INYO COUNTY

EMERGENCY MEDICAL CARE COMMITTEE

Northern Inyo Hospital
150 Pioneer Lane
Bishop, CA

January 23, 2012

4:00 p.m. – Hospital Tour
5:00 p.m. – QI CANCELLED
6:00 p.m. – EMCC

A G E N D A

I. CALL TO ORDER

II. APPROVAL OF SEPTEMBER 19, 2011 MINUTES — **ACTION/APPROVE**

III. INTRODUCTION OF LEMSA COORDINATOR — **INFO**
Georgeann Smith

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

IV. EMS SYSTEM MANAGEMENT REPORTS — **INFO/ACTION**
- A. Base Hospital Report
- B. Scantron/ePCR Report

V. OLD BUSINESS — **INFO/ACTION**
- A. QI Plan and Proposed Indicators

VI. NEW BUSINESS — **ACTION/APPROVE**
- A. EMCC Membership Appointments
- B. Election of EMCC Officers
- C. Special Event Authorization - Los Angeles Police Revolver and Athletic Club, Inc. (Challenge Cup Baker to Vegas Relay)
- D. 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

VII. OTHER/PUBLIC COMMENT

VIII. COMMITTEE MEMBER REQUEST FOR TOPICS FOR NEXT MEETING

IX. NEXT MEETING DATE AND LOCATION

X. ADJOURNMENT

The Inyo 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.

INYO COUNTY EMCC MEETING
Bishop Training Center, 960 Poleta Rd, Bishop, CA 93514
HOSTED BY:
Health & Human Services
MINUTES
September 19, 2011

Voting Members Present:

Judd Symons, Vice Chair	Symons Emergency Specialties, Inc.	juddsymons@aol.com
Le Roy Kritz	Lone Pine Fire Department, Chief	LChief2401@lonepinetv.com
Lloyd Wilson	Big Pine Fire Department	dlwilson41@msn.com
Lisa Erwin	Northern Inyo Hospital	Lisa.Erwin@NIH.org
Dr. Rick Johnson	Inyo County Public Health	drrickjohn@gmail.com

Voting Members Absent:

Lee Barron	Southern Inyo Hospital	leebee40@aol.com
Joe Cappello	Independence Fire Department	jcappello@cebridge.net
Paul Postle, Chairperson	So. Inyo Fire Prot. District, Chief	paul2701@wildblue.net
Andrew Stevens	Northern Inyo Hospital	Andrew.stevens@nih.org
Mike Patterson	Sierra Life Flight, Program Director	mike@sierraaviation.com
Phil Ashworth	Independence Fire Department	philinyo@usamedia.tv
Steven Davis	Olancha Cartago Fire Dept., Chief	olanchafire@aol.com
Dr. Michael Dillon	ER Physician	MichaelDillon@qnet.com

Other Attendees:

Gina Ellis	ICHHS, Recording Secretary	gellis@inyocounty.us
Jean Turner	Health & Human Services, Director	jturner@inyocounty.us
Denice Stiles	ICEMA	DWicker-Stiles@cao.sbcounty.gov
John Almeida	Sierra Lifeflight	jalmeida@qnet.com
Sherri Shimshy	ICEMA	sshimshy@cao.sbcounty.gov
Steve Patnaw	Bound Tree	spatnaw@boundtree.com

I. CALL TO ORDER

Vice Chairperson Judd Symons called the meeting to order at 6:04 p.m. There was not a quorum present.

II. APPROVAL OF JULY 25, 2011 MINUTES

Motion Leroy Kritz, seconded by Lloyd Wilson to approve the minutes of the July 25, 2011 EMCC meeting. Motion carried unanimously.

III. ICEMA UPDATE

A. Legislation Update

Denice Stiles spoke about AB210 saying that it had turned into a two-year bill, and that the task force is working on it aggressively. Virginia Hastings is a member of the task force. She added that ICEMA continues to get consensus on bill AB1245 EMR that was passed by the House and Senate and then sent back from Governor's desk.

B. CQI Project – Pediatric Intubation

Sheri Shimshy reported on the CQI project with pediatric incubation. She said that packets had been sent out on the subject. She went on to say that they are doing a 100% pediatric incubation review, and that ICEMA intends to follow the data from field to hospital.

C. Medication Shortage Update

Ms. Stiles reported on the shortage of magsulfate. She said that it is currently on backorder, and that it will be sometime before they can be filled. ICEMA is looking for other alternatives such as vials and bags that could be approved to carry on transport units. She asks that local agencies keep ICEMA in the loop.

IV. EMS SYSTEM MANAGEMENT REPORTS

A. Base Hospital Report

Lisa Erwin reported that Northern Inyo Hospital (NIH) just finished Mobile Intensive Care Nurse (MICN) class, and that five (5) participants are now out there. She spoke about testing materials, and said that the test could be online in the future. She reported on the new hospital building and the possibility of taking the EMCC group on a tour. She added that while it may open in March, it will not be able to receive patients until May, and that the new hospital has the same amount of beds as the current one.

