## VIII. COMMITTEE MEMBER REQUEST FOR TOPICS FOR NEXT MEETING

MHOAC Resource Directory
Minimum Documentation Template for First Responders

## IX. NEXT MEETING DATE AND LOCATION

The next EMCC meeting is scheduled for Tuesday, November 29, 2011 at the E.R. conference room at Mammoth Hospital, 9:00 am.

## X. ADJOURNMENT

The meeting adjourned at 11:30 a.m.

# Staff Report - EMCC

## EMS Management Information & Surveillance System – MISS I and MISS II (ImageTrend)

Following a thorough and deliberative process, including an independent evaluation committee, ICEMA selected ImageTrend as the software to move the ICEMA Region into the next era of EMS system data management. ICEMA's Governing Board approved the ImageTrend contract in November 11, 2011. We have affectionately (officially) named this upgrade as "**EMS MISS II**".

ICEMA will continue to provide EMCC minimal Staff Reports on EMS MISS I until we are completely transitioned to EMS MISS II; however, the majority of our staff reports will now concentrate on implementation of EMS MISS II.

**MISS II**

The ImageTrend Software satisfies and exceeds minimum requirements of the California Health and Safety Codes and the California Code of Regulations pertaining to prehospital care patient care documentation, specialty care documentation, medical control, quality assurance. It satisfies CEMSIS and NEMSIS and at the same time allows for flexibility within an EMS system to add information that the system might deem necessary. As you know, complete patient care information is required to provide continuous information on the quality of care, identify educational needs, identify needed protocol changes, and participate in state and federal funding opportunities.

We have begun the rollout of EMS MISS II. The beta testing phase is scheduled to begin in May 2012 with San Bernardino City Fire and AMR Redlands. Training is planned for agency administrators and field providers during the second and third quarters of 2012.

To comply with the Health and Safety Code and Regulations governing prehospital care personnel and systems, all EMS providers in the ICEMA Region are required to implement EMS MISS II.

**MISS I**

ICEMA SERVER

ICEMA has received the follow:

1. 2010 - 196,506 ePCR's
2. 2011 - 223,844 ePCR's
3. January 1, 2011 - June 30, 2011 - 110,220 ePCR's
4. December 2011 - 19,570 ePCR's

PENDING DEPLOYMENTS

Mono County Paramedic's - Mono County
Crest Forest Fire Protection District - San Bernardino County
Symons Special Events - San Bernardino County
Sheriff's Search and Rescue - San Bernardino County

Mark Roberts
01/19/12

# Prehospital Data Collection and Electronic Patient Care Record System (ePCR)

- California Regulations and Codes do not establish standards for collection, analysis or dissemination of health data in Emergency Medical Services
- There are no regulations or codes specifically establishing the use of electronic patient care records or the collection of electronic data. National and State standards require the submission of electronic data in a standardized format. (NEMSIS , CEMSIS, etc)
- *California Code of Regulations, Title 22* requires the LEMSA to develop and implement system wide QI programs and establishes minimum data elements (Section 100400)
- *California Code of Regulations, Title 22* requires the Medical Director of the LEMSA to maintain medical control by developing written medical policies establishing the requirements for the initiation, completion, review, evaluation and retention of patient care records (Chapter 4. Section 100169)
- *California Code of Regulations, Title 22* establishes the minimum criteria necessary to complete a patient care record. The LEMSA, in consultation with EMS providers is required to establish policies for the collection, utilization and storage of data if electronic means of collection and storing information is used (Chapter 4, Section 100170)
- Federal regulations establish procedures for standards, implementation and certification of electronic data exchange (NEMSIS)
- *California Health and Safety Code* establish Quality Improvement responsibilities for agencies including the LEMSA and EMS Service Providers (1797.222)
- *California Health and Safety Code* require the LEMSA Medical Director to establish policies and procedures pertaining to medical control including dispatch, patient destination, patient care guidelines, and quality assurance (1797.220)
- *ICEMA Policy 2010* requires all providers to complete an approved patient care report
- **Opinion**: Through the establishment of medical control, the medical director of the LEMSA establish standards for the collection and submission of patient care records and may establish policies requiring EMS Provider Agencies to use certain types of medical care reports (paper or electronic)
- **Opinion**: Through provisions of medical control, the Medical Director may establish requirements for the submission of records for the purpose of data collection. The LEMSA collaborates with EMS Agencies in the collection, completion, review, evaluation and retention of electronic patient care records.

# Prehospital Data Collection and Electronic Patient Care Record System (ePCR)

*"The purpose of collecting EMS data is to evaluate the emergency medical care of individuals with illness and injuries in an effort to improve access and reduce morbidity and mortality" Daniel w. Spaite, MD, (EMS Agenda for the Future, NHTSA,1996)*

**Requirements for an Electronic Patient Care Record**

An extensive search of the Internet reveals considerable information establishing the standards for electronic data systems and the collection, analysis and dissemination of electronic health data in Emergency Medical Services. There is no legal precedence or regulations specifically pertaining to health care electronic patient care records but there appears to be a strong trend toward the implementation of electronic patient care record systems throughout the health care industry both in hospitals and prehospital care. There are regulations pertaining to minimum requirements for patient care records and their retention. The following is a summary of that information and the current regulations related to patient care records, Quality Improvement, medical direction, and the electronic exchange of data applicable to EMS systems.

Flexibility, efficiency, consistency, reliability, and archive manageability are among the many advantages of choosing electronic over manual collection methods. Even without specific legislation regarding electronic patient care records, their use in support of high performance Emergency Medical Systems, like that found at ICEMA, is indisputable. Electronic Patient Care Recording systems are quickly becoming the standard used in producing timely and complete documentation, assuring system compliance, providing data for research, state compliance reporting and ultimately in improving patient outcomes.

For years, most of what was known about the efficacy of EMS was generated by researchers at medical schools and universities. EMS practices were directed more by what was customary than by patient outcomes. Little EMS related outcome based research was completed because of lack of funding, lack of integrated information systems, conflicting data structures, and misunderstandings regarding quality improvement. As EMS systems continued to evolve more emphasis was placed on the role that EMS contributed to overall patient outcome and therefor a need for consistent data.

***ICEMA Mission Statement****: To ensure an effective system of quality patient care and coordinated emergency medical response by planning, implementing and evaluating an effective emergency medical services system including fire department and public ambulances, prehospital providers and hospitals, including specialty care hospitals, such as trauma and cardiac care hospitals.*

- **California Code of Regulations, Title 22 (***Division 9, Chapter 12)*
  State regulation that requires LEMSAs to develop and implement QI programs. Mandates the minimum data elements to be used for analysis.

- **California Code of Regulations, Title 22** (Division 9, chapter 4, Article 7, 100169)

Requires the Medical Director of the LEMSA to maintain medical control by developing written medical policies and procedures that include treatment protocols, initiation, completion, review, evaluation and retention of patient care records.

- **HITEC 2009** (*Sec.13101, Public Health Service Act (42 U.S.C. 201 et seq.)*
  Federal regulation that establishes procedures for standards, implementation and certification of electronic exchange and the use of health information.

- **ICEMA Policy 2010** 5/01/06 Requirements for Patient Care Records
  ICEMA policy requiring all providers to complete an approved patient care report form or approved electronic Patient Care Report (ePCR).

- ***California EMSA Data Systems Standards EMSA #161***
  Establishes requirements for a unique prehospital record key and requires that a unique prehospital record key not incident number be established to assure records are unique to each patient.

- **NHTSB EMS Agenda for the Future**
  A published 1996 document by the National Highway Transportation Safety Administration and the US Department of Health & Human Services that examines the current and future state of EMS. States that EMS is a "community-based health management that is fully integrated with the overall health care system". Establishes that Information Technology (IT) will be a key component in the integration of EMS with other health care providers.

