

**EMS Protocols
Evaluation Form**

Paramedic Name: _____

Preceptor Name: _____

This form will be used to document the date the paramedic understands protocols for the Seminole County EMS System.

Section 1 - Administrative

- | | | |
|---|-------------|-----------------|
| 1.01 General Measures | Date: _____ | Initials: _____ |
| 1.02 Radio Report Format | Date: _____ | Initials: _____ |
| 1.03 Refusal Of Service | Date: _____ | Initials: _____ |
| 1.04 Physician / Nurse On Scene | Date: _____ | Initials: _____ |
| 1.05 Initiation Of CPR / Determination of Death | Date: _____ | Initials: _____ |
| 1.06 Termination of Trauma Related Cardiac Arrests | Date: _____ | Initials: _____ |
| 1.07 Crime/Unattended Death Scenes | Date: _____ | Initials: _____ |
| 1.08 Medical Evaluation of Patients in Police Custody | Date: _____ | Initials: _____ |
| 1.09 Trauma Transport Protocol | Date: _____ | Initials: _____ |
| 1.10 Emergency Transport | Date: _____ | Initials: _____ |
| 1.11 Criteria for Helicopter Transport | Date: _____ | Initials: _____ |
| 1.12 Medical Patient Transport Destination | Date: _____ | Initials: _____ |
| 1.13 Guidelines for Determining Triage verses Treatment Room | Date: _____ | Initials: _____ |
| 1.14 Obstetrical Patient Transport Destination | Date: _____ | Initials: _____ |
| 1.15 Inter-facility Transport | Date: _____ | Initials: _____ |
| 1.16 EMS Saturation Disaster Response Levels | Date: _____ | Initials: _____ |
| 1.17 EMT / Paramedic County Certification Procedure | Date: _____ | Initials: _____ |
| 1.18 EMS Quality improvement Program | Date: _____ | Initials: _____ |
| 1.19 HIV Post Exposure Prophylaxis | Date: _____ | Initials: _____ |
| 1.20 Scope of Practice | Date: _____ | Initials: _____ |

Section 2 - Primary Care

- | | | |
|--|-------------|-----------------|
| 2.01 Initial Medical Assessment and Care | Date: _____ | Initials: _____ |
| 2.02 Initial Trauma Assessment and Care | Date: _____ | Initials: _____ |
| 2.03 Rapid Trauma Assessment/Focused History & Exam | Date: _____ | Initials: _____ |
| 2.04 Analgesia / Sedation | Date: _____ | Initials: _____ |

Section 3 - Respiratory

- | | | |
|---|-------------|-----------------|
| 3.01 Acute Asthma / COPD With Wheezing | Date: _____ | Initials: _____ |
| 3.02 Carbon Monoxide Inhalation | Date: _____ | Initials: _____ |
| 3.03 Foreign Body Airway Obstruction | Date: _____ | Initials: _____ |

3.04 Infectious Upper Airway Obstruction - Croup / Epiglottitis	Date: _____	Initials: _____
3.05 Severe Respiratory Pathogens	Date: _____	Initials: _____
3.06 Anxiety-Hyperventilation	Date: _____	Initials: _____

Section 4 - Cardiac

4.01 Chest Pain /Acute Coronary Syndrome	Date: _____	Initials: _____
4.02 Asystole	Date: _____	Initials: _____
4.03 Atrial Fibrillation / Atrial Flutter	Date: _____	Initials: _____
4.04 Pulseless Electrical Activity (PEA)	Date: _____	Initials: _____
4.05 Premature Ventricular Contractions (PVCs)	Date: _____	Initials: _____
4.06 Supraventricular Bradycardia and A.V. Blocks	Date: _____	Initials: _____
4.07 Supraventricular Tachycardia	Date: _____	Initials: _____
4.08 Ventricular Fibrillation / Pulseless Ventricular Tachycardia	Date: _____	Initials: _____
4.09 Ventricular Tachycardia With A Palpable Pulse	Date: _____	Initials: _____
4.10 Wide Complex Tachycardia - Uncertain Origin	Date: _____	Initials: _____
4.11 Acute Cardiogenic Pulmonary Edema / Pneumonia	Date: _____	Initials: _____
4.12 Code Cool Post ROSC Induced Hypothermia	Date: _____	Initials: _____
4.13 Adult Immediate Post-Arrest Care	Date: _____	Initials: _____