B. Scantron/ePCR Report

Reports were made available at meeting; people should contact ICEMA if there are any questions.

There was group discussion on hypothermia and auto pulse. Sheri asked that they write a proposal to get all the players into place.

V. OLD BUSINESS

A. Field Treatment Site Plan

The Field Treatment Site Plan was approved at the last meeting. A request was made to add ICEMA to notification chain. It was questioned who would keep track of the

supplies listed in the plan. It was determined that Public Health would be responsible for upkeep. Also, it was clarified that the EMCC would house the plan, and Public Health would maintain.

VI. NEW BUSINESS

A. EMCC Member Appointments

Jean Turner distributed a current list of EMCC members and said that it was time to get the ball rolling on membership appointments expiring at the end of the year. She said that Health and Human Services would be mailing out the forms. She added that elections would also need to be held, and suggested the next meeting.

B. General Protocols

1. 11100 Burns-Adult
2. 14070 Burns-Pediatric
3. 15010 Trauma-Adult
4. 15020 Trauma-Pediatric
5. 15030 Trauma Triage Criteria and Destination Policy

Denice reported that the only change on the protocols was a grammatical correction. She added that the comment period was closed. Mike Patterson joined by cell phone to establish a quorum. Motion Leroy Kritz, seconded by Mike Patterson to recommend approval of the general protocols. Motion carried unanimously.

VII. OTHER/PUBLIC COMMENT

ICEMA contracted with Ninth Brain to host its online education system. System allows tracking of completed CEs as well as certification information and expiration dates. One great thing about the system is the ability to send reminder emails to registrants. All ICEMA certified/accredited personnel will have access to the system. ICEMA will work with providers to develop additional content. Registrants will still need to track all CEs completed outside the ICEMA system.

LeRoy said that Lone Pine would like to get the EMT-A program up and running by January. Denice will look into it.

VIII. COMMITTEE MEMBER REQUEST FOR TOPICS FOR NEXT MEETING

None

IX. NEXT MEETING DATE AND LOCATION

Monday, November 28, 2011 – Q.I. 5 p.m. and EMCC at 6:00 p.m. Symons Ambulance will host at the Bishop Fire Training Facility.

Denice will send out a flyer for a skills and ARC class. NIH plans to put on a class next month, because they have a lot of nurses that need it. ICEMA would like to shoot for around next meeting. They need to know there is a need, or they will not do it.

X. ADJOURNMENT

Motion Richard Johnson, seconded by Leroy Kritz to adjourn the meeting at 6:55 p.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

Inyo County
Emergency Medical Care Committee

MEMBER	AGENCY	E-MAIL ADDRESS	TERM EXPIRES
Ashworth, Phil	Independence Volunteer Fire Department	philninyo@usamedia.tv	12/31/13
Barron, Lee	Southern Inyo Hospital	Leebee40@aol.com	12/31/12
Cappello, Joe	Independence Volunteer Fire Department	jcappello@cebridge.net	12/31/12
Davis, Steven	Olancha Cartago Fire Department	olanchafd@aol.com	12/31/13
Dillon, Michael	Northern Inyo Hospital	dillon@qnet.com	12/31/12
Johnson, Richard	Health and Human Services	drrickjohn@gmail.com	12/31/12
Kritz, LeRoy	Lone Pine Fire Department	LChief2401@lonepinetv.com	12/31/12
Patterson, Mike	Sierra Life Flight	mike@sierraaviation.com	12/31/13
Vacant *(Formerly held by Paul Postel)*			12/31/12
Erwin, Lisa	Northern Inyo Hospital	Lisa.Erwin@nih.org	12/31/13
Stevens, Andrew	Northern Inyo Hospital	andrew.stevens@nih.org	12/31/13
Symons, Judd	Symons Emergency Services	juddsymons@aol.com	12/31/13
Wilson, Lloyd	Big Pine Fire Department	dlwilson41@msn.com	12/31/13

Updated 12/27/11:ge

Staff Report - EMCC

Special Event ALS Non-transport Authorization - Los Angeles Police Revolver and Athletic Club, Inc. (Challenge Cup Baker to Vegas Relay)

To accommodate the needs of the Los Angeles Police Revolver and Athletic Club (LAPRAC) and to ensure mandated medical control, including proper accreditation over paramedics, ICEMA has developed a new ALS authorization classification - Special Event ALS Non-transport Authorization.

The LAPRAC's annual Challenge Cup/Baker to Vegas Relay event is scheduled for April 21 - 22, 2012 and 270 teams are anticipated to compete, six (6) of which are from other countries including Canada and Europe. Approximately 6,000 people attend and/or participate in the annual event. Teams are comprised of Probation Officers, District Attorneys, U.S. Attorneys and full time civilian police personnel. The Baker to Vegas Relay is the most "positive" event offered to law enforcement officers today. It gives them a reason to maintain a physical fitness program so as to help them better perform their duties. The original ideals of the race continue: teamwork, camaraderie, physical fitness and competition. The race will occur in San Bernardino County and Inyo County.

