

# 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

<b>Section III. ALS providers who have not had Medical Command Authorization in the past 12 months</b>
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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 \_\_\_\_\_