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Numbered Memo Series 08-03

October 2008

To: First Responder and Ambulance Service Providers
Service Medical Directors
EMS Training Centers

From: Wisconsin Emergency Medical Services Section
Bureau of Local Health Support and EMS

Re: Important Updates from the EMS Section

RENEWAL UPDATE

All ambulance service provider renewal packets have been reviewed and processed. Services that submitted an incomplete renewal packet have been sent requests for additional information. If you received a letter, return the requested materials as soon as possible with a copy of our request letter. If you have not received a letter and have not received your 2010 provider license, contact our office immediately.

Please review your roster to make certain all members are currently licensed with your service. First Responders and EMTs must hold a license with your service prior to functioning as a First Responder and/or EMT on your roster. You must make certain that your members complete an application with your service and that the application is signed by the service director and medical director prior to adding the member electronically to your roster. Completed applications must be sent to the EMS office.

TITLE CHANGES

You will find that we are transitioning (in Wisconsin) to using the new name identifiers for the various levels of EMS care providers.

It is the intent of the upcoming administrative rule revision to adopt only the name identifiers included in the national scope of practice. The comparison is as follows:

<u>Old Name</u>	<u>New Name</u>
First Responder	Emergency Medical Responder (EMR)
EMT Basic	Emergency Medical Technician (EMT)
EMT Intermediate Technician	Advanced Emergency Medical Technician
EMT Intermediate	Intermediate
EMT Paramedic	Paramedic

AED – 2005 GUIDELINE COMPLIANCE REMINDER



In October 2006, recommendations for transition to the 2005 AHA AED guidelines by Wisconsin EMS programs were disseminated to EMS providers and personnel statewide (See Numbered Memo Series 06-08). These recommendations included developing an implementation plan ensuring that all members be trained in the 2005 AHA AED guidelines by December 31, 2007 and that all AEDs in use by emergency medical services be upgraded to be 2005 guideline compliant by December 31, 2007. Additionally, these AEDs should be pediatric compatible.

The state EMS office was to be notified as soon as possible if barriers were discovered that prevented the AED program from meeting the December 31, 2007 date. Services that are not currently 2005 compliant may be allowed to continue to operate under the 2000 Guidelines if an acceptable transition plan is submitted to the State EMS Office.

If your service continues to operate its AED program with equipment that is not 2005 guideline compliant, a plan for transitioning to compliant equipment must be submitted to the EMS office immediately. Should you have any questions or concerns, contact your appropriate Program Coordinator.

The document also included recommendations that EMS services should avoid the use of medical equipment, including AEDs, which do not have current manufacturer support regardless of the availability of “third service” support programs. EMS services should budget for updating existing AEDs or purchasing new AEDs, remembering that AEDs have a service life of approximately 5 years. After that there is usually no manufacturer’s warranty on reliability.

SCOPES OF PRACTICE UPDATES

The scopes of practice have been reviewed and updated by EMS Section staff, members of the Physician Advisory Committee and the EMS Advisory Board.

You will find significant changes to the EMT-Basic scope of practice. Services will find that aspirin, albuterol and blood glucose monitoring equipment will all be mandatory (rather than optional) as of January 1, 2009. Services with a valid reason to not use this equipment/medication must submit a letter (to the EMS Section) requesting a waiver.

Administration of glucagon and Atrovent remains optional but will no longer require prior written approval from the state office. These skills and medications are now included in the EMT-Basic curriculum and are therefore considered to be part of the regular scope of practice for EMTs-Basic.

At the Intermediate Technician, Intermediate and Paramedic levels, intranasal medication administration has been added, as has intraosseous medication administration at the Intermediate Technician level.

CPAP DEVICE CONSIDERATIONS UPDATE

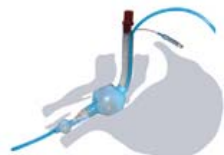
The CPAP device consideration guidance has been updated (effective 8/13/2008) based on new product availability and continuing review by the EMS Physician Advisory Committee. Some disposable high flow oxygen devices are now deemed acceptable if approved by a services medical director and the EMS Section. The full guidance document is attached at the end of this memo.

CPR EXPIRATION DATES

Service Director: During license renewal, the EMS office noted that CPR and/or ACLS expiration dates were not always entered into EMSS accurately. Make certain that when you enter CPR dates into first responder or EMT records that you are entering dates correctly. Cards with a month/year expiration date should be entered with the last day of the month in which they expire. Cards with an exact expiration date should be entered as printed on the card.

Individuals: Wisconsin administrative code requires first responders and EMTs to have current CPR at all times for the license to be valid. No first responder or EMT may practice once CPR expires. Remember that CPR must be at the healthcare professional level. Layperson CPR is not acceptable. Contact the EMS office if you have any questions.

KING LTS-D



Use of the King LTS-D airway is now being offered as a pilot study to all First Responder, EMT-Basic and EMT Intermediate Technician providers in Wisconsin. An operational plan amendment and pilot program agreement, course outline, skill evaluation tool, and sample protocol have been developed for use in developing your services' advanced airway program. The complete set of documents is included with this memo. Written approval of an amended operational plan is required prior to training and implementation of your King LTS-D airway program.

WARDS COMPLIANCE

As everyone should be aware, mandatory data entry/uploads were to start on January 1, 2008. We are currently at approximately 78% compliance. In the next few months we will be contacting those services not reporting to identify reasons for non-compliance.

If you are a Service Director and have not yet set up access for your service or just forgot your password, contact myself by phone at (608) 266-0471 or via e-mail at Charles.Happel@wisconsin.gov. You may also contact Norah Stofflet at (608) 266-0473 or Norah.Stofflet@wisconsin.gov for access related questions.

EMT CONTINUING EDUCATION ALTERNATIVE

EMTs must complete refresher training during each biennium. Starting this year an alternate method is available. During the two-year period of your licensure, you must either complete a formal refresher course or accrue a set number of continuing education hours in order to qualify for license renewal. In addition, current certification in CPR (basic life support for the healthcare professional) must be maintained at all times for the EMT license to be valid.

Copies of documentation verifying continuing education from those not completing a formal refresher may be requested by the Department for audit purposes. You must retain copies of all applicable training records for a period of at least two years after the expiration date of the license. Failure to provide documentation, if requested, creates a presumption that the licensee has made a false and fraudulent statement in applying for a license to practice as an emergency medical technician.

Training requirements:

Each EMT must complete 30 hours of training in the 24 month licensure period (July 1 of even number year through June 30 of next even number year). If using the alternate continuing education method, no less than 6 of the total hours of training are to be completed in each 12 month period (July 1 through June 30).