- **National EMS Information System (NEMSIS)/California EMS Information System (CEMSIS)**
  NEMSIS is the national repository for statewide EMS data. NEMSIS establishes the national schema for the collection of EMS data. The State of California has also adopted a data set that is NEMSIS compliant.

- **California Code of Regulations Title 22 (Division 9, Chapter 12, Article 1)**
  California Code that establishes Quality Improvement (QI) responsibilities and criteria for the California EMSA, Local EMS Agency, Paramedic Base Hospital, and EMS Service Provider.

- **California Health and Safety Code (HSC)**
  California Health and Safety Code sets requirements for the establishment of the LEMSA and requires that the LEMSA establish policies and procedures pertaining to medical control which are approved by the medical director of the LEMSA. Medical control may include dispatch, patient destination policies, patient care guidelines, and quality assurance requirements.

# Prehospital Data Collection and Electronic Patient Care Record System (ePCR)

**Historical Perspectives**

In the early part of 2000, Federal and State governments worked to standardize the EMS data elements and eventually published the National EMS Information System (NEMSIS) and the California EMS Information system (CEMSIS). Both systems were designed to standardize, house and analyze data collected by the Local EMS Agencies (LEMSA). In 2005, ICEMA became one of a first EMS Systems that implemented an electronic patient care record system (ePCR). The early system was based on emerging standards in data collection and a limited number of initial participating agencies. As the system matured, more and more agencies become involved and more information was available for system analysis. The Management Information and Surveillance System (MISS), as it was known, encompassed the early data standards required for statewide reporting and quality improvement.

**HITEC 2009**

The Health Information Technology for Economic and Clinical Health (HITECH) Act was enacted by the Federal Government as part of the American Recovery and Reinvestment Act of 2009. It reinforced earlier efforts in the collection of electronic data and established procedures for standards, implementation, and certification of the electronic exchange and use of health information. While not designed to explicitly mandate the use of electronic patient care records, it does establish required areas for the Office of the National Coordinator for Health Information Technology (ONCHIT) to develop. Included for their considerations in the regulation are provisions for an electronic health record and the electronic exchange and use of health information. The law defines health Care Provider to include EMS providers.

*Sec.13101, Public Health Service Act (42 U.S.C. 201 et seq.)*

http://uscode.house.gov/download/pls/Title_42.txt retrieved online 10/11/11

**California Code of Regulations, Title 22** *(Division 9, Chapter 12)*

*Division 9 Pre-Hospital Emergency Medical Services, Chapter 12 EMS System Quality Improvement*

California Code of Regulations requires the LEMSA to develop and implement system wide QI programs (Section 100400). These requirements mandate the minimum data elements that must be collected including Skills Maintenance/ Competency, Clinical Care and Patient Outcome, and Documentation, and Risk Management.

*Authority cited: Sections 1797.103, 1797.107, 1797.174 and 1797.176 Health and Safety Code. Reference: Sections 1797.94, 1797.174, 1797.202, 1797.204, 1797.220, and 1798 Health and Safety Code.*

**California Code of Regulations, Title 22** *(Division 9, Chapter 3, Article 7, 100169)*

State regulation require the medical director of the local EMS agency maintain medical control by establishing requirements for completion, review, evaluation, distribution and retention of patient care records. This article further describes the retrospective evaluation and continuing education for paramedics.

*Authority cited: Sections 1797.107, 1797.172 and 1797.176, Health and Safety Code. Reference: Sections 1797.90, 1797.172, 1797.202, 1797.220, 1798, 1798.2, 1798.3 and 1798.105, Health and Safety Code.*

**California Code of Regulations, Title 22** *(Division 9 chapter 4 section 100170)*

State regulation that establishes the minimum criteria necessary to complete a patient care record. The LEMSA, in consultation with EMS providers is required to establish policies for the collection, utilization and storage of data if electronic means of collection and storing information is used (Chapter 4, Section 100170)

**PREHOSPITAL DATA, INJURY PREVENTION, AND PUBLIC EDUCATION**

The California EMS Authority (EMSA) is the lead agency responsible for data collection and injury prevention. The agency is working to improve LEMS and state EMS data capacities and capabilities, standardize the collection of prehospital and trauma data by the LEMSAs, study the efficacy of EMS systems, traffic safety measures, reduce morbidity and mortality associated with traffic injuries in California and establish and maintain a core data set for California EMS.

http://www.emsa.ca.gov/about/description.asp retrieved online November 2010.

**NHTSB EMS Agenda for the Future**

The *EMS Agenda for the Future* is a 1996 document by the National Highway Transportation and Safety Administration and the U.S. Department of Health and Human Services that discusses the need for an integrated information system for EMS to share integrated information with other health care provides (public safety agencies and community resources). Establishes need for uniform prehospital data set and use of standard definitions. States that EMS should collaborate with other health care providers and community resources to develop integrated information systems and should link multisource databases so that patient outcomes can be determined.

www.dphhs.mt.gov/**ems**/publications/agendas/agenda_for_**future**.pdf

**National EMS Information System (NEMSIS)/California EMS Information System (CEMSIS)**

NEMSIS is the national repository for statewide EMS data. Begun in the early 2000's, NEMSIS was a collaborative effort between the National Association of State EMS Directors, the National Highway Traffic Safety Administration (NHTSA), and the Trauma/EMS Systems program of the Health Resources and Services Administration (HRSA) Maternal Child Health Bureau. It was an effort developed to help states collect more standardized data elements. The State of California has also adopted a data set that is NEMSIS compliant.

**California Code of Regulations Title 22 (Division 9, Chapter 12, Article 1 and Section 100400)**
State regulation that establishes the responsibilities for quality assurance for participating agencies. Describes the method of evaluation including structure, process and outcomes, interventions, and corrective steps. EMSA #166 further describes specific model guidelines for the development of regional and local QI plans.

*Authority cited: Sections 1797.103, 1797.107, 1797.174, and 1797.176 Health and Safety Code. Reference: Sections 1797.174, 1797.202, 1797.204, 1797.220, and 1798.175 Health and Safety Code.*

www.emsa.ca.gov/pubs/pdf/emsa166.pdf

**California Health and Safety Code : California Code**
**1797.216** Public safety agencies that are certifying entities may certify and recertify public safety personnel as EMT-I. The state fire marshal, subject to policy guidance and advice from the State Board of Fire Services, may certify and recertify fire safety personnel as EMT-I. All persons certified shall have completed a program of training approved by the local EMS agency or the authority and have passed a competency-based examination.

**1797.200** Each county may develop an emergency medical services program. Each county developing such a program shall designate a local EMS agency which shall be the county health department, an agency established and operated by the county, an entity with which the county contracts for the purposes of local emergency medical services administration, or a joint powers agency created for the administration of emergency medical services by agreement between counties or cities and counties pursuant to the provisions of Chapter 5 (commencing with Section 6500) of Division 7 of Title 1 of the Government Code.

**1797.220** The local EMS agency, using state minimum standards, shall establish policies and procedures approved by the medical director of the local EMS agency to assure medical control of the EMS system. The policies and procedures approved by the medical director may require basic life support emergency medical transportation services to meet any medical control requirements including dispatch, patient destination policies, patient care guidelines, and quality assurance requirements.

**1797.222** A county, upon the recommendation of its local EMS agency, may adopt ordinances governing the transport of a patient who is receiving care in the field from prehospital emergency medical personnel, when the patient meets specific criteria for trauma, burn, or pediatric centers adopted by the local EMS agency.

The ordinances shall, to the extent possible, ensure that individual patients receive appropriate medical care while protecting the interests of the community at large by making maximum use of available emergency medical care resources. These ordinances shall be consistent with Sections 1797.106, 1798.100, and 1798.102, and shall not conflict with any state regulations or any guidelines adopted by the Emergency Medical Service Authority.

This section shall not be construed as prohibiting the helicopter program of the Department of the California Highway Patrol from a role in providing emergency medical services when the best medically qualified person at the scene of an accident determines it is in the best interests of any injured party.

