

EMS License Renewal Request

HSHS SAMIC EMS Protocols Appendix

Name (as written on license): _____

License Held: _____ License Number: _____ Expiration Date: _____

Agency: _____

Category	EMR	ECRN	EMD	LI	BLS	ILS	ALS
Airway, including skills lab	2	0	0	4	4	8	10
Breathing, Patient Assessment	3	0	0	6	6	8	8
Circulation, Trauma, Shock/Resuscitation, Pathophysiology	8	0	0	12	18	24	32
Disability, Medical, Behavioral, OB, Infant, Children	6	0	0	12	14	18	18
Environment, Preparations/Operations, Special Populations, Pharmacology	5	0	0	6	10	14	16
Subtotal:	24	0	0	40	52	72	84
Open Topic	0	32	48	0	8	8	16
Total:	24	32	48	40	60	80	100

Other Documentation Required

- **All Levels**
 - CPR for Healthcare Provider
- **ILS/ALS/ECRN**
 - ACLS
 - PALS, PEPP, or ENPC
 - PHTLS, TECC, TCCC, ITLS, TNCC, or TNS
- **Lead Instructor**
 - Course Evaluations

EMS Office

- Renewal Received in EMS Office Date: _____ By: _____
- Renewal Reviewed and Approved Date: _____ By: _____
- Issues Affecting Renewal: _____

Pain Scales

Pediatric Pain Scale:

Wong-Baker FACES® Pain Rating Scale



0

**No
Hurt**



2

**Hurts
Little Bit**



4

**Hurts
Little More**



6

**Hurts
Even More**



8

**Hurts
Whole Lot**



10

**Hurts
Worst**

Dementia Pain Scale:

