DEPARTMENT OF HEALTH SERVICES

Division of Public Health F-00703 (01/2013)

STATE OF WISCONSIN

Bureau of Communicable Diseases and Emergency Response ss. 256.15, Wis. Stats. (608) 266-1568

PATIENT SIDE TRAINING REPORT

Completion of this form designates that an ambulance service transported a medication that does not appear on the "Wisconsin Paramedic Curriculum Based Medication List" or the services approved operational plan. This medication was transported by the ambulance service using Patient Side Training Report provided by the transferring facility. Additional transports using this medication will require the following to be submitted and approved by the Wisconsin Emergency Medical Services (EMS) Office before additional transports can occur with this medication: 1) Protocol for the medication, 2) Medical Director approval in writing, 3) Training plan for the medication

SERVICE INFORMATION							
Service Name		State Provider Number					
Service Director Name		Medical Director Name					
Mailing Address			City		State	Zip Code	
						pp	
Name and License Number of EMS Personnel No.1		Name and License Number of EMS Personnel No. 2					
Daytime Telephone Number	Other Telephone Nur	nber E-Mail Address of Submitter		tter			
MEDICATION INFORMATION	<u>I</u>						
Medication Name		Patient Care Report Number					
Dosage of Medication		Method of Administration (IV Pump, Gravity, IV Push, etc.)					
Other Medications Also Administered YES NO		If Yes, Please Identify the Other Medications					
Sending Facility Name / Location of the Patient		Name and Credential of Person Providing the Training					
SERVICE CERTIFICATION I have received notice that the medication lists realize this medication is not on the "Wiscons certify that before this medication is transferre Medical Director approval in writing, and 3) Transdication are against scope of practice and my service license. Signature - Service Director	in Paramedic Curriculum d again by my service, I aining plan for the medic	n Based Medic will submit an cation. I also u	ation List" or d have appro understand th	r in our approved oved 1) Protocol nat additional tra	d service of for the me insports ut	operational plan. I edication, 2) tilizing this	
MEDICAL DIRECTOR CERTIFICATION							
I have been notified of a medication that is no accordance with the <i>Patient Side Training Rep</i> have approved 1) Protocol for the medication, understand that additional transports utilizing service up to and possibly including revocation	port. I further certify that 2) Medical Director app this medication are again	before this m roval in writing	edication is t g, and 3) Trai	ransported by mining plan for the	y service, e medicatio	I will submit and on. I also	
SIGNATURE - Medical Director			Date Signed				