**Next Generation EMS Data Collection System**
ICEMA has recently entered into a contract with ImageTrend, INC to provide a suite of EMS specific data collection tools. This emergency data system provides ICEMA system provider agencies with a state of the art real-time prehospital electronic patient care record. This system combines historical patient demographic

information, dispatch CAD data elements, EKG and code integration, hospital dashboard for incoming patients and robust reporting and quality improvement components. The ImageTrend system will provide a robust EMS/911 syndromic surveillance system to monitor strategic health care events in near real-time.

# ICEMA ABBREVIATION LIST

**PURPOSE:**

To provide uniform documentation and universal understanding of approved abbreviations.

**Authority:**

Health and Safety Code
EMCC AD Hoc Committee

Requirements:

All EMS providers will only use ICEMA approved abbreviations provided on this list to prevent confusion on documentation.

List the abbreviations and definitions.

| | |
|---|---|
| abdomen, abdominal | abd |
| abdominal aortic aneurysm | AAA |
| acquired immune deficiency syndrome | AIDS |
| acute myocardial infarction | AMI |
| advanced life support | ALS |
| against medical advice | AMA |
| airway, breathing, circulation | ABC |
| appearance, pulse, grimace, activity, respiration | APGAR |
| as soon as possible | ASAP; asap |
| aspirin | ASA |
| At | @ |
| atrial fibrillation | A-fib; afib |
| atrial flutter | A-flutter |
| atrial tachycardia | A-Tach |

| | |
|---|---|
| Automated External Defibrillator | AED |
| bag valve mask | BVM |
| Basic Life Support | BLS |
| blood pressure | BP |
| bowel movement | BM |
| bundle branch block | BBB |
| by mouth | PO; p.o. |
| carbon dioxide | CO2 |
| cardiopulmonary resuscitation | CPR |
| cerebrovascular accident | CVA |
| Chest pain | CP |
| chief complaint | CC; C/C |
| chronic obstructive pulmonary disease | COPD |
| complains of | C/O; c/o |
| congestive heart failure | CHF |
| continuous positive airway pressure | CPAP |
| coronary artery disease | CAD |
| date of birth | DOB |
| dead on arrival | DOA |
| diagnosis | Dx |
| do not resuscitate | DNR |
| electrocardiogram | ECG; EKG |
| emergency department | ED |
| Emergency Medical Services | EMS |
| Emergency medical technician | EMT |
| Emergency medical technician-paramedic | EMT-P |
| emergency room emergency department | E.R. E.D. |
| endotracheal tube | ET |
| Estimated Time of Arrival | ETA: eta |
| fracture | Fx: fx |

| | |
|---|---|
| gram | gm |
| gunshot wound | GSW |
| history | Hx |
| hypertension | Htn; HTN |
| intensive care unit | ICU |
| intramuscular | IM |
| intravenous | IV |
| Intravenous push | IVP |
| jugular venous distension | JVD |
| kilograms | kg |
| laceration | LAC |
| last menstrual period | LMP |
| left lower quadrant of abd | LLQ |
| Level or loss of consciousness | LOC, loc, KO |
| liter | L |
| milligram(s) | mg |
| milliliter | ml |
| minute(s) | min. |
| myocardial infarction | MI |
| nasal cannula | nc |
| negative | neg. |
| nitroglycerin | Nitro or NTG |
| No known allergies | NKA |
| obstetrics | OB |
| oxygen | O2 |
| Oxygen Saturation | O2 sat |
| paroxysmal supraventricular tachycardia | PSVT |
| patient | Pt; pt |
| pound | lb; # |
| premature ventricular contraction | PVC |
| prescription; intervention plan; therapy | Rx |

| | |
|---|---|
| prior to (our) arrival | PTOA; PTA |
| Privately owened vehicle | POV |
| psychiatric | psych |
| pupils equal reactive to light | PERL, PEARL, or PERRLA |
| right | R |
| right lower quadrant of abd | RLQ |
| short(ness) of breath | SOB |
| Sinus Bradycardia | SB, S-Brady |
| Sinus Tachycardia | ST, S-Tach |
| subcutaneous | sc; subQ |
| sublingual | SL |
| to keep open | TKO |
| transient ischemic attack | TIA |
| tuberculosis | TB |
| urinary tract infection | UTI |
| vital signs | v.s. |
| within normal limits | WNL; wnl |
| Wolf-Parkinson-White | WPW |
| year | yr |
| years old | Y/O; y.o. |
| above knee amputation | AKA |
| Below knee amputation | BKA |
| Advanced Cardiac Life Support | ACLS |
| after surgery | Post op |
| Alcohol Intoxication | ETOH |
| alert & oriented to (person, place, time & event) | A & O x of 4 |
| alert, verbal, pain. unresponsive | AVPU |
| Altered level of consciousness | ALOC |
| ampule | amp |
| anterior | ant |
| arterial blood gas | ABG |
| Base Station | Base |

| | |
|---|---|
| beats per minute | bpm |
| Body Surface Area | BSA |
| cancer, carcinoma | CA |
| cerebral spinal fluid | CSF |
| Cervical collar | C-collar |
| Cervical spine | C-spine |
| dextrose solution | D50 50% |
| discontinue or discharged | DC; D/C; dc |
| drops | gtts |
| epinephrine | EPI |
| Estimated blood loss | EBL |
| evaluation | eval. |
| Evening | pm |
| foreign body | fb |
| gastrointestinal | GI |
| Glasgow Coma Scale | GCS |
| heart rate | HR |
| hour | h; hr |
| human immunodeficiency virus | HIV |
| intraosseous | IO |
| Intravenously | IV |
| Landing Zone | LZ |
| lateral | Lat |
| left | L, Lt |
| left bundle branch block | LBBB |
| left upper quadrant of abd | LUQ |
| loss/level of consciousness (as noted by context) | LOC |
| maximum | max |
| medical doctor | M.D. |
| Miles per hour | mph |

| | |
|---|---|
| milliequivalents | mEq |
| morning | a.m. |
| motor vehicle accident | MVA |
| Multiple Casualty Incident | MCI |
| multiple sclerosis, morphine sulfate | MS |
| nausea/vomiting | n/v |
| nausea/vomiting/diarrhea | n/v/d |
| normal sinus rhythm | NSR |
| not applicable | N/A |
| nothing by mouth | NPO |
| onset, provocation, quality, radiation, severity, time | OPQRST |
| overdose | OD |
| past medical history | PMH |
| pediatric | ped |
| posterior | post |
| pulse, motor, sensation | PMS |
| Pulse, motor, sensory, cap refill | PMSC |
| Rehabilitation | rehab |
| right bundle branch block | RBBB |
| second(s) | sec. |
| supraventricular tachycardia | SVT |
| Traffic collision | TC |
| ventricular fibrillation | V-Fib or VF |
| ventricular tachycardia | V-Tach or VT |
| versus | vs |
| weight | wt |
| whenever necessary, as needed | prn |
| acute renal failure | ARF |
| admission, admitted | adm |
| adult respiratory distress syndrome | ARDS |

| | |
|---|---|
| amount | amt |
| Apparent Life Threatening Event | ALTE |
| Appointment | appt |
| approximate | approx |
| auscultation | ausc |
| Automatic Implanted Cardiac Defibrillator | AICD |
| Bag of waters | BOW |
| Base Station Order | BSO |
| bilateral | Bilat |
| calcium | Ca |
| carbon monoxide | CO |
| Centimeter | cm |
| central nervous system | CNS |
| circulation, motor and sensation | CMS |
| Clear bi-lateral | CBL |
| complete blood count | CBC |
| coronary artery bypass graft | CABG |
| Defibrillation | Defib |
| delirium tremor | DT |
| Dextrose 25% (diluted D50) | D25 |
| dextrose in water | D5W 5% |
| Did not obtain/Did not order | DNO |
| Difficulty breathing | Diff Breath |
| ethanol (alcohol) | ETOH |
| every | q |
| female | f |
| gynecology | GYN |
| height | ht. |
| history of | h/o |