Training Options:

1. A number of formal EMT Refresher courses will be held throughout the state by approved EMT training centers. 30 hours.
2. The EMT may select to obtain 24 hours of training using various forms of media, presenters, providers, etc. and based on the following topic areas and hourly minimums. (Any CECBEMS accredited hours will be automatically approved per the topic area.) This option also requires the EMT to complete and pass a 6 hour "mini-refresher" course that contains 2-4 hours of current topics and 2-4 hours of written and practical assessment.

The "mini-refresher" course and assessment are under development and will be available no later than June 30, 2009. Successful completion of a standardized written examination and practical skills assessment will be part of the completion criteria for the course. Anyone not passing the assessment will need to complete a formal refresher course.

EMT-Basic Refresher Equivalent

The required 24 hours of alternate content training is broken down with the following minimum hours per topic area:

Topic Category	Minimum # hours	Examples of training topics
Operations	2	PPE, BSI, disease prevention, managing exposure, injury prevention, safety, medical and legal topics, ethics, lifting and moving, stress management, well being of EMS provider, communications, documentation, disaster planning, emergency driving, triage, WMD, terrorism, medical control, crime scene awareness, hazardous materials
Airway – Basic and Advanced	2	Basic airway skills, combitube, King LTS-D, ventilation, BLS procedures
Medical emergencies	4	Pharmacology, patient assessment, physical examination, clinical decision making, critical thinking, abdominal illness, behavioral emergencies, cardiovascular emergencies, CNS illnesses, diabetic emergencies, environmental emergencies, poisons and overdoses, respiratory emergencies, shock
Pediatric medical emergencies	2	Pediatric pharmacology, patient assessment, physical examination, clinical decision making, critical thinking, abdominal illness, behavioral emergencies, cardiovascular emergencies, CNS illnesses, diabetic emergencies, environmental emergencies, poisons and overdoses, respiratory emergencies, shock
Trauma emergencies	4	Patient assessment, physical examination, clinical decision making, critical thinking, abdominal injury, bleeding, soft tissues injury, shock, burns, chest injuries, musculoskeletal injuries, spinal injury, rescue and extrication, splinting
Pediatric trauma emergencies	2	Pediatric patient assessment, physical examination, clinical decision making, critical thinking, abdominal injury, bleeding, soft tissues injury, shock, burns, chest injuries, musculoskeletal injuries, spinal injury, rescue and extrication, splinting
OB	1	Obstetrics, gynecological emergencies
Flexible content	7	Any EMS topics covered in the EMT Basic curriculum including advanced skills

Wisconsin EMS Scope of Practice Emergency Medical Responder

This level of EMS provider has successfully completed a program of training based upon the WI Emergency Medical Responder Curriculum, and has successfully completed the department's testing requirements. Individuals must hold a valid WI certificate with an approved EMS Service to practice at this level.

AIRWAY / VENTILATION / OXYGENATION

Airway - Lumen (Non-Visualized)**
Airway - Nasopharyngeal
Airway - Oropharyngeal
Bag - Valve - Mask (BVM)
CO Monitoring**
Cricoid Pressure (Sellick)
Manual Airway Maneuvers
Obstruction - Manual
Oxygen Therapy - Nasal Cannula
Oxygen Therapy - Non-rebreather Mask
Oxygen Therapy - Regulators
Pulse Oximetry *
Suctioning - Upper Airway (Soft & Rigid)

ASSISTED MEDICATIONS – PATIENTS
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Epinephrine for Anaphylaxis Auto-Injector Only **
Oral Glucose

APPROVED MEDICATION by PROTOCOL
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Epinephrine for Anaphylaxis Auto-Injector Only**
Oral Glucose

All skills are mandatory unless otherwise indicated and requires an approved protocol

** Optional use by service*

**** Optional use by service and Requires:**

- *Prior written approval of the Operational Plan by the State EMS office and*
- *Medical Director approval and*
- *Documentation of additional training*

CARDIOVASCULAR / CIRCULATION

Cardiopulmonary Resuscitation (CPR)
Defibrillation - Automated / Semi-Automated (AED)
Hemorrhage Control - Direct Pressure
Hemorrhage Control - Pressure Point
Hemorrhage Control - Tourniquet
Trendelenberg Positioning

IMMOBILIZATION

Spinal Immobilization - Manual Stabilization
Spinal Immobilization - Cervical Collar **
Spinal Immobilization - Long Board**
Spinal Immobilization – Seated Patient (KED, etc.)**
Splinting - Manual
Splinting - Rigid
Splinting - Soft
Splinting - Vacuum*
Splinting-Traction*

MISCELLANEOUS

Assisted Delivery (childbirth)
Blood Pressure - Automated*
Eye Irrigation
Vital Signs

REMINDER: Personnel must be trained & competent in all equipment that is used by the service

Wisconsin EMS Scope of Practice Emergency Medical Technician

This level of EMS provider has successfully completed a program of training based upon the WI Emergency Medical Technician Curriculum, and has successfully completed the department's testing requirements. Individuals must hold a valid WI license with an approved EMS Service to practice at this level.

AIRWAY / VENTILATION / OXYGENATION
Airway – lumen (non-visualized)
Airway – nasal (nasopharyngeal)
Airway – oral (oropharyngeal)
Bag-Valve-Mask (BVM)
CO monitoring**
CPAP**
Cricoid pressure (Sellick)
End tidal CO2 monitoring **
Manual airway maneuvers
Obstruction – forceps & laryngoscope (direct visual)
Obstruction - manual
Oxygen therapy – nebulizer
Oxygen therapy – nasal cannula
Oxygen therapy –non-rebreather mask
Oxygen therapy – regulators
Pulse oximetry *
Suctioning –upper airway (soft & rigid)

ASSISTED MEDICATIONS – PATIENTS
Epinephrine for anaphylaxis auto-injector only
Medicated inhaler – prescribed albuterol
Medicated inhaler – other prescribed short-acting beta agonists for asthma
Medicated inhaler – prescribed Atrovent
Nitroglycerin
Oral glucose

CARDIOVASCULAR / CIRCULATION
ECG monitor * (non-interpretive)
12-Lead ECG – (acquire but non -interpretive)**
Cardiopulmonary resuscitation (CPR)
CPR - mechanical device **
Defibrillation – automated / semi-automated (AED)
Defibrillation – manual **
Hemorrhage control – direct pressure
Hemorrhage control – pressure point
Hemorrhage control - tourniquet
Trendelenberg positioning

MEDICATION ADMINISTRATION- ROUTES
Aerosolized/nebulizer
Auto-injector
Intramuscular (IM)
Oral
Subcutaneous (SQ)**
Sub-lingual (SL)

All skills are mandatory unless otherwise indicated and require an approved protocol.