TABLE 2

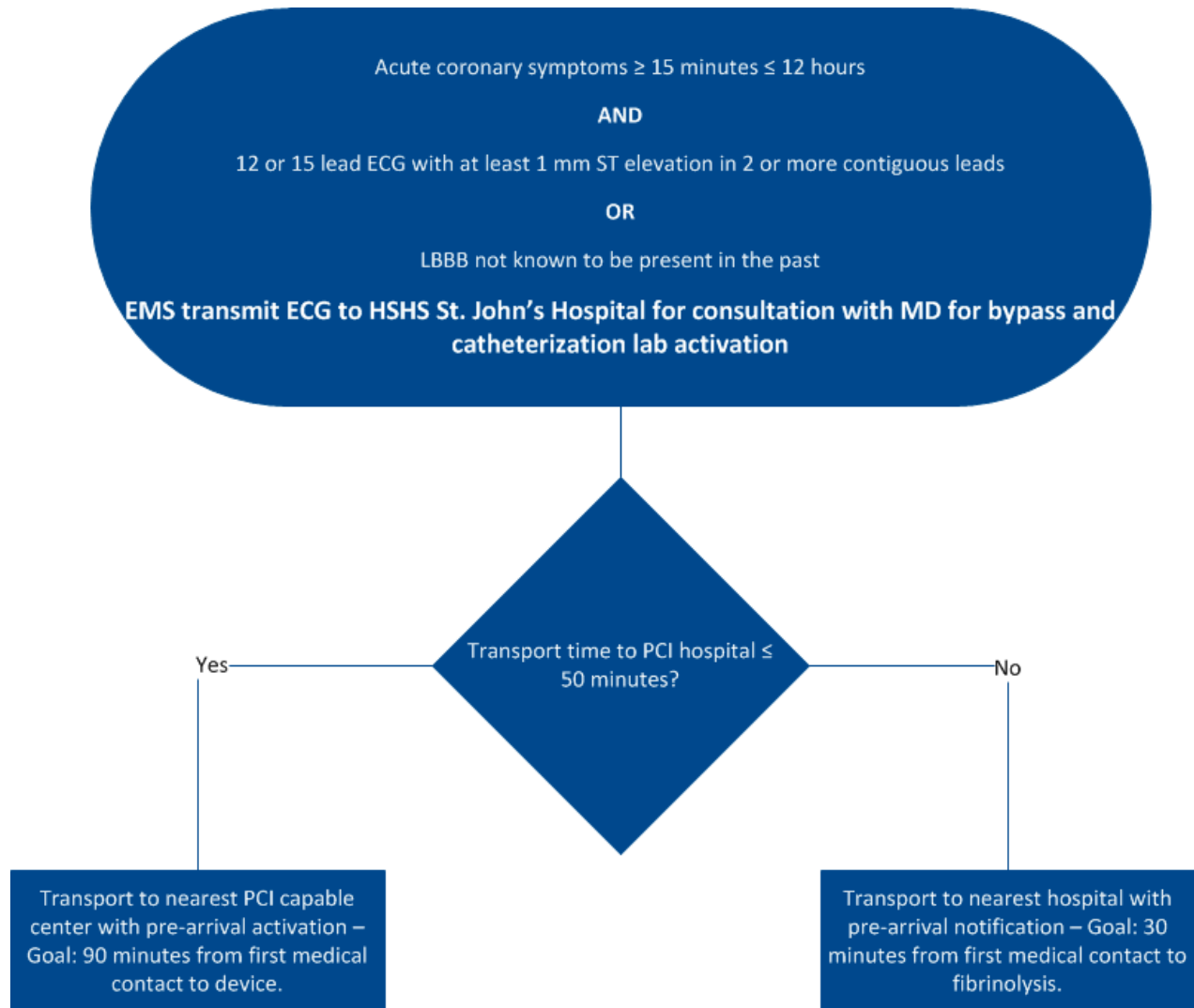
PAIN ASSESSMENT IN ADVANCED DEMENTIA (PAINAD) SCALE

Items	Score = 0	Score = 1	Score = 2	Score
Breathing (independent of vocalization)	Normal	<ul style="list-style-type: none"> Occasional labored breathing Short period of hyperventilation 	<ul style="list-style-type: none"> Noisy labored breathing Long period of hyperventilation Cheyne-Stokes respirations 	
Negative vocalization	None	<ul style="list-style-type: none"> Occasional moan or groan Low level of speech with a negative or disapproving quality 	<ul style="list-style-type: none"> Repeated troubled calling out Loud moaning or groaning Crying 	
Facial expression	Smiling or inexpressive	<ul style="list-style-type: none"> Sad Frightened Frown 	<ul style="list-style-type: none"> Facial grimacing 	
Body language	Relaxed	<ul style="list-style-type: none"> Tense Distressed pacing Fidgeting 	<ul style="list-style-type: none"> Rigid Fists clenched Knees pulled up Pulling or pushing away Striking out 	
Consolability	No need to console	<ul style="list-style-type: none"> Distracted or reassured by voice or touch 	<ul style="list-style-type: none"> Unable to console, distract, or reassure 	
Total				

Note. Total scores range from 0 to 10 (based on a scale of 0 to 2 for each of five items), with a higher score indicating more behaviors indicating pain (0 = no observable pain to 10 = highest observable pain).

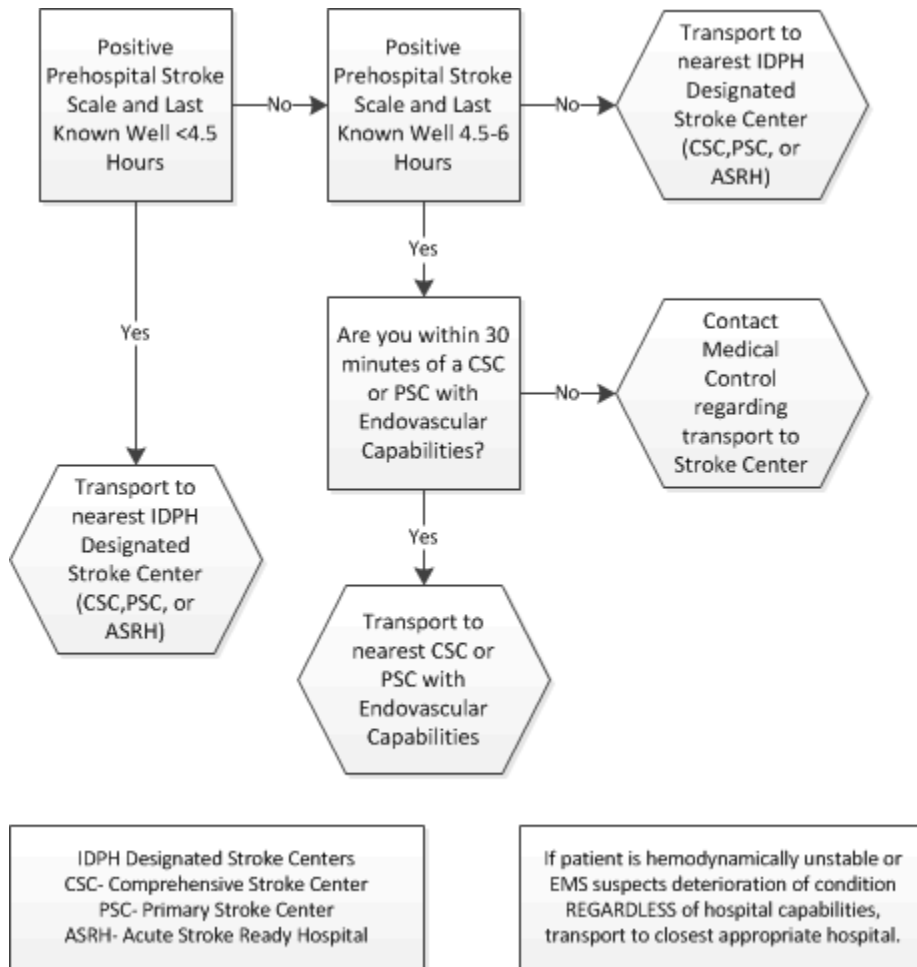
Adapted from Warden, V., Hurley, A.C., & Volicer, L. (2003). Development and psychometric evaluation of the Pain Assessment in Advanced Dementia (PAINAD) scale. *Journal of the American Medical Directors Association*, 4, 9-15.