| | |
|---|---|
| Hydrochlorothiazide | HCTZ |
| inch | in. |
| Incident Commander | IC |
| intracranial pressure | ICP |
| Intravenous piggy back | IVPB |
| irregular | irreg |
| joules | J |
| Left lower quadrant | LLQ |
| mechanism of injury | MOI |
| microgram(s) | mcg |
| military anti-shock trousers | MAST |
| Mobile intensive care nurse | MICN |
| month, months old | mo; m/o |
| Nasogastric (tube) | NG |
| No Acute Distress | NAD |
| No known drug allergies | NKDA |
| Non Steroidal Anti-inflamatory Drugs | NSAIDS |
| normal saline | NS |
| Para, number of pregnancies | P |
| Paramedic | Medic |
| Passenger space intrusion | PSI |
| Pediatric Advanced Life Support | PALS |
| pelvic inflammatory disease | PID |
| physical exam, pulmonary embolism, pedal edema (as noted by context) | PE |
| post, after | p |
| Pregnancy Induced Hypertension | PIH |
| premature atrial contraction | PAC |
| premature junctional contraction | PJC |

| | |
|---|---|
| pulseless electrical activity | PEA |
| range of motion | ROM |
| registered nurse | RN |
| rule out | R/O; r/o |
| Saline Lock | SL |
| sexually transmitted disease | STD |
| signs and symptoms | S/S; s/s |
| signs, symptoms, allergies medications, past history, last intake, events | SAMPLE |
| Strong and regular | S&R |
| sudden infant death syndrome | SIDS |
| transport | trans |
| Unable to locate | UTL |
| Unknown | unk |
| water | H2O |
| white blood cell (count) | WBC |
| with | c |
| without | s |
| abduction | Abd;abd |
| above knee | AK |
| active range of motion | AROM |
| activities of daily living | ADL |
| ambulate, ambulating, ambulated, etc. | amb |
| and | & |
| Antecubital | AC |
| arteriosclerotic heart disease | ASHD |

| | |
|---|---|
| Atherosclerotic heart disease | ASHD |
| Attention Deficit Hyperactivity Disorder | ADHD |
| below knee amputation | BKA |
| bicarbonate, NaCO3 | bicarb |
| blood alcohol content | BAC |
| breath/bowel sounds | BS; b.s. |
| Calcium Chloride | CACL |
| cervical immobilization device | CID |
| computerized axial tomography | CAT |
| conscious, alert & oriented to person, place, time and event | CAOx4 |
| continue, continuous | cont. |
| days old | d/o |
| deep vein thrombosis | DVT |
| department | dept |
| diabetes mellitus | DM |
| Dilation and curettage | D&C |
| dyspnea on exertion | DOE |
| electroencephalogram | EEG |
| Equal | = |
| Esphageal Tracheal Airway Device | ETAD |
| et cetra | etc |
| extension | ext. |
| eyes, ears, nose, throat | EENT |
| fire department | FD |
| flexion | flex |
| foot, feet (not anatomy) | ft. |
| full range of motion | FRom |
| gallbladder | GB |

| Grain | Gr |
|---|---|
| Gravida 1,2,3 etc. | |
| Greater than or equal to | |
| head, eyes, ears, nose, throat | HEENT |
| headache | HA; H/A |
| hematocrit | Hct |
| hemoglobin | Hb; hgb |
| history & physical | H&P |
| immediately | stat |
| infant respiratory distress syndrome | IRDS |
| inferior | inf |
| intake (input) & output | I&O |
| Intrauterine Device | IUD |
| Kilometer | Km |
| Labor and delivery | L&D |
| Laboratory | Lab |
| Last normal menstrual period | LMP |
| Left lower extremity | LLE |
| Left lower lobe | LLL |
| Left upper extremity | LUE |
| left upper lobe of lung | LUL |
| Less than | |
| licensed practical nurse | LPN |
| Lidocaine | Lido |
| liter per minute | lpm, l/m |
| long back board | LBB |
| lumbar puncture | LP |
| lung sounds | L/S |
| Magnesium Sulfate | Mag |
| medications | meds |
| mercury | Hg |
| millidrops, microdrops | mgtt |
| millimeter | mm |
| millivolt | mv |

| | |
|---|---|
| minimal | min |
| mobile intensive care unit | MICU |
| moderate | mod |
| Motor Vechicle Accident (Multi-Victim Accident) | MVA |
| Narcotic | NARC |
| nasogastric | NG; ng |
| Non rebreather mask | NRB |
| occupational therapist/therapy | OT |
| operating room | OR |
| Orogastric (tube) | OG |
| ounce | oz. |
| Palpable | palp |
| Paroxysmal Nocturnal Dyspnea | PAT |
| past history | P.H.; PHx |
| Percutaneously Inserted Central Catheter | PICC |
| Phencyclidine | PCP |
| physician's assistant | P.A |
| police department | PD |
| positive | pos. |
| possible | poss |
| potassium | K |
| Potassium Chloride | KCL |
| quart | qt. |
| red blood cell (count) | RBC |
| regarding | re: |
| respiration, respiratory | resp |
| respiratory rate | RR |
| Respiratory Therapist | RT |
| response | RESPS |
| rheumatoid arthritis | RA |
| Right lower extremity | RLE |
| right upper lobe of lung | RUL |
| right upper quadrant of abd | RUQ |

| | |
|---|---|
| Ringer's Lactate | RL |
| sodium | Na |
| sodium bicarbonate | NaCO3 |
| sodium chloride | NaCl |
| Streptococcus | Strep |
| Sudden Acute Respiratory Syndrome | SARS |
| tablespoon | tbsp |
| tablet | tab |
| teaspoon | tsp |
| temperature | temp |
| temperature, pulse, respirations | TPR |
| three times a day | tid |
| Tidal Volume | TV |
| Times | x |
| Tracheostomy | Trach |
| traumatic brain injury | TBI |
| Treatment | Tx |
| twice a day | BID; b.i.d. |
| Tylenol | APAP |
| ultraviolet | UV |
| upper respiratory infection | URI |
| venereal disease | VD |
| Volume | vol |
| warm, dry and pink | w/d/p |
| watts per second | W/S |
| wheelchair | w/c |
| white (Caucasian) | Wht |
| | |
| | |
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# MINIMUM DOCUMENTATION REQUIREMENTS FOR TRANSFER OF PATIENT CARE

## PURPOSE:

To define the minimum amount of fields on a patient care record that must be completed prior to the transfer of care between pre-hospital providers if available, applicable or known.

## AUTHORITY:

Title 22, Division 9, Chapter 4, Article 8, §100170
EMCC AD HOC Committee

## PROCEDURE:

First responders must complete the following mandatory fields prior to transferring care of a patient to a transporting agency whether using paper or electronic documentation.

1) Patient identifier
    a. Name
    b. Sex
    c. Birth date

2) Chief complaint.
3) Mechanism of injury
4) Time of onset/ last seen normal
5) Pertinent medical history
    a. Medications
    b. Allergies
6) Vital signs
    a. Blood pressure
    b. Pulse rate and quality
    c. Respiration rate and quality
    d. Skin signs

7) Glasgow Coma Scale
8) PQRST for pain.
9) All 12 Lead ECG with patient name will accompany the patient
10) All medications, and procedures including attempts with times done prior to transfer

11) If base station contact made document which base station contacted
12) First responder unit identifier.
13) Transport unit identifier
14) Any other pertinent information not seen by the transport agency that might affect patient care.

The narrative should be written if there is time or shall be given verbally to the next provider. Other fields should be completed if possible or if the fields pertain to the chief complaint.

In the event of a MCI the minimum mandatory documentation required are the triage tags. All patients in an MCI regardless of the degree of injury or lack of injury must have a triage tag.