* *Optional use by service*

** *Optional use by service and Requires:*

- *Prior written approval of the Operational Plan by the State EMS office and*
- *Medical Director approval and*
- *Documentation of additional training as necessary*

REMINDER: Personnel must be trained & competent in all equipment that is used by the service

Wisconsin EMS Scope of Practice Emergency Medical Technician

IMMOBILIZATION
Spinal immobilization – cervical collar
Spinal immobilization – long board
Spinal immobilization – manual stabilization
Spinal immobilization – seated patient (KED, etc.)
Selective spinal immobilization **
Splinting – manual
Splinting – pelvic wrap / PASG*
Splinting – rigid
Splinting – soft
Splinting – traction
Splinting – vacuum*

MEDICATIONS
<p>HFS 110.05 (4)(d) Administration of additional medications approved by the department based on recommendations of the emergency medical services board under s. 146.58, Stats., the EMS physician advisory committee under s. 146.58 (1), Stats., and the Wisconsin EMS program medical director under s. 146.55 (2m), Stats. with final approval by the State EMS office.</p>

MISCELLANEOUS
Assisted delivery (childbirth)
Blood glucose monitoring
Blood Pressure – automated *
Eye irrigation
Vital signs
Patient physical restraint application

APPROVED MEDICATIONS BY PROTOCOL
Activated charcoal*
Albuterol (nebulized – unit dose)
Atrovent (nebulized – unit dose)*
Other short-acting beta agonist for asthma (nebulized – unit dose)**
Aspirin (ASA) for chest pain
Epinephrine for anaphylaxis (unit dose)
Glucagon*
Mark I (or equivalent) auto-injector (for self & crew)
Oral glucose

All skills are mandatory unless otherwise indicated and require an approved protocol.

** Optional use by service*

**** Optional use by service and Requires:**

- *Prior written approval of the Operational Plan by the State EMS office and*
- *Medical Director approval and*
- *Documentation of additional training as necessary*

REMINDER: Personnel must be trained & competent in all equipment that is used by the service

Wisconsin EMS Scope of Practice Advanced Emergency Medical Technician

This level of EMS provider has successfully completed a program of training based upon the WI Advanced EMT Curriculum, and has successfully completed the department's testing requirements. Individuals must hold a valid WI license with an approved EMS Service to practice at this level.

AIRWAY / VENTILATION / OXYGENATION

Airway – Lumen (Non-Visualized)
Airway – Nasal (Nasopharyngeal)
Airway – Oral (Oropharyngeal)
Bag-Valve-Mask (BVM)
CO Monitoring**
CPAP**
Cricoid Pressure (Sellick)
End Tidal CO ₂ Monitoring**
Intubation – Endotracheal**
Manual Airway Maneuvers
Obstruction – Forceps & Laryngoscope (Direct Visual)
Obstruction - Manual
Oxygen Therapy – Nebulizer
Oxygen Therapy – Nasal Cannula
Oxygen Therapy – Non-rebreather Mask
Oxygen Therapy – Regulators
Pulse Oximetry*
Suctioning – Upper Airway (Soft & Rigid)

MEDICATION ADMINISTRATION- ROUTES
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Aerosolized/Nebulizer
Auto-Injector
Intramuscular(IM)
Intranasal (IN)
Intraosseous (IO)
Intravenous (IV) Push
Oral
Subcutaneous (SQ)
Sub-Lingual (SL)

APPROVED MEDICATION BY PROTOCOL
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Activated Charcoal*
Albuterol (Nebulized – Unit Dose)
Atrovent (Nebulized – Unit Dose)
Other short-acting beta agonist for asthma (nebulized – unit dose)**
Epinephrine Auto-Injector or Manually** drawn 1:1000 for anaphylaxis
Aspirin (ASA) for chest pain
Dextrose 50%
Glucagon*
Mark I (or equivalent) Auto-Injector (For Self & Crew)
Narcan
Nitroglycerin (SL only)
Oral Glucose

IV INITIATION/MAINTENANCE/FLUIDS

IV Solutions- D5W, Normal Saline, Lactated Ringers
Maintenance – Non-Medicated IV Fluids (D5W, LR, NS)
Peripheral Initiation

All skills are mandatory unless otherwise noted and requires an approved protocol

* *Optional use by service*

** *Optional use by service and Requires:*

- *Prior written approval of the Operational Plan By the State EMS Office and*
- *Medical Director approval and*
- *Documentation of additional training*

REMINDER: Personnel must be trained & competent in all equipment that is used by the service

Wisconsin EMS Scope of Practice Advanced Emergency Medical Technician

CARDIOVASCULAR / CIRCULATION
ECG Monitor ** (non-interpretive)
12-lead ECG (acquire but non-interpretive)**
Cardiopulmonary Resuscitation (CPR)
CPR Mechanical Device **
Defibrillation – Automated / Semi-Automated (AED)
Defibrillation – Manual **
Hemorrhage Control – Direct Pressure
Hemorrhage Control – Pressure Point
Hemorrhage Control - Tourniquet
Trendelenberg Positioning

IMMOBILIZATION
Selective Spinal Immobilization **
Spinal Immobilization – Cervical Collar
Spinal Immobilization – Long Board
Spinal Immobilization – Manual Stabilization
Spinal Immobilization – Seated Patient (KED, etc.)
Splinting – Manual
Splinting – Pelvic Wrap / PASG*
Splinting – Rigid
Splinting – Soft
Splinting – Traction
Splinting – Vacuum*

MEDICATIONS
HFS 110. 05 (4)(d) Administration of additional medications approved by the department based on recommendations of the emergency medical services board under s. 146.58, Stats., the EMS physician advisory committee under s. 146.58 (1), Stats., and the Wisconsin EMS program medical director under s. 146.55 (2m), Stats.

MISCELLANEOUS
Assisted Delivery (Childbirth)
Blood Glucose Monitoring
Blood Pressure – Automated *
Eye Irrigation
Venous Blood Sampling – Obtaining**
Vital Signs
Patient Physical Restraint Application

All skills are mandatory unless otherwise noted and requires an approved protocol

* *Optional use by service*

***Optional use by service and Requires:*

- *Prior written approval of the Operational Plan By the State EMS Office and*
- *Medical Director approval and*
- *Documentation of additional training*

REMINDER: Personnel must be trained & competent in all equipment that is used by the service

Wisconsin EMS Scope of Practice Intermediate

This level of EMS provider has successfully completed a program of training based upon the WI Intermediate Curriculum, and has successfully completed the department's testing requirements. Individuals must hold a valid WI license with an approved EMS Service to practice at this level.