Section 5 - Medical

5.01 Acute Abdominal Pain	Date: _____	Initials: _____
5.02 Allergic Reaction / Anaphylactic Shock	Date: _____	Initials: _____
5.03 Altered Mental Status	Date: _____	Initials: _____
5.04 Stroke – suspected / <i>Stroke Alert Criteria</i>	Date: _____	Initials: _____
5.05 Drug Overdose / Poisoning	Date: _____	Initials: _____
5.06 Environmental Cold Emergencies	Date: _____	Initials: _____
5.07 Environmental Heat Emergencies	Date: _____	Initials: _____
5.08 Hazardous Materials	Date: _____	Initials: _____
5.09 Severe Hypertension	Date: _____	Initials: _____
5.10 Hypo / Hyperglycemia	Date: _____	Initials: _____
5.11 Psychological / Behavioral / Alcohol Withdrawal	Date: _____	Initials: _____
5.12 Seizures	Date: _____	Initials: _____
5.13 Shock	Date: _____	Initials: _____
5.14 Sickle Cell Anemia Crisis	Date: _____	Initials: _____
5.15 Syncope	Date: _____	Initials: _____
5.16 Vertigo	Date: _____	Initials: _____
5.17 Sepsis/Septic Shock	Date: _____	Initials: _____
5.18 Suspected Kidney Stone	Date: _____	Initials: _____

5.19 Cyanide Poisoning

Date: _____

Initials: _____

5.20 Excited Delirium / Drug Induced Agitation

Date: _____

Initials: _____

Section 6 – Trauma

6.01 Animal Bites / Stings

Date: _____

Initials: _____

6.02 Burns – Thermal, Electrical and Chemical

Date: _____

Initials: _____

6.03 C-Spine Clearance Protocol

Date: _____

Initials: _____

6.04 Chest Injuries

Date: _____

Initials: _____

6.05 Decompression Sickness / Dysbarism

Date: _____

Initials: _____

6.06 Extremity Trauma

Date: _____

Initials: _____

6.07 Head Injuries

Date: _____

Initials: _____

6.08 Near Drowning

Date: _____

Initials: _____

6.09 Ophthalmic Injuries

Date: _____

Initials: _____

6.10 Suspected Abuse / Neglect

Date: _____

Initials: _____

6.11 Suspected Sexual Assault

Date: _____

Initials: _____

6.12 Trunk Penetrating Injuries

Date: _____

Initials: _____

Section 7- Pediatrics/Obstetrical

7.01 Pediatric Asystole

Date: _____

Initials: _____

7.02 Pediatric Pulseless Electrical Activity (PEA)

Date: _____

Initials: _____

7.03 Pediatric Ventricular Fibrillation/Pulseless V-Tach

Date: _____

Initials: _____

7.04 Pregnancy Induced Hypertension (PIH)

Date: _____

Initials: _____

7.05 Preterm Labor

Date: _____

Initials: _____

7.06 Emergency Childbirth

Date: _____

Initials: _____

7.07 Childbirth Complications

Date: _____

Initials: _____

7.08 Newborn Care

Date: _____

Initials: _____

7.09 Post-Partum Care

Date: _____

Initials: _____

7.10 Pediatric Febrile Emergency

Date: _____

Initials: _____

7.11 Vaginal Bleeding

Date: _____

Initials: _____

7.12 Trauma In Pregnancy

Date: _____

Initials: _____

Section 8- Medications

8.01 Adrenergics

Date: _____

Initials: _____

Epinephrine

Dopamine

8.02 Analgesics

Date: _____

Initials: _____

Morphine Sulfate

Nitrous Oxide (Nitronox)
Ketorolac (Toradol)

8.03 Anesthetics

Pontocaine

Date: _____ Initials: _____

8.04 Antagonists

Flumazenil (Romazicon)

Naloxone (Narcan)

CyanoKit (Hydroxocobalamin)

Date: _____ Initials: _____

8.06 Antianginals

Nitroglycerin Drip

Nitroglycerin Spray

Date: _____ Initials: _____

8.06 Antiarrhythmics

Adenosine (Adenocard)

Atropine

Diltiazem (Cardizem) (Class IV)

Lidocaine (Class Ib)

Date: _____ Initials: _____

8.03 Antidiabetics

Glucagon

Glucose Oral

Dextrose 50%

Date: _____ Initials: _____

8.03 Antipyretics

Acetaminophen Suppositories

Date: _____ Initials: _____

8.09 Antiemetic

Ondansetron Hydrochloride (Zofran)

Promethazine (Phenergan)

Date: _____ Initials: _____

8.10 Antihistamines

Diphenhydramine (Benadryl)

Cimetidine (Tagamet)

Date: _____ Initials: _____

8.11 Bronchodilators

Albuterol (Proventil)

Ipratropium Bromide (Atrovent)

Racemic epinephrine

Levalbuterol (Xopenex)