# BLS/ALS STANDARD DRUG & EQUIPMENT LIST

Each ambulance and first responder unit will be equipped with the following functional equipment and supplies. **This list represents mandatory items with minimum quantities** excluding narcotics which must be kept within the range indicated. All expiration dates must be current. All packaging of drugs or equipment must be intact. No open products or torn packaging may be used.

All ALS (transport and non-transport) and BLS transport vehicles shall be inspected annually.

## MEDICATIONS/SOLUTIONS

| Exchanged Medications/Solutions | BLS | ALS Non-Transport | ALS Transport |
|---|---|---|---|
| Activated Charcoal 25 gm | | 2 | 2 |
| Adenosine (Adenocard) 6 mg | | 1 | 1 |
| Adenosine (Adenocard) 12 mg | | 2 | 2 |
| Adrenaline (Epinephrine) 1:1000 1 mg | | 2 | 2 |
| Adrenaline (Epinephrine) 1:10,000 1 mg preload | | 3 | 3 |
| Albuterol Aerosolized Solution (Proventil) - unit dose 2.5mg | | 4 doses | 4 doses |
| Aspirin, chewable – 81mg tablet | | 1 bottle | 1 bottle |
| Atropine 1 mg preload | | 4 | 4 |
| Calcium Chloride 1 gm preload | | 1 | 1 |
| Dextrose 25% 2.5 gm preload | | 2 | 2 |
| Dextrose 50% 25 gm preload | | 2 | 2 |
| Diphenhydramine (Benadryl) 50 mg | | 1 | 1 |
| Dopamine 400 mg | | 1 | 1 |
| Glucagon 1 mg | | 1 | 1 |
| Glucose paste | 1 tube | 1 tube | 1 tube |
| Ipratropium Bromide Inhalation Solution (Atrovent) unit dose 0.5mg | | 4 | 4 |
| Irrigating Saline and/or Sterile Water (1000cc) | 2 | 1 | 2 |
| Lidocaine 100 mg | | 3 | 3 |
| Lidocaine 1gm or 1 bag pre-mixed 1gm/250cc D5W | | 1 | 1 |
| Lidocaine 2% (Viscous) bottle | | 1 | 1 |
| Magnesium Sulfate 10 gm | | 1 | 1 |
| Naloxone (Narcan) 2 mg preload (needle less) | | 2 | 2 |
| Nitroglycerine – Spray 0.4mg metered dose and/-or tablets (tablets to be discarded 90 days after opening) | | 1 | 2 |
| Normal Saline for Injection (10cc) | | 2 | 2 |

| Exchanged Medications/Solutions | BLS | ALS Non-Transport | ALS Transport |
|---|---|---|---|
| Normal Saline 100cc | | 1 | 2 |
| Normal Saline 250cc | | 1 | 1 |
| Normal Saline 1000cc | | 3 | 6 |
| Ondansetron (Zofran) 4mg Oral Disintegrating Tablets (ODT) | | 4 | 4 |
| Ondansetron (Zofran) 4 mg IM/ IV | | 4 | 4 |
| Phenylephrine HCL - 0.5mg per metered dose | | 1 bottle | 1 bottle |
| Procainamide 1 gm | | 1 | 2 |
| Sodium Bicarbonate 50 mEq preload | | 2 | 2 |
| Verapamil 5 mg | | 3 | 3 |

## CONTROLLED SUBSTANCE MEDICATIONS

| Non-Exchange Controlled Substance Medications MUST BE DOUBLE LOCKED | BLS | ALS Non-Transport | ALS Transport |
|---|---|---|---|
| Midazolam – vials of 10mg/2cc, 2mg/2cc, or 5mg/5cc | | 20-40mg | 20-40mg |
| Morphine Sulfate – ampules of 10mg or 15mg | | 20-60mg | 30-60mg |

## AIRWAY/SUCTION EQUIPMENT

| Exchanged Airway/Suction Equipment | BLS | ALS Non-Transport | ALS Transport |
|---|---|---|---|
| Adult non-rebreather mask | 2 | 2 | 2 |
| BAAM Device | | 1 | 2 |
| End Title CO2 device – Pediatric and Adult (may be integrated into bag) | | 1 | 1 |
| CPAP circuits- all manufacture's available sizes | | 1 each | 2 each |
| Endotracheal Tubes cuffed – 6.0 and/or 6.5, 7.0 and/or 7.5 and 8.0 and/or 8.5 with stylet | | 2 each | 2 each |
| Endotracheal Tubes, uncuffed – 2.5, 3.0, 3.5 | | 2 each | 2 each |
| Endotracheal Tubes, uncuffed – 4.0 or 4.5, 5.0 or 5.5 | | 2 each | 2 each |
| ET Tube holders – pediatric and adult | | 1 each | 2 each |
| Infant Simple Mask | 1 | 2 | 2 |
| King LTS-D Adult: 4-5 feet: Size 3 (yellow)<br>5-6 feet: Size 4 (red)<br>Over 6 feet: Size 5 (purple) | SPECIALTY PROGRAMS ONLY<br>2 each | 1 each | 2 each |
| King Ped: 35-45 inches or 12-25 kg: Size 2 (green)<br>41-51 inches or 25-35 kg: Size 2.5 (orange) | SPECIALTY PROGRAMS ONLY<br>2 each | 1 each | 2 each |
| Nasal cannulas – pediatric and adult | 2 each | 2 each | 2 each |
| Naso/Orogastric feeding tubes - 5fr or 6fr, and 8fr | | 1 each | 1 each |

| Exchanged Airway/Suction Equipment | BLS | ALS Non-Transport | ALS Transport |
|---|---|---|---|
| Naso/Orogastric tubes - 10fr or 12fr, 14fr, 16fr or 18fr | | 1 each | 1 each |
| Nasopharyngeal Airways – (infant, child, and adult) | 1 each | 1 each | 1 each |
| Needle Cricothyrotomy Device – Pediatric and adult or<br>Needles for procedure 10, 12, 14 and/or 16 gauge | | 1 each<br>2 each | 1 each<br>2 each |
| One way flutter valve with adapter or equivalent | | 1 | 1 |
| Oropharyngeal Airways – (infant, child, and adult) | 1 each | 1 each | 1 each |
| Pediatric non-rebreather O2 mask | 2 | 2 | 2 |
| Small volume nebulizer with universal cuff adaptor | | 2 | 2 |
| Suction Canister 1200 cc | 1 | 1 | 1 |
| Suction catheters - 6fr, 8fr or 10fr, 12fr or 14fr | 1 each | 1 each | 1 each |
| Ventilation Bags – Infant 250ml, Pediatric 500ml (or equivalent) Adult | 1 each<br>1 each | 1 each<br>1 each | 1 each<br>1 each |
| Water soluble lubricating jelly | | 1 | 1 |
| Yaunkers tonsil tip | 1 | 1 | 1 |

| Non-Exchange Airway/Suction Equipment | BLS | ALS Non-Transport | ALS Transport |
|---|---|---|---|
| Ambulance Oxygen source –10L/min for 20 minutes | 1 | | 1 |
| Flashlight/penlight | 1 | 1 | 1 |
| Laryngeal blades - #0, #1, #2, #3, #4 curved and/or straight | | 1 each | 1 each |
| Laryngoscope handle with batteries – or 2 disposable handles | | 1 | 1 |
| Magill Forceps – Pediatric and Adult | | 1 each | 1 each |
| Portable Oxygen with regulator – 10L/min for 20 minutes | 1 | 1 | 1 |
| Portable suction device (battery operated) | 1 | 1 | 1 |
| Pulse Oximetry device | (SEE OPTIONAL EQUIPMENT SECTION, PG. 5) | 1 | 1 |
| Stethoscope | 1 | 1 | 1 |
| Wall mount suction device | 1 | | 1 |