AIRWAY / VENTILATION / OXYGENATION
Airway – Lumen (Non-Visualized)
Airway – Nasal (Nasopharyngeal)
Airway – Oral (Oropharyngeal)
Bag-Valve-Mask (BVM)
Chest Decompression – Needle
CO Monitoring**
CPAP **
Cricoid Pressure (Sellick)
End Tidal CO ₂ Monitoring/Capnometry*
Intubation - Lighted Stylet*
Intubation - Orotracheal
Manual Airway Maneuvers
Obstruction – Forceps (Direct Visual)
Obstruction – Manual
Oxygen Therapy - Nebulizer
Oxygen Therapy – Nasal Cannula
Oxygen Therapy – Non-rebreather Mask
Oxygen Therapy – Regulators
Pulse Oximetry*
Suctioning – Tracheobronchial
Suctioning – Upper Airway (Soft & Rigid)

CARDIOVASCULAR / CIRCULATION
ECG Monitor
12 Lead ECG*
Cardiopulmonary Resuscitation (CPR)
Valsalva
CPR Mechanical Device**
Defibrillation – Automated / Semi-Automated(AED)
Defibrillation – Manual*
Hemorrhage Control – Direct Pressure
Hemorrhage Control – Pressure Point
Hemorrhage Control - Tourniquet
Cardioversion (Unstable Patients only)
Transcutaneous Pacing (Unstable Patients only)
Trendelenberg Positioning

IMMOBILIZATION
Selective Spinal Immobilization **
Spinal Immobilization – Cervical Collar
Spinal Immobilization – Long Board
Spinal Immobilization – Manual Stabilization
Spinal Immobilization – Seated Patient (KED, etc.)
Splinting – Manual
Splinting-Pelvic Wrap/PASG*
Splinting – Rigid
Splinting – Soft
Splinting – Traction
Splinting – Vacuum*

All skills are mandatory unless otherwise indicated and requires an approved protocol.

* *Optional use by service with training*

** *Optional use by service and Requires:*

- *Prior written approval of the Operational Plan by the State EMS office and*
- *Medical Director approval and*
- *Documentation of additional training*

REMINDER: Personnel must be trained & competent in all equipment that is used by the service

Wisconsin EMS Scope of Practice Intermediate

IV INITIATION / MAINTENANCE / FLUIDS
IV Solutions- D5W, Normal Saline, Lactated Ringers
Intraosseous – Initiation
Peripheral – Initiation
Maintenance – Non-Medicated IV Fluids (D5W, LR, NS)

MEDICATION ADMINISTRATION - Routes
Aerosolized/Nebulized
Auto-Injector
Endotracheal Tube (ET)
Intramuscular (IM)
Intranasal (IN)
Intraosseous (IO)
Intravenous (IV) Push
Oral
Rectal
Subcutaneous (SQ)
Sub-lingual (SL)

MEDICATIONS & SKILLS
HFS 111.04(4) (b) 2. 'Department approved medications and skills.' Administration of additional medications and skills approved by the department based on recommendations of the emergency medical services board under s. 146.58, Stats., the EMS physician advisory committee under s. 146.58 (1), Stats., and the State EMS program medical director under s. 146.55 (2m), Stats. Additional skills shall become effective when approved by the department based on the recommendations of the entities in this subdivision and will be incorporated into the next revision of this chapter.

All skills are mandatory unless otherwise indicated and requires an approved protocol.

* *Optional use by service*

** *Optional use by service and Requires:*

- *Prior written approval of the Operational Plan by the State EMS office and*
- *Medical Director approval and*
- *Documentation of additional training*

APPROVED MEDICATIONS BY PROTOCOL
Activated Charcoal
Adenosine
Albuterol (Nebulized)
Albuterol & Atrovent - Premix Combined
Other short-acting beta agonist for asthma (nebulized – unit dose)**
Amiodarone (Bolus only)
Aspirin (ASA) for chest pain
Ativan (Lorazepam) for Seizures only
Atropine
Atrovent (Nebulized)
Dextrose 50%
Epinephrine Auto-Injector or Manually drawn 1:1000
Epinephrine 1:10,000
Glucagon*
Lasix
Lidocaine (Bolus Only)
Mark I (or equivalent) Auto-Injector (For Self & Crew)
Morphine
Narcan
Nitroglycerin (SL only)
Oral Glucose
Other short-acting beta agonists
Valium (Diazepam) for Seizures only
Vasopressin

MISCELLANEOUS
Assisted Delivery (childbirth)
Blood Glucose Monitoring
Blood Pressure –Automated
Eye Irrigation
Venous Blood Sampling – Obtaining**
Vital Signs
Patient Physical Restraint Application

<i>Unstable cardiac patients are defined by the AHA under ACLS guidelines</i>
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REMINDER: Personnel must be trained & competent in all equipment that is used by the service

Wisconsin EMS Scope of Practice Paramedic

This level of EMS provider has successfully completed a program of training based upon the WI Paramedic Curriculum, and has successfully completed the department's testing requirements. Individuals must hold a valid WI license with an approved EMS Service to practice at this level.

AIRWAY / VENTILATION / OXYGENATION
Airway – Lumen (Non-Visualized)
Airway – Nasal (Nasopharyngeal)
Airway – Oral (Oropharyngeal)
Bag-Valve-Mask (BVM)
Chest Decompression – Needle
CO Monitoring*
CPAP **
Cricoid Pressure (Sellick)
Cricothyrotomy – Surgical/Needle
End Tidal CO ₂ Monitoring*
Gastric Decompression – NG Tube
Intubation - Lighted Stylet*
Intubation – Medication Assisted (non-paralytic)*
Intubation – Medication Assisted with paralytics (RSI)** (Requires 2 Paramedics Patient Side)
Intubation – Nasotracheal
Intubation - Endotracheal
Manual Airway Maneuvers
Obstruction – Forceps (Direct Visual)
Obstruction – Manual
Oxygen Therapy - Nebulizer
Oxygen Therapy – Nasal Cannula
Oxygen Therapy – Non-rebreather Mask
Oxygen Therapy – Regulators
Pulse Oximetry*
Suctioning – Tracheobronchial
Suctioning – Upper Airway (Soft & Rigid)
Ventilators **

CARDIOVASCULAR / CIRCULATION
ECG Monitor
12 Lead ECG*
Cardiopulmonary Resuscitation (CPR)
CPR Mechanical Device**
Cardioversion – Electrical
Valsalva
Defibrillation – Automated / Semi-Automated (AED)
Defibrillation – Manual
Hemorrhage Control – Direct Pressure
Hemorrhage Control – Pressure Point
Hemorrhage Control – Tourniquet
Transcutaneous Pacing
Trendelenberg Positioning