STEMI Destination Determination



This bypass applies to specific agencies with system approval. The hospital bypass is ultimately up to the paramedic's discretion after ECG review and physician consultation. Patients who are not hemodynamically stable or suspected to become hemodynamically unstable should be transported to the nearest hospital.

Region 3 Stroke Destination Determination



Emergency Childbirth Record

Presentation (head or feet): _____

Date of Birth: _____

Time of Birth: _____

Nuchal Cord: **Yes** **No** Number of times: _____

Time Membranes Ruptured: _____

Appearance of Amniotic Fluid: _____

APGAR Score:

	0	1	2	1 Minute Score	5 Minute Score
Appearance	Body and Extremities Cyanotic	Acrocyanosis	Pink		
Pulse Rate	Absent	< 100 bpm	>100 bpm		
Grimace (Irritability)	No Response	Minimal Response	Prompt Response		
Activity	Limp	Flexed Arms and Legs	Active		
Respiration	Absent	Slow and Irregular	Strong Cry		
Total Score:					

Time Placenta Delivered: **Intact** **Not Intact** _____

Number of Vessels in Cord: _____

Infant Resuscitation Interventions: _____

Remarks: _____

Provider Name (Print): _____

Provider Signature: _____

Driver Name (Print): _____

Driver Signature: _____

Complaint/Unusual Occurrence Report

Report Date: _____ Incident Date: _____ Person Reporting Complaint: _____

Patient Name: _____ Follow Up Phone Number: _____

Incident Narrative:

Complaint Investigation Notes:

Action Taken: _____ Letter to: _____

Closing Notes:

School Bus Incident Log

All individuals on the bus age 18 and older should initial in the indicated space adjacent to their name when uninjured. Parent/legal guardian should initial in the indicated space adjacent to their child's name when uninjured. Initials indicate agreement that no injury has been suffered and no transportation is required to the hospital.

Date:	Location:	District Name:	Bus Number:
Incident Number	Total Patients:	# Transported:	# Not Transported
Adult Name	Function	Address & Telephone	Initials
Child Name	Age	Address & Telephone	Initials

Notice of EMS Response to a Minor

Date: [Click here to enter a date.](#)

From: (Chief or President of Agency)

(Provider Agency)

(Address)

(Phone Number)

Child's Name: _____

Members of our EMS agency were called to evaluate your son/daughter/ward today as a result of a bus collision/incident.

After responding to the above incident, we evaluated the child. Based on our assessment and statements made by the child, it was determined that he or she did not require emergency care and/or transportation to an emergency department at that time.

Whereas your child is a minor, it is our duty to inform you of this incident so that an informed decision can be made as to whether follow-up evaluation with a physician is desired.

The child was released to a designated school representative who accepted further responsibility for him or her.

If you wish additional information, please contact our agency at the above phone number.

*Note – fillable form available online at www.samicems.org