## IV/NEEDLES/SYRINGES/MONITORING EQUIPMENT

| Exchanged IV/Needles/Syringes/Monitor Equipment | BLS | ALS Non-Transport | ALS Transport |
|---|---|---|---|
| Blood Tubing (Y type) | | | 2 |
| Conductive medium or Pacer/Defibrillation pads | | 2 each | 2 each |
| Disposable Tourniquets | | 2 | 2 |
| ECG electrodes – Pediatric and Adult | | 3 sets each | 3 sets each |

| Exchanged IV/Needles/Syringes/Monitor Equipment | BLS | ALS Non-Transport | ALS Transport |
|---|---|---|---|
| Glucose monitoring device with compatible strips and OSHA approved single use lancets | | 1 | 1 |
| EZ-IO Needles – Pts. 40kg or greater: 25mm, 15 gauge<br>Pts. 3-39 kg: 15mm, 15 gauge<br>LD needle<br>3-way stopcock with extension tubing | | 2 each<br>1 each<br>1<br>2 | 2 each<br>1 each<br>1<br>2 |
| IO Needles - sizes 16 and 18 gauge | | 1 each | 1 each |
| IV Catheters – sizes 14, 16, 18, 20, 22, 24 | | 2 each | 2 each |
| Microdrip Administration Set (60 drops/cc)<br>Macrodrip Administration Set (10 drops/cc) | | 1<br>3 | 2<br>3 |
| Mucosal Atomizer Device (MAD) for nasal administration of medication | | 4 | 4 |
| Pressure Infusion Bag (disposable) | | 1 | 1 |
| Razors | | 2 | 2 |
| Safety Needles – 20 or 21gauge and 23 or 25 gauge | | 2 each | 2 each |
| Saline Lock Large Bore Tubing Needless | | 2 | 2 |
| Sterile IV dressing | | 2 | 2 |
| Syringes w/wo safety needles – 1cc, 3cc, 10cc, 20cc, 60cc catheter tip | | 2 each | 2 each |

| Non-Exchange IV/Needles/Syringes/Monitor Equip | BLS | ALS Non-Transport | ALS Transport |
|---|---|---|---|
| 12 Lead ECG Monitor | | 1 | 1 |
| Blood pressure cuff – large adult or thigh cuff, adult, child and infant | 1 | 1 | 1 |
| Defibrillator (adult and pediatric capabilities) with TCP and printout | | 1 | 1 |
| Needle disposal system (OSHA Approved) | | 1 | 1 |
| Thermometer - Mercury Free with covers | 1 | 1 | 1 |

## OPTIONAL EQUIPMENT/MEDICATIONS

| Non-Exchange Optional Equipment/Medications | BLS | ALS Non-Transport | ALS Transport |
|---|---|---|---|
| AED/defib pads | 2 | | |
| Ammonia Inhalants | | 2 | 2 |
| Approved Automatic ventilator | | 1 | 1 |
| Backboard padding | 1 | 1 | 1 |

| Non-Exchange Optional Equipment/Medications | BLS | ALS Non-Transport | ALS Transport |
|---|---|---|---|
| Bone Injection Drill (adult and pediatric) or ICEMA approved IO device | | 2 | 2 |
| Buretrol | | 1 | 1 |
| Chemistry profile tubes | | 3 | 3 |
| Gum Elastic intubation stylet | | 2 | 2 |
| IV infusion pump | | 1 | 1 |
| IV warming device | | 1 | 1 |
| Manual IV Flow Rate Control Device | | | |
| Manual powered suction device | 1 | 1 | 1 |
| Multi-lumen peripheral catheter | | 2 | 2 |
| Needle Thoracostomy Kit (prepackaged) | | 2 | 2 |
| Pitocin | | 20 units | 20 units |
| Pulse Oximetry device | 1 | | |
| Translaryngeal Jet Ventilation Device | | 1 | 1 |
| Vacutainer | | 1 | 1 |

## DRESSING MATERIALS/OTHER EQUIPMENT/SUPPLIES

| Exchanged Dressing Materials/Other Equip/Supplies | BLS | ALS Non-Transport | ALS Transport |
|---|---|---|---|
| Adhesive tape – 1 inch | 2 | 2 | 2 |
| Air occlusive dressing (Vaseline gauze) | 1 | 1 | 1 |
| Ankle & wrist restraints, soft ties acceptable | 1 | 0 | 1 |
| Antiseptic swabs/wipes | | 10 | 10 |
| Bedpan or fracture pan<br>Urinal | 1<br>1 | | 1<br>1 |
| Cervical Collars – Rigid Pediatric & Adult or<br>Cervical Collars – Adjustable Adult & Pediatric | 2 each<br>2 each | 2 each<br>2 each | 2 each<br>2 each |
| Cold Packs | 2 | 2 | 2 |
| Emesis basin or disposable bags & covered waste container | 1 | 1 | 1 |
| Head immobilization device | 2 | 2 | 2 |
| OB Kit | 1 | 1 | 1 |
| Pneumatic or rigid splints capable of splinting all extremities | 4 | 2 | 4 |
| Provodine/Iodine swabs/wipes | | 10 | 10 |
| Roller bandages – 4 inch | 6 | 3 | 6 |
| Sterile bandage compress or equivalent | 6 | 2 | 6 |
| Sterile gauze pads – 4x4 inch | 4 | 4 | 4 |
| Sterile Sheet for Burns | 2 | 2 | 2 |
| Universal Dressing 10x30 inches | 2 | 2 | 2 |

| Non-Exchange<br>Dressing Materials/Other Equip/Supplies | BLS | ALS Non-Transport | ALS Transport |
|---|---|---|---|
| Ambulance gurney | 1 | | 1 |
| Bandage Shears | 1 | 1 | 1 |
| Blood Borne Pathogen Protective Equipment - (nonporous gloves, goggles face masks & gowns meeting OSHA Standards) | 2 | 2 | 2 |
| Drinkable water in secured plastic container or equivalent | 1 gallon | | 1 gallon |
| Long board with restraint straps | 1 | 1 | 1 |
| Pediatric immobilization board | 1 | 1 | 1 |
| Pillow, pillow case, sheets & blanket | 1 set | | 1 set |
| Short extrication device | 1 | 1 | 1 |
| Straps to secure patient to gurney | 1 set | | 1 set |
| Traction splint | 1 | 1 | 1 |
| Triage Tags- CAL Chiefs or ICEMA approved | 30 | 30 | 30 |

# EMS AIRCRAFT STANDARD DRUG & EQUIPMENT LIST

Each Aircraft will be equipped with the following functional equipment and supplies. This list represents mandatory items with minimum quantities, to exclude narcotics, which must be kept within the range indicated. All expiration dates must be current. All packaging of drugs or equipment must be intact. No open products or torn packaging may be used.

## MEDICATIONS/SOLUTIONS

| Medications/Solutions | Amount |
|---|---|
| Activated Charcoal 25 gm | 2 |
| Adenosine (Adenocard) 6mg | 30mg |
| Adrenaline (Epinephrine) 1:1,000 | 2mg |
| Adrenaline (Epinephrine) 1:10,000 | 3mg |
| Albuterol Aerosolized Solution (Proventil)-unit dose 2.5mg | 2 doses |
| Aspirin, chewable - 81mg tablet | 1bottle |
| Atropine 1mg preload | 3mg |
| Calcium Chloride | 1gm |
| Dextrose 25% | 50gm |
| Dextrose 50% | 50gm |
| Diphenhydramine (Benadryl) 50mg | 50mg |
| Furosemide (Lasix) | 40mg |
| Glucagon | 1mg |
| Intropin (Dopamine) | 200mg |
| Ipratropium Bromide Inhalation Solution (Atrovent) unit dose 0.5mg | 4 |
| Lidocaine | 300mg |
| Lidocaine 1 gm or 1 bag pre-mixed 1 gm/250cc D5W | 2gm |
| Lidocaine 2% (Viscous) | 2oz |
| Magnesium Sulfate 10mg | 10gms |
| Naloxone (Narcan) | 10mg |
| Nitroglycerin – Spray 0.4 mg metered dose and/or tablets (tablets to be discarded 90 days after opening.) | 1 |
| Normal Saline for Injection (10cc) | 2 |
| Normal Saline 250ml | 1 |
| Normal Saline 1000ml | 4 |
| Ondansetron (Zofran) 4mg Oral Disintegrating Tablets (ODT) | 4 |
| Ondansetron (Zofran) 4 mg IM/ IV | 4 |
| Phenylephrine HCL - 0.5mg per metered dose | 1bottle |
| Procainamide | 1gm |

| Medications/Solutions | Amount |
|---|---|
| Sodium Bicarbonate | 100mEq |
| Verapamil (Isoptin) | 15mg |