All skills are mandatory unless otherwise indicated and requires an approved protocol

** Optional use by service*

**** Optional use by service and Requires:**

- *Prior written approval of the Operational Plan by the State EMS office and*
- *Medical Director approval and*
- *Documentation of additional training*

REMINDER: Personnel must be trained & competent in all equipment that is used by the service

Wisconsin EMS Scope of Practice Paramedic

IMMOBILIZATION
Selective Spinal Immobilization **
Spinal Immobilization – Assessment Based
Spinal Immobilization – Cervical Collar
Spinal Immobilization – Long Board
Spinal Immobilization –Manual Stabilization
Spinal Immobilization – Seated Patient (KED, etc.)
Splinting – Manual
Splinting- Pelvic Wrap/PASG*
Splinting – Rigid
Splinting – Soft
Splinting – Traction
Splinting – Vacuum*

MEDICATIONS
HFS 112.04(4)b2. Administration of additional medications approved by the department based on recommendations of the emergency medical services board under s. 146.58, Stats., the EMS physician advisory committee under s. 146.58 (1), Stats., and the State EMS program medical director under s. 146.55 (2m), Stats.
<i>A sample list of commonly approved medications may be obtained through the Bureau of Local Health Support & EMS</i>

IV INITIATION / MAINTENANCE / FLUIDS
Blood/ Blood Products (Maintenance only)**
Colloids **
IV Solutions- D5W, Normal Saline, Lactated Ringers
Intraosseous – Initiation
Peripheral – Initiation
Maintenance – Medicated IV Fluids**

MEDICATION ADMINISTRATION - Routes
Aerosolized/Nebulized
Auto-Injector
Endotracheal Tube (ET)
Intramuscular (IM)
Intranasal (IN)
Intraosseous (IO)
Intravenous (IV) Piggyback
Intravenous (IV) Push
Oral
Rectal
Subcutaneous (SQ)
Sub-lingual (SL)

MISCELLANEOUS
Assisted Delivery (childbirth)
Blood Glucose Monitoring
Blood Pressure – Automated*
Eye Irrigation
Initiation of IV at Central Line Port**
Thrombolytic Therapy – Monitoring**
Venous Blood Sampling – Obtaining*
Vital Signs
Patient Physical Restraint Application
Pharmacologic sedation/restraint**

All skills are mandatory unless otherwise indicated and requires an approved protocol

* *Optional use by service*

** *Optional use by service and Requires:*

- *Prior written approval of the Operational Plan by the State EMS office and*
- *Medical Director approval and*
- *Documentation of additional training*

REMINDER: Personnel must be trained & competent in all equipment that is used by the service

CPAP DEVICE CONSIDERATIONS

The Department of Health Services, Division of Public Health, Bureau of Local Public Health Practice and EMS, the EMS Advisory Board, and the Physician Advisory Committee do not endorse any specific brand, make, manufacturer, or distributor of Continuous Positive Airway Pressure devices (CPAP).

Effective August 14, 2008, the EMS Section is approving the use of oxygen delivery devices with PEEP as acceptable devices to be considered CPAP. There are many devices that are marketed as CPAP devices but are only high flow oxygen delivery devices with a PEEP valve. Devices such as the OxyPEEP and Boussignac are not true CPAP devices but fall into this category. Purchasers of these devices may not be getting what they believe to be a true CPAP device. However, though these devices may not be truly CPAP based on the criteria below, they have been shown to be effective and may allow for patient improvement. The preferred and previously approved CPAP devices include the Whisper Flow and PortO₂Vent.

When choosing a CPAP device for use in the pre-hospital setting the following points should be considered:

1. Fixed Flow versus Variable Flow - Fixed flow devices deliver a pre-set (usually 35%) concentration of oxygen. Variable flow devices allow the provider to adjust the concentration of oxygen from 21% to 100%. The following are a list of pros and cons related to each.

Fixed

- Simple to use
- Less oxygen consumption

Variable

- More complex to use
- Higher oxygen consumption

Data indicates that the vast majority of CPAP patients improve on a fixed rate of 35% FiO₂ since the primary abnormality is poor ventilation rather than oxygenation. Fixed flow devices have the capability of providing additional oxygen via the mask or by applying nasal cannula oxygen to the patient.

2. Must be completely latex-free.
3. Comfort and seal of the mask.
4. Ease of assembly and application.
5. Positive Expiratory End Pressure (PEEP) valve must ensure accurate and reliable pressures and ensure against exceeding set pressure.
6. Ease of removing and applying PEEP valve or gaining access to the patients' mouth to administer repeated doses of nitroglycerin.
7. Ease and ability to administer in-line continuous nebulized medications during use.
8. Compatibility with the receiving hospital's equipment.
9. Cost of devices: Base price of equipment (flow meter and quick connect hoses). Cost of disposable supplies (pre-packaged mask, PEEP valve, tubing and assorted materials for single patient use).



DIVISION OF PUBLIC HEALTH

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Governor

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Secretary

State of Wisconsin

Department of Health and Family Services

608-266-1251
FAX: 608-267-2832
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dhfs.wisconsin.gov

Date: June 2008

To: Medical First Responder Services
Ambulance Service Providers

From: Bureau of Local Health Support and EMS
Emergency Medical Services Section

RE: KING LTS-D PILOT PROGRAM

Use of the King LTS-D airway is now being offered as a pilot study to all First Responder, EMT-Basic and EMT Intermediate Technician providers in Wisconsin. An operational plan amendment and pilot program agreement, course outline, skill evaluation tool, and sample protocol have been developed for use in developing your services' advanced airway program. These are available on the Wisconsin EMS website at <http://dhfs.wi.gov/ems>. Written approval of an amended operational plan is required prior to training and implementation of your King LTS-D airway program.

WISCONSIN PRE-HOSPITAL KING LTS-D USE/APPROVAL REQUIREMENTS INCLUDE:

1. The emergency medical service provider and services' medical director must identify those qualified individuals who will teach the curriculum and test the students on the use of the King LTS-D.
2. The emergency medical service provider must submit an amendment to the service's operational plan to add the King LTS-D airway. The amendment must be submitted to the Division of Public Health, Bureau of Local Health Support and EMS (BLHSEMS). Written approval of the program is required prior to training and implementation of the King LTS-D airway program.
3. The service provider must agree to provide the approved educational component to each first responder or EMT licensed with the service provider. (The service will maintain all training records.) The educational component will consist of:
 - Didactic Session – consisting of airway module review with the King LTS-D addendum
 - Practical Session – practice inserting, inflating, securing, ventilating with and removing the King LTS-D airway until competency is achieved
 - Skill competency check-off signed by the medical director
4. King LTS-D airway use must be included in the service's CQI program. Use of the Advanced Airway Data Form and completion of the outcome information for every King LTS-D airway patient (by the service Medical Director) is mandatory.
5. The service must provide a plan to ensure that all affiliated and neighboring emergency medical services are familiar with the device.

