Bucks County Medical Command Check List

Paramedic _____________________________________________________________

Certification # __________________________ Date __________________________

Preceptor_________________________ Medical Director __________________________

Service ______________________________________________________________

Section I. All Candidates

1. □ Paramedic Certification has been verified and no disciplinary actions against or pending
   □ Send regional office Medical Command Authorized form if restricted for precepting.

2. □ Copies of all Certifications and a copy of the previous year’s con-ed record (if applicable).

3. □ Familiarization of service specific policies and procedures
   a) □ Control Substance accountability
   b) □ Equipment & Supplies
   c) Patient Care Charting Program: (select one)
      1. □ EMS pro
      2. □ AIM
      3. □ Other _______________________

4. Skills Review
   A) Airway Competency:
      Intubation & Combi-tube
      a) □ Manikin
      b) □ OR
      c) □ Field
      d) □ Letter from ALS Service Medical Director who you have current medical command authorization.

   B) CPAP unit □

   C) Needle Cricothyroidotomy kits:
      1. □ Melker Cric kit
      2. □ Nu-trake
      3. □ Other _______________________

   D) 12 Lead EKG monitor (including Capnography, NIBP, Pulse oximetry, Pacing, Defibrillation):
      1. □ Life Pak 12
      2. □ Phillips
      3. □ Zoll
      4. □ Other _______________________

   E) Intra-osseous Equipment:
      1. □ EZ-IO
      2. □ B.I.G.
      3. □ Other _______________________

5. □ Meeting with ALS Service Medical Director

6. Optional requirements:
   a) □ State and/or Regional Protocol Test
   b) □ Letter from current ALS Service Medical Director who has granted candidate medical command authorization in the last 12 months within the Commonwealth.

7. Once provider has completed process; send completed Medical Command Authorization Form to region office.
   Be sure provider has been added to data collection program.

ALS Service Director’s Signature __________________________ Date ____________

Section II. ALS providers who have Medical Command Authorization within the commonwealth
1. □ Complete Section I.

2. □ Send regional office Medical Command Authorized form restricted for precepting.

3. □ Ride with preceptor for a minimum of 3 (three) 12hr shifts or 36hrs
   
   Additional time maybe required depending on candidate’s performance or call volume.

4. □ Performance evaluation from preceptor

5. Once provider has completed process; send completed Medical Command Authorization Form
   “Granted Medical Command” to region office. Provider will be added to CAD. Be sure provider has been
   added to data collection program

Section III. ALS providers who have not had Medical Command Authorization in the past 12 months

1. □ Complete Section I.

2. □ Send regional office Medical Command Authorized form restricted for precepting.

3. □ Ride with preceptor for a minimum of 12 (twelve) 12hr shifts or 144 hrs.
   
   Additional time maybe required depending on candidate’s performance or call volume.

4. □ Performance evaluation from preceptor

5. Once provider has completed process; send completed Medical Command Authorization Form
   “Granted Medical Command” to region office. Provider will be added to CAD. Be sure provider has been
   added to data collection program

Provider ______________________________________ Date __________

Preceptor ______________________________________ Date __________

ALS Service Medical Director or Chief __________________________ Date ____________