## CONTROLLED SUBSTANCE MEDICATIONS

| Controlled Substance Medications – MUST BE DOUBLE LOCKED | Amount |
|---|---|
| Midazolam – vials of 10mg / 2ml | 20-40mg |
| Morphine Sulfate – ampules of 10mg | 20-60mg |

## AIRWAY/SUCTION EQUIPMENT

| Airway/Suction Equipment | Amount |
|---|---|
| BAAM Device | 1 |
| C-PAP circuits - all manufacture's available sizes | 1 each |
| Endotracheal tubes, uncuffed –2.5, 3.0, 3.5 | 2 each |
| Endotracheal Tubes, uncuffed – 4.0 or 4.5, 5.0 or 5.5 | 2 each |
| Endotracheal Tubes cuffed – 6.0, 7.0, 7.5 and 8.0 | 2 each |
| ET Tube holders – pediatric and adult | 1 each |
| King LTS-D Adult: 4-5 feet: Size 3 (yellow)<br>5-6 feet: Size 4 (red)<br>Over 6 feet: Size 5 (purple) | 1 each |
| King Ped: 35-45 inches or 12-25 kg: Size 2 (green)<br>41-51 inches or 25-35 kg: Size 2.5 (orange) | 1 each |
| Malleable Stylet – pediatric and adult | 1 each |
| Nasal Cannulas – infant, pediatric and adult | 2 each |
| Naso/Orogastric tubes - 10fr or 12fr, 14fr, 16fr or 18fr | 1 each |
| Naso/Orogastric feeding tubes - 5fr or 6fr, and 8fr | 1 each |
| Nasopharyngeal Airways – infant, child, and adult | 1 each |
| Needle Cricothyrotomy Device (Approved) – Pediatric and adult *or*<br>Needles for procedure 10, 12, 14 and/or16 gauge | 1 each<br>2 each |
| Non Re-Breather $O_2$ Mask – Pediatric and Adult | 2 each |
| One way flutter valve with adapter or equivalent | 1 |
| Oropharyngeal Airways – infant, child, and adult | 1 each |
| Small volume nebulizer with universal cuff adaptor | 2 |
| Suction catheters - 6fr, 8fr or 10fr, 12fr or 14fr | 1 each |
| Ventilation Bags – Infant 250ml, Pediatric 500ml and Adult 1L | 1 each |
| Water soluble lubricating jelly | 1 |
| Yaunkers tonsil tip | 1 |

| Durable Items Airway/Suction Equipment | Amount |
|---|---|
| Aircraft Oxygen source –10L/min for 20 minutes | 1 |
| End-title CO2 device – pediatric and adult (may be integrated into bag) | 1 each |
| Flashlight/penlight | 1 |
| Laryngoscope handle with batteries – or 2 disposable handles | 1 |
| Laryngeal blades - #0, #1, #2, #3, #4 curved and/or straight | 1 each |
| Magill Forceps – Pediatric and Adult | 1 each |
| Portable Oxygen with regulator – 10L/min for 20 minutes | 1 |
| Portable suction device (battery operated) *and/or* Wall mount suction device | 1 each |
| Pulse Oximetry device | 1 |
| Stethoscope | 1 |

## IV/NEEDLES/SYRINGES/MONITORING EQUIPMENT

| IV/Needles/Syringes/Monitoring Equipment | Amount |
|---|---|
| Conductive medium *or* Adult and Pediatric Pacer/Defibrillation pads | 2 each |
| ECG – Pediatric and Adult | 3 sets each |
| EZ IO Needles- Pts. 40kg or greater: 25mm, 15 gauge<br>Pts. 3-39 kg: 15mm, 15 gauge<br>LD needle<br>3-way stopcock with extension tubing | 2 each<br>2 each<br>1<br>2 |
| IO Needles - sizes 16 and 18 gauge | 1 each |
| 3-way stopcock | 2 |
| IV Catheters – sizes 14, 16, 18, 20, 22, 24 | 2 each |
| Macrodrip Administration Set (10 drops/ml)<br>Microdrip Administration Set (60 drops/ml) | 3<br>1 |
| Mucosal Atomizer Device (MAD) for nasal administration of medication | 4 |
| Safety Needles – 20 or 21 gauge and 23 or 25 gauge | 2 each |
| Saline Lock | 2 |
| Syringes w/wo safety needles – 1ml, 3ml, 10ml, 20ml, 60ml catheter tip | 2 each |

| Durable Items IV/Needles/Syringes/Monitoring Equipment | Amount |
|---|---|
| Blood pressure cuff - large adult or thigh cuff, adult, child and infant | 1 set |
| 12 Lead ECG Monitor | 1 |
| Defibrillator (adult and pediatric capabilities) with TCP and printout | 1 |
| Glucose monitoring device | 1 |
| Needle disposal system (OSHA approved) | 1 |
| Pressure infusion bag | 1 |
| Thermometer - Mercury free with covers | 1 |

## OPTIONAL EQUIPMENT/MEDICATIONS

| Optional Equipment/Medications | Amount |
|---|---|
| Ammonia Inhalants | 2 |
| Automatic ventilator (Approved) | 1 |
| Backboard padding | 1 |
| BLS AED/defib pads | 1 |
| BLS/ALS Handheld Resuscitator (CAREvent$^{R)}$ | 1 |
| Bone Drill (adult & Peds) or ICEMA approved IO device | 2 |
| Chemistry profile tubes | 3 |
| D5W in bag | 1 |
| IV infusion pump | 1 |
| IV warming device | 1 |
| Manual powered suction device | 1 |
| Multi-lumen peripheral catheter | 1 |
| Needle Thoracostomy Kit (prepackaged) | 2 |
| Pitocin | 2 |
| Translaryngeal Jet Ventilation Device | 20 units |
| Vacutainer | 1 |

## DRESSING MATERIALS/OTHER EQUIPMENT/SUPPLIES

| Dressing Materials/Other Equipment Supplies | Amount |
|---|---|
| Adhesive tape – 1 inch | 2 |
| Air occlusive dressing (Vaseline gauze) | 1 |
| Ankle & wrist restraints, soft ties acceptable | 1 |
| Antiseptic swabs/wipes | |
| Cervical Collars – Rigid Pediatric & Adult *or*<br>Cervical Collars – Adjustable Adult & Pediatric | 2 each<br>2 each |
| Emesis basin or disposable bags & covered waste container | 1 |
| Head immobilization device | 2 |
| OB Kit | 1 |
| Pneumatic or rigid splints capable of splinting all extremities | 4 |
| Provodine/Iodine swabs/wipes | |
| Roller bandages – 4 inch | 3 |
| Sterile bandage compress or equivalent | 6 |
| Sterile gauze pads – 4x4 inch | 4 |
| Sterile Sheet for Burns | 2 |
| Universal Dressing 10x30 inches | 2 |

| Durable Use Dressing Materials/Other Equipment Supplies | Amount |
|---|---|
| Aircraft stretcher or litter system with approved FAA straps that allows for Axial Spinal Immobilization | 1 |
| Bandage Shears | 1 |
| Blanket or sheet | 2 |
| Blood Borne Pathogen Protective Equipment - (nonporous gloves, goggles face masks & gowns meeting OSHA Standards) | 2 |
| Pediatric immobilization board | 1 |
| Short extrication device | 1 |
| Traction splint | 1 |