Should you have any questions after reading the material on the above website you may contact the appropriate program coordinator as listed below:

First Responder and EMT-Basic: Nicky Symons (608) 266-0737 nicola.symons@wisconsin.gov.

EMT-Intermediate Technician: Chuck Happel (608) 266-0471 charles.happel@wisconsin.gov.

EMS PROVIDER APPLICATION AND OPERATIONAL PLAN

Completion of this form is mandatory for licensure as an EMS provider. Updating and maintaining a current operational plan with the Department of Health and Family Services (DHFS) is required under Wisconsin Administrative Rule Chapters HFS 110, 111, 112 and 113 and s. 146.50 and 146.55, Wis. Statutes. Failure to complete, submit and obtain approval of an EMS Operational Plan may result in denial, revocation or suspension of an EMS provider license or other disciplinary action as allowed by law.

The following apply to EMS service providers per Wisconsin Administrative Codes. Before operating an EMS service, a county, city, town, village, prospective or licensed EMS service provider, hospital or any combination of these shall first submit to the DHFS an operational plan for DHFS review and approval. DHFS approval of the plan shall be a prerequisite to initiation of EMS service provision. Once an operational plan is approved, any modifications must be submitted to the DHFS **and approved** in writing prior to implementation. Once approved by DHFS, an operational plan becomes the legal description under which an EMS provider must function. No changes may be made without prior written approval of the EMS Section.

While some operational plan requirements are standard, some vary with the level of service being provided. Specific operational plan requirements for each level are listed as parts A, B, C, D and E of this application form. Complete the application and operational plan form and continue with your plan by identifying the level of care your service will offer and responding to the plan components for that level. In completing the application, attach additional sheets as necessary. **Both form DPH7463 (EMS Provider Application and Operational Plan) and the operational plan component outline for your level of service (DPH7463 part A, B, C, D or E) are required as part of the EMS Service Operational Plan.**

RETURN COMPLETED PLAN IN PRINT FORM TO THE APPROPRIATE EMS PROGRAM COORDINATOR AT:

Division of Public Health
Bureau of Local Health Support and Emergency
Medical Services
PO Box 2659
Madison, WI 53701-2659

This plan is a (check one):

New Change of Service License Level Change of Ownership Special Event Plan Seasonal Plan

Revised Plan – Attach a document describing change and complete only that section applicable to the change. Add King LTS-D

Contact Person (submitting plan)

Telephone No.

E-mail Address

EMS PROVIDER

EMS Provider Information

Provider Legal Name

Provider License No.

FEIN

Address (where records are kept)

City

State
WI

Zip code

County

Day (Office) Telephone No.

Other Telephone No.

E-mail Address

Mailing Address (If different than above)

City

State
WI

ZIP Code

County

DEA number if applicable

CLIA waiver number

CLIA waiver expiration date

Service License Level (Check all that apply)

Medical First Responder

EMT Basic

Intermediate Technician (formerly
IV-Tech and Provisional Intermediate)

EMT Intermediate

EMT Paramedic

USE OF KING LTS-D ADVANCED AIRWAY

Protocol: The protocol is **signed by our service medical director and is attached**. Members of this service do do not (check one) need direct voice medical orders to use this device.

Training description (check one):

All King LTS-D airway instruction will be accomplished in the Medical First Responder and/or refresher course using the Wisconsin curriculum for training medical first responders along with the King LTS-D addendum or in the EMT-Basic or EMT-Intermediate Technician courses or refresher courses along with the King LTS-D addendum. This includes current members and new members. Instructors will be approved instructor/coordinators from the local technical college.

- **OR** -

A course on the use of the King LTS-D airway was presented to the EMS personnel on _____. Our service medical director (or his/her designee), _____, discussed the indications, precautions and contraindications for using this device. The course was taught according to the approved airway training module from the appropriate approved Wisconsin EMS curriculum along with the King LTS-D addendum. Each student had a chance to practice with the device and show competency in its use during practical stations. Attendance and training records will be maintained by the service provider for a period of no less than five years.

Identify the course instructor and his/her qualifications:

Describe how new members will be trained:

Continued Competency: Continued competency will be achieved through **annual** advanced skill recertification along with defibrillation. Recertification will be accomplished with review by our medical director or his/her designee. Records of recertification will be kept on file with the service for a period of no less than five years. Review and practice will be accomplished as often as needed as with any new piece of equipment, medication, etc.

Staffing (check one):

All members of this service have been trained on this skill to allow our service to be fully staffed with members trained in the use of the King LTS-D airway.

Other (describe):

Provide a description of how you will ensure that all affiliated and neighboring emergency medical services are familiar with this device.

Quality Assurance: The Advanced Airway Data Form will be completed for every call on which the King LTS-D airway is used. The service medical director will review all Advanced Airway Data Forms.

*** SERVICE DIRECTOR CERTIFICATION**

I certify that the named EMS service will operate in conformance with s. 146.50 and s. 146.55, Wisconsin Statutes and Chapters 110, 111, 112 and/or 113 Wisconsin Administrative Code and this amended operational plan.

