

## 2010 TEMS REGIONAL PROTOCOL UPDATE (For EMT-I & P)

**Print Name:** \_\_\_\_\_ **Officer Code #:** \_\_\_\_\_

Answer the following questions, read the special "NOTE," then sign where indicated. Submit signed form to **Virginia Beach EMS Training** (via e-mail to EMSTRAIN@vbgov.com, fax 757-437-6560, US Mail, Inter-Office mail, or hand deliver)

**True or False:** If a provider's initial attempt at contacting Med Control for a Physician Order procedure is unsuccessful, the provider may perform a Life Saving Procedure without reattempting contact using alternate methods.

**Fill in the Blank:** In the Adult Cardiac Protocols, the new reference for "post resuscitation" is now referred to as: \_\_\_\_\_

**True or False:** After an ALS procedure has been performed Termination of Resuscitation can only be done with a Physician Order.

**Fill in the Blank:** The name for the poisoning protocol has been changed to: \_\_\_\_\_

**True or False:** According to TEMS 2010 Protocol, establishing an IO for the convenience of the provider rather than as a last resort option for medication administration is acceptable.

**True or False:** In the Pediatric and Adult Allergic/Anaphylactic Reaction protocol, the *preferred method* of Epi administration is IM

**Complete the below statement:** In the new Pediatric Burn Protocol a key point is, CHKD **can accept** burn patients as long as \_\_\_\_\_

**Ativan (Lorazepam) is a new medication:**

1. Ativan is the preferred drug for \_\_\_\_\_
2. Ativan dose is \_\_\_\_\_mg given over \_\_\_\_\_ minutes

**Zofran (Ondansetron) is a new medication:**

1. Zofran may be administered prophylactically for: \_\_\_\_\_
2. Zofran has little