**PROTOCOL 30-DAY COMMENTS FOR**
**Protocol Reference #'s DRAFT DOCUMENTATION, DRAFT ABBREVIATION LIST, 7010 and 7020**

| PROTOCOL # | AGENCY | COMMENT | RESPONSE |
|---|---|---|---|
| 7010 | MCLB Barstow Fire & Emergency Services | EZ-IO Needles are listed as required exchanged equipment and the drill for the needles is listed as optional with a quantity of 2. Adjust to all required or optional with drill quantity of 1. | All changes to the Drug and Equipment list other than the addition of NTG tabs will be addressed by the Protocol and Education Committee with the protocols currently under review |
| 7010 | MCLB Barstow Fire & Emergency Services | Clarify that waveform Capnography can fulfill the CO2 device requirement. | See above |
| 7010 | MCLB Barstow Fire & Emergency Services | Adjust manual IO needles (Baxter Jamishidi Syle) to allow for 15g or 16g & 18g. 15g & 18g are readily available from EMP or Boundtree whereas 16g are not. | See above |
| 7010 | MCLB Barstow Fire & Emergency Services | Add Non-Invasive SpCO, Perfusion Index & SpMet monitoring as an optional equipment item. Example is the Masimo Rad 57. SpCO monitoring is now recommended under NFPA 1584 during firefighter Rehab. | See above |
| Draft Minimum Documentation Requirements for Transfer of Patient Care | San Antonio Comm. Hospital | No recommendations | Thank you |
| Draft ICEMA Abbreviation List | San Antonio Comm. Hospital | No Recommendations | |
| 7010 | San Antonio Comm. Hospital | No Recommendation | |
| 7020 | San Antonio Comm. Hospital | No Recommendation | |

**PROTOCOL 30-DAY COMMENTS FOR**
**Protocol Reference #'s DRAFT DOCUMENTATION, DRAFT ABBREVIATION LIST, 7010 and 7020**

| PROTOCOL # | AGENCY | COMMENT | RESPONSE |
|---|---|---|---|
| 7020 | SB Sheriff Air Rescue | Medications – Albuterol - should be four (4) doses to match Atrovent amount. (conforms with ground ALS list) | All changes to the Drug and Equipment list other than the addition of NTG tabs will be addressed by the Protocol and Education Committee with the protocols currently under review |
| 7020 | SB Sheriff Air Rescue | Medications – D25 - should be a total of Five (5) Gm, not 50 Gm. (conforms with ground ALS list) | See above |
| 7020 | SB Sheriff Air Rescue | Medications – Lasix - should delete requirement. (conforms with ground ALS list) | See above |
| 7020 | SB Sheriff Air Rescue | Medications – Magnesium Sulfate should not have a unit dose of "10mg" specified; just "10Gm" in the Amount column. (unit doses of Magnesium Sulfate are 2gm and 5gm vials) | See above |
| 7020 | SB Sheriff Air Rescue | Medications – Narcan amount should be 4mg not 10mg. (conforms with ground ALS list) | See above |
| 7020 | SB Sheriff Air Rescue | Medications – Normal Saline should be 1000ml and/or 500ml; with a total in the "Amount" column of 4000ml The 500ml NS bags are already included in Fireline Medic and EMSA Tactical Medic standards. | See above |
| 7020 | SB Sheriff Air Rescue | Airway – "Malleable Stylet– pediatric and adult" Delete requirement. Revise ET tubes to include stylet. (conforms with ground ALS list) | See above |
| 7020 | SB Sheriff Air Rescue | Airway – Nasal Cannulas, delete "infant" requirement (conforms with ground ALS list) | See above |
| 7020 | SB Sheriff Air Rescue | Airway – add "Infant O2 mask" Amount of one (1) (conforms with ground ALS list) | See above |
| 7020 | SB Sheriff Air Rescue | Medications – "Lidocaine 1gm or 1gm/250cc" reduce "Amount" column to "1Gm" from "2Gm". (conforms with ground ALS list) | See above |

**PROTOCOL 30-DAY COMMENTS FOR**
**Protocol Reference #'s DRAFT DOCUMENTATION, DRAFT ABBREVIATION LIST, 7010 and 7020**

| PROTOCOL # | AGENCY | COMMENT | RESPONSE |
|---|---|---|---|
| 7020 | SB Sheriff Air Rescue | Durable Airway – ETCO2 device – pedi and adult ("may be integrated into bag") Change to: "Capnography sensor (preferred), or colormetric ETCO2 – pediatric and adult" | See above |
| 7020 | SB Sheriff Air Rescue | IV…Monitoring – "ECG Pediatric and Adult. 3 sets each". Change to "ECG patches. 20" This provides for 5-6 monitored patients or (2) 12-lead patients. Specific pediatric sized ECG patches (not Defib pads) are not necessary in the pre-hospital environment. | See above |
| 7020 | SB Sheriff Air Rescue | IV…Monitoring – "IO Needles – 16 &18 ga" delete requirement. Since the EZ IO is already required and the EZ IO can be used manually in the unlikely event of a powered driver failure, it is redundant and costly. | See above |
| 7020 | SB Sheriff Air Rescue | IV…Monitoring – "3-way stopcock" delete requirement. Since a 3-way stopcock with extension tubing is already required under the "EZ IO", this is redundant and costly. | See above |
| 7020 | SB Sheriff Air Rescue | IV…Monitoring– Mucosal Administration Device (MAD) Reduce amount from four (4) to two (2). Only 3 meds can be given IN, and it is highly unlikely that any patient would receive all three concurrently. | See above |
| 7020 | SB Sheriff Air Rescue | Airway – ET Tubes… "6.0, 7.0, 7.5 and 8.0" Change to "6.0 and/or 6.5, 7.0 and/or 7.5, 8.0 and/or 8.5 with stylet". (conforms with ground ALS list) | See above |
| 7020 | SB Sheriff Air Rescue | Airway – ET Tubes…. 2.5, 3.0, 3.5 Add "with stylet" | See above |
| 7020 | SB Sheriff Air Rescue | Airway – ET Tubes…. 4.0 through 5.5 Add "with stylet" | See above |

**PROTOCOL 30-DAY COMMENTS FOR**
**Protocol Reference #'s DRAFT DOCUMENTATION, DRAFT ABBREVIATION LIST, 7010 and 7020**

| PROTOCOL # | AGENCY | COMMENT | RESPONSE |
|---|---|---|---|
| Draft ICEMA Abbreviation List | CVIFD | Please include the following to the list of approved Abbreviations.<br>Arrived on scene – AOS<br>Full Spinal Immobilization – FSI<br>Transmucosal - TM<br>Motor, sensory, vitals – MSV<br>Before – a<br>After – p<br>Irr – irregular<br>SQ – subcutaneous | No change to the list |
| Draft ICEMA Abbreviation List | CVIFD | 1.) After (p) does not have a line over it<br>2.) With (w) does not have a line over it<br>3.) Before (a) does not have a line over it<br>4.) Without (s) does not have a line over it<br>5.) Did not Obtain, not listed | With the change to electronic PCR's there isn't the ability to have the line above the letter |
| Draft Minimum Documentation Requirements for Transfer of Patient Care | CVIFD | Please change 1c under procedure from "Birth Date" to "Age, birth date if possible." | Covered by the statement "Minimum fields required on the patient care record to transfer care between pre-hospital providers if available, applicable or known." |
| Draft Minimum Documentation Requirements for Transfer of Patient Care | CVIFD | 1.) Says all 12-Lead ECG is to go with the PT, we keep a copy for our paper work<br>2.) Says we must fill in the PT's date of birth before we give AMR a copy, Why? | 1) If you keep a copy for your paperwork you will need to print 2 copies<br>2) there must be a way to identify the patient and the protocol states "Minimum fields required on the patient care record to transfer care between pre-hospital providers if available, applicable or known." |