SIGNATURE - Director

Date Signed

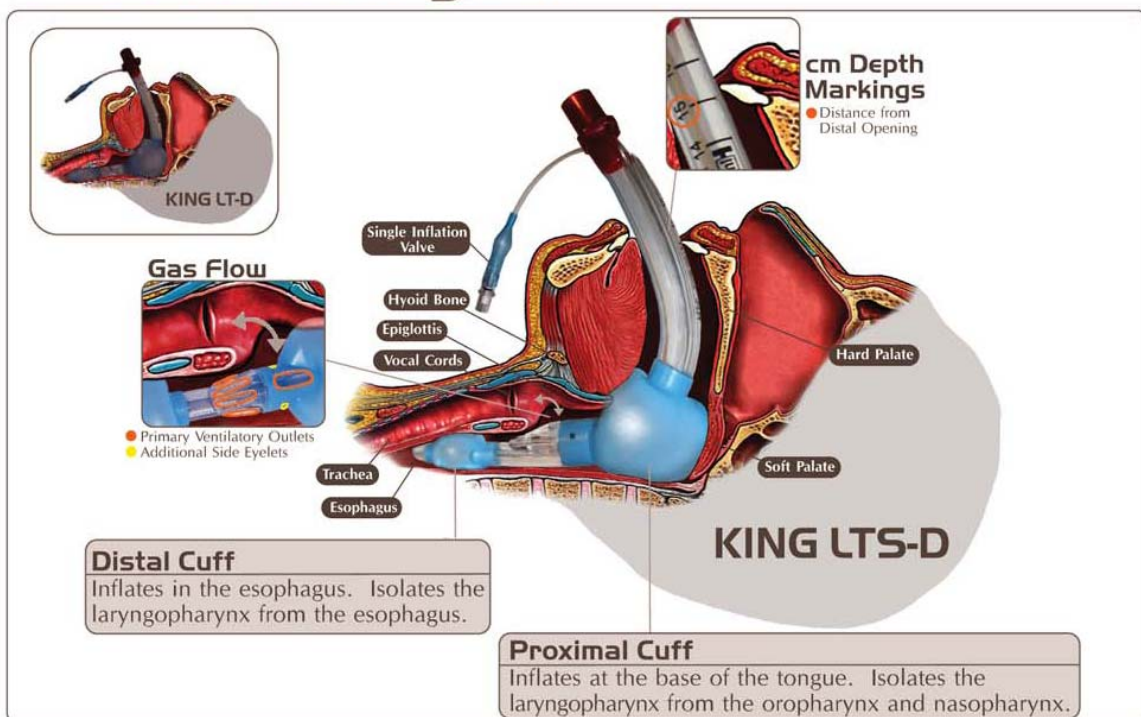
SIGNATURE - Medical Director

Date Signed

Addendum to Wisconsin First Responder and EMT-Basic Curriculae For Use of the King LTS-D Airway

1. The device
 - A. The King LTS-D is 100% latex free
 - B. Provided sterile for single patient use
 - C. Ability to pass a gastric tube through a second channel of the airway into the stomach.
 - D. Okay for use with CPAP device
 - E. Device is unlikely to enter trachea
2. Device and design features
 - A. Gastric lumen device
 1. Proximal opening
 2. Distal opening
 - B. Ventilatory openings
 1. Primary ventilatory opening
 2. Multiple distal ventilatory openings
 3. Bilateral ventilation eyelets
 - C. Cuffs
 1. Proximal cuff inflates at base of tongue. Isolates the laryngopharynx from the oropharynx and Nasopharynx.
 2. Distal tip and cuff flattened for more anatomical fit behind larynx. Isolates the laryngopharynx from the esophagus.

Placement Diagram



3. Indications and contraindications are the same as for other non-visualized advanced airways.
4. Insertion
 - A. Choose correct size based on patient's height

KING LTS-D SIZE	3	4	5
Connector Color	Yellow	Red	Purple
Patient Height	4 to 5 feet	5 to 6 feet	Over 6 feet
Cuff Pressure	60 cm H ₂ O	60 cm H ₂ O	60 cm H ₂ O
Cuff Volume	40 – 55 ml	50 – 70 ml	60 – 80 ml

- B. Test cuff inflation system for air leak
- C. Apply water-soluble lubricant to the distal tip (do not cover tube openings)
- D. Position the head
 - 1. Sniffing position optimal
 - 2. Neutral position
 - 3. Obese patients may need elevation of the shoulders and upper back
- E. Normal insertion
 - 1. Hold the King LTS-D at the connector with dominant hand
 - 2. With non-dominant hand, hold mouth open and apply chin lift unless contraindicated by C-spine precautions or patient position.
 - 3. Using a lateral approach, introduce the tip into the corner of the mouth
 - a) A chin lift or laryngoscope and tongue depressor can be used to lift the tongue anteriorly to allow easy advancement.
 - 4. Advance the tip behind the base of the tongue while rotating the tube back to midline so that the blue orientation line faces the chin of the patient.
 - a) Important that the tip of the device be maintained at the midline to assure that the distal tip is properly placed in the hypopharynx/upper esophagus
 - 5. Without exerting excessive force, advance tube until base of connector is aligned with teeth or gums
 - a) Depth of insertion is important to patent airway.
 - (1) Ventilatory openings of the device must align with the laryngeal inlet for adequate oxygenation/ventilation.
 - (2) Deeper placement and subsequent retraction is preferred
 - (3) Withdrawal of the KLTS-D with the cuffs inflated results in a retraction of tissue away from the laryngeal inlet
 - (4) Deeper placement eliminates obstruction by epiglottis or other tissue during spontaneous ventilation
 - 6. Inflate cuffs
 - a) Inflate cuffs to volume sufficient to seal the airway
 - b) Typical inflation volumes
 - (1) Size 3 – 45 to 60 ml.
 - (2) Size 4 – 60 to 80 ml.
 - (3) Size 5 – 70 to 90 ml.
 - 7. Attach ventilation device to the connector of the King LTS-D
 - 8. At the same time, gently bag the patient and withdraw the King LTS-D until ventilation is easy and free flowing
 - 9. Readjust cuff inflation to “just seal” volume
 - 10. Check breath sounds and chest rise and fall
- F. Midline insertion
 - 1. Insertion can be accomplished via a midline approach by applying a chin lift and sliding the distal tip along the palate and into position in the hypopharynx.
 - 2. Head extension is helpful.

- G. Taping
 1. Disconnect the ventilation device
 2. Aggressively tape the King LTS-D in the midline to the maxilla
 3. Avoid taping over gastric access lumen
 4. Reattach the ventilation device
- H. Complications
 1. During insertion, if tip is placed or deflected laterally, it may enter the periform fossa and will appear to bounce back upon full insertion and release
- I. Removal
 1. Remove the King LTS-D when protective reflexes have returned
 2. Suction as indicated
 3. Deflate cuffs

KING LTS-D COMPETENCY EVALUATION

(This test is to be administered at the end of the King LTS-D training course for documentation of competency in recognition of respiratory emergencies and use of the King LTS-D non-visualized airway device.