Staff has determined that this new classification will enable LAPRAC to meet the requirements as specified in the Health and Safety Code as well as the public health, safety, welfare, convenience and necessity requirement for the granting of ALS authorization.

Endorsement of this Special Event ALS Authorization would allow LAPRAC to provide ALS service to participants of the race, once approved by the ICEMA Governing Board. This is an event-specific authorization and will be so noted in the contract between ICEMA and LAPRAC.

Staff recommendation:

EMCC endorse Special Event ALS Authorization to LAPRAC.

Denice Wicker-Stiles
1/19/12

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. Arrived on scene – AOS Full Spinal Immobilization – FSI Transmucosal - TM Motor, sensory, vitals – MSV Before – a After – p Irr – irregular SQ – subcutaneous	No change to the list
Draft ICEMA Abbreviation List	CVIFD	1.) After (p) does not have a line over it 2.) With (w) does not have a line over it 3.) Before (a) does not have a line over it 4.) Without (s) does not have a line over it 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 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 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."

Inland Counties Emergency Medical Agency

Serving San Bernardino, Inyo, and Mono Counties

Virginia Hastings, Executive Director
Reza Vaezazizi, M.D., Medical Director

DATE: December 14, 2011

TO: EMS Providers – ALS, BLS, EMS Aircraft
Hospital CEOs, ED Directors, Nurse Managers and PLNs
EMS Training Institutions and Continuing Education Providers
Inyo, Mono and San Bernardino County EMCC Members
Other Interested Parties

FROM: Reza Vaezazizi, MD
ICEMA Medical Director

Virginia Hastings
ICEMA Executive Director

SUBJECT: PROTOCOLS FOR 30 DAY COMMENT

The following protocols have been reviewed and revised by the Protocol Education Committee and the Medical Advisory Committee (MAC) and are now available for public comment and recommendations. The public comment period will be 30 days as per ICEMA Protocol #5030.

ICEMA encourages all system participants to submit recommendations, in writing, to ICEMA during the comment period. **Written comments will be accepted until Friday January 13, 2012 at 5 P.M.** Comments may be sent hardcopy, faxed to (909) 388-5825 or via e-mail to SShimshy@cao.sbcounty.gov. Comments submitted and any revisions made will be presented at the January 2012 Emergency Medical Care Committee (EMCC) meetings held in all three counties.

Protocol
Reference #:

- Draft Minimum Documentation Requirements for Transfer of Patient Care
- Draft ICEMA Abbreviation List
- 7010 BLS/ALS Standard Drug and Equipment List
- 7020 EMS Aircraft Standard Drug and Equipment List

RV/VH/DWS/SS/mae

Attachments: 4

515 North Arrowhead Avenue ▪ San Bernardino, CA. 92415-0060
(909) 388-5823 office ▪ (909) 388-5825 fax ▪ www.icema.net

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

DRAFT

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

DRAFT

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

DRAFT

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

DRAFT

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

DRAFT

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

DRAFT

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

DRAFT

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

DRAFT

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

DRAFT

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

DRAFT

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

DRAFT

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

DRAFT

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) 5-6 feet: Size 4 (red) Over 6 feet: Size 5 (purple)	SPECIALTY PROGRAMS ONLY 2 each	1 each	2 each
King Ped: 35-45 inches or 12-25 kg: Size 2 (green) 41-51 inches or 25-35 kg: Size 2.5 (orange)	SPECIALTY PROGRAMS ONLY 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 Needles for procedure 10, 12, 14 and/or 16 gauge		1 each 2 each	1 each 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 1 each	1 each 1 each	1 each 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 Pts. 3-39 kg: 15mm, 15 gauge LD needle 3-way stopcock with extension tubing		2 each 1 each 1 2	2 each 1 each 1 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) Macrodrip Administration Set (10 drops/cc)		1 3	2 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 Urinal	1 1		1 1
Cervical Collars – Rigid Pediatric & Adult or Cervical Collars – Adjustable Adult & Pediatric	2 each 2 each	2 each 2 each	2 each 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 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) 5-6 feet: Size 4 (red) Over 6 feet: Size 5 (purple)	1 each
King Ped: 35-45 inches or 12-25 kg: Size 2 (green) 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* Needles for procedure 10, 12, 14 and/or16 gauge	1 each 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 Pts. 3-39 kg: 15mm, 15 gauge LD needle 3-way stopcock with extension tubing	2 each 2 each 1 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) Microdrip Administration Set (60 drops/ml)	3 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* Cervical Collars – Adjustable Adult & Pediatric	2 each 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