Date: _____ Initials: _____

8.12 Corticosteroids

Methylprednisolone (Solu-medrol)

Date: _____ Initials: _____

8.13 Diuretics

Furosemide (Lasix)

8.14 Electrolytes

Calcium Chloride

Magnesium Sulfate

Sodium Bicarbonate

Date: _____ Initials: _____

8.15 Sedative / Hypnotics

Date: _____ Initials: _____

Diazepam (Valium)
Midazolam (Versed)

8.15 Sedative / Hypnotics

Ziprasidone (Geodon®)

Date: _____ Initials: _____

8.16 Gas

Oxygen – O2

8.17 Hormone / Vitamins

Vasopressin

Date: _____ Initials: _____

8.18 Salicylates

Aspirin-ASA chewable

Date: _____ Initials: _____

Section 9- Procedures

9.00 AutoPulse Resuscitation System

Date: _____ Initials: _____

9.02 Blood Alcohol Draw on Scene

Date: _____ Initials: _____

9.03 Blood Draw- using Vacutainer

Date: _____ Initials: _____

9.04 Blood Glucose Test

Date: _____ Initials: _____

9.05 Buretrol

Date: _____ Initials: _____

9.06 Cardiac Monitor 3-lead / 12-lead

Date: _____ Initials: _____

9.07 Cardioversion

Date: _____ Initials: _____

9.08 Continuous Positive Airway Pressure (CPAP)

Date: _____ Initials: _____

9.09 Cricothyrotomy (Needle)

Date: _____ Initials: _____

9.10 Cricothyrotomy (Surgical)

Date: _____ Initials: _____

9.11 Defibrillation

Date: _____ Initials: _____

9.12 Defibrillation (Pediatric)

Date: _____ Initials: _____

9.13 End Tidal CO2 Monitoring / Capnography

Date: _____ Initials: _____

9.14 Intraosseous Infusion/EZ I-O

Date: _____ Initials: _____

9.15 Intubation (Endotracheal)

Date: _____ Initials: _____

9.16 Intubation (Nasotracheal)

Date: _____ Initials: _____

9.17 IVAC Medsystem III Multi-Channel Infusion Pump

Date: _____ Initials: _____

9.18 King Laryngeal Tube Airway

Date: _____ Initials: _____

9.19 Medication Administration - Intramuscular

Date: _____ Initials: _____

9.20 Medication Administration – Nasal Atomizer

Date: _____ Initials: _____

9.21 Medication Administration - Nebulizer

Date: _____ Initials: _____

9.22 Medication Administration - Subcutaneous

Date: _____ Initials: _____

9.23 Nasogastric Tubes

Date: _____ Initials: _____

9.24 Oxygen Administration

Date: _____ Initials: _____

9.25 Peripheral IV administration

Date: _____ Initials: _____

9.26 Pleural Decompression

Date: _____ Initials: _____

9.27 Post-Taser EMS Procedures

Date: _____ Initials: _____

9.28 Reconstitution of Medications

Date: _____ Initials: _____

9.29 ResQPOD

Date: _____ Initials: _____

9.30 Transcutaneous Pacing

Date: _____ Initials: _____

9.31 ResQGuard ITD Procedure

Date: _____ Initials: _____

- 9.32 Emergency Escharotomy Procedure
- 9.33 Venous Lactate Monitor Procedure
- 9.34 Central Vascular Access Devices

Date: _____ Initials: _____
 Date: _____ Initials: _____
 Date: _____ Initials: _____

Section 10- Guidelines

- 10.01 Abbreviations
- 10.02 APGAR Score
- 10.03 Glasgow Coma Scale
- 10.04 Pediatric Vital Signs
- 10.05 Adult Trauma Alert Criteria
- 10.06 Pediatric Trauma Alert Criteria
- 10.07 Pediatric Trauma Score
- 10.08 Nitroglycerin Drip

Date: _____ Initials: _____
 Date: _____ Initials: _____
 Date: _____ Initials: _____
 Date: _____ Initials: _____
 Date: _____ Initials: _____
 Date: _____ Initials: _____
 Date: _____ Initials: _____
 Date: _____ Initials: _____

- 10.09 Checking Range of Motion
- 10.10 Rule of Nines
- 10.11 Florida Statutes
- 10.12 Spinal Injury Assessment Clinical Criteria
- 10.13 Evaluation and Treatment Flow Chart

Date: _____ Initials: _____
 Date: _____ Initials: _____
 Date: _____ Initials: _____
 Date: _____ Initials: _____
 Date: _____ Initials: _____

Section 11- Medical Director Directives and Memos

- 11.01 Review of all current directives and memos

Date: _____ Initials: _____