EMT Name _____ EMT License # _____

Service Affiliation _____

Performance Criteria	S	U	Comments
Uses appropriate PPE (assume scene safe)			
Verbalize contraindications – 1. Intact gag reflex 2. Known esophageal disease 3. Ingested caustic substances 4. Patient with tracheostomy or laryngectomy 5. Foreign body in trachea 6. Patient under 4 feet			
Check and lubricate cuff as needed (during AED sequence and/or CPR)			
Remove oropharyngeal airway			
With head in appropriate position, applies chin lift			
Inserts airway device, advances tip under base of tongue while rotating tube back to midline. Advance tube until base of connector is aligned with teeth or gums			
Inflates cuffs: Size 3 – 50 ml Size 4 – 70 ml Size 5 – 80 ml			
Removes syringe after inflation of cuffs			
Ventilates while withdrawing tube until ventilation is easy and free flowing			
Confirms placement by observing chest rise and fall and auscultating lungs and stomach (and CO2 monitoring)			
Secures airway in place			
Verbalize indications for removal			
Verbalize proper documentation			

Overall skill performance: _____ Satisfactory _____ Unsatisfactory

Evaluated By _____ Date _____

NON-VISUALIZED AIRWAY

PROVIDER NAME: _____ PROVIDER NO. _____

Non-visualized airway placement to establish control of the patient's airway may be performed by any trained and certified First Responder or licensed EMT affiliated with a certified first responder service or licensed ambulance service provider approved to use a non-visualized advanced airway protocol.

1. INDICATIONS:
 - A. Cardiac arrest from any cause
 - B. Respiratory arrest with no gag reflex
 - C. Unconscious patient with inadequate respiration and no gag reflex

2. Non-visualized airways approved for use by in State of Wisconsin include:
 - A. ETC combitube
 - B. King LTS-D

3. CONTRAINDICATIONS: DO NOT use on patient if....
 - A. Patient is under five (5) feet in height for Combitube, under four (4) feet tall for Combitube SA, and under four (4) feet tall for the King LTS-D airway (always comply with manufacturer's recommendations for sizing)
 - B. Patient has an active gag reflex
 - C. Patient has known or suspected esophageal disease
 - D. Patient has history of ingesting a caustic substance
 - E. Patient has known or suspected foreign body obstruction of the larynx or trachea

4. PREPARE FOR INSERTION OF THE NON-VISUALIZED AIRWAY
 - A. Contact medical control physician for authorization (if required by local protocol or may delete)
 - B. Maintain ventilation with an oropharyngeal airway and bag-valve-mask
 - C. Take appropriate body substance isolation precautions
 - D. Determine and select appropriate airway for size of patient
 - E. Prepare the non-visualized airway
 - 1) Determine cuff integrity per manufacturer's directions
 - 2) Lubricate as necessary
 - 3) Insure all necessary components and accessories are at hand
 - F. Prepare the patient
 - 1) Reconfirm original assessment
 - 2) Inspect upper airway for visible obstructions and remove
 - 3) Pre-oxygenate the patient
 - 4) Position the patient's head in a neutral position

5. AIRWAY INSERTION should be accomplished according to the manufacturer's directions
 - A. Ventilate the patient
 - B. Confirm airway placement by
 - 1) Combitube –
 1. Auscultating breath sounds (high axillary and bilaterally) and epigastric sounds
 - a. Esophageal placement where breath sounds are present bilaterally with epigastric sounds absent
 - i. Ventilate through primary tube
 - b. Tracheal placement where breath sounds are absent and epigastric sounds are present
 - i. Ventilate through secondary tube and reassess placement
 - c. Unknown placement where both breath sounds and epigastric sounds are absent
 - i. Deflate cuffs and adjust placement. Reassess placement
 - ii. Extubate
 - 2) King LTS-D
 1. Simultaneously gently bag the patient and withdraw the King LTS-D until ventilation is easy and free flowing
 2. Readjust cuff inflation
 3. Secure airway in place
 - C. Continue ongoing respiratory assessment and treatment
6. TUBE REMOVAL
 - A. Indications
 - 1) Patient regains consciousness
 - 2) Protective gag reflex returns
 - 3) Ventilation is inadequate
 - B. Contact medical control per protocol
 - 1) Do not delay removal when unable to contact medical control
 - C. Remove as per manufacturer's directions
 - D. Monitor airway and respirations closely, suction as needed
 - E. Place the patient on high flow oxygen and assist with ventilation as needed
7. Transport promptly as available

Approved by:

Medical Director (Print)

Medical Director Signature

Date

WISCONSIN ADVANCED AIRWAY CONTINUOUS QUALITY IMPROVEMENT DATA RECORD

This form is to be completed and kept on file with the emergency medical service provider under the authority of 146.52(5)(c). This form is to be used for quality assurance activities regarding the use of advanced airways and may be required to be submitted to the department for review.

Provider Name: _____

Provider Run No: _____ **Date of Incident:** _____

Provider Level: (Check one) First Responder EMT-Basic Intermediate Technician
 EMT-Intermediate EMT-Paramedic

Patient Age: _____ **Patient Sex:** (Check one) M F

Chief Complaint: _____

Pulse: (Check one) Present Absent **Spontaneous Respirations:** (Check one) Present Absent

Advanced Airway Used: (Check one) ETT Non-visualized _____ **Used As:** (Check One) Primary Device Rescue Device
(List type)

Attempt No.	Ease of Air Entry:	Equal Chest Rise:	Equal Breath Sounds:	Absent Sounds Over Stomach:	Difficulty of Insertion:	Other Complications:
#1	<input type="checkbox"/> Easy <input type="checkbox"/> Average <input type="checkbox"/> Difficult	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Very Easy <input type="checkbox"/> Easy <input type="checkbox"/> Average <input type="checkbox"/> Difficult <input type="checkbox"/> Very Difficult	<input type="checkbox"/> Yes <input type="checkbox"/> No
#2	<input type="checkbox"/> Easy <input type="checkbox"/> Average <input type="checkbox"/> Difficult	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Very Easy <input type="checkbox"/> Easy <input type="checkbox"/> Average <input type="checkbox"/> Difficult <input type="checkbox"/> Very Difficult	<input type="checkbox"/> Yes <input type="checkbox"/> No
#3 or more	<input type="checkbox"/> Easy <input type="checkbox"/> Average <input type="checkbox"/> Difficult	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Very Easy <input type="checkbox"/> Easy <input type="checkbox"/> Average <input type="checkbox"/> Difficult <input type="checkbox"/> Very Difficult	<input type="checkbox"/> Yes <input type="checkbox"/> No

If "other complications" marked "yes" explain: _____

Was device removed in field? (Check one)
 No
 Yes – ineffective ventilation
 Yes – need for tracheal medications
 Yes – patient awoke
 Yes – return of gag reflex
 Yes – other, see note below

Airway confirmed by receiving physician? (Check one)
 Not evaluated by physician
 Airway confirmed in place
 Airway found out of place

Report reviewed by service medical director? (Check one)
 Yes
 No

Comments/notes: _____

Signature of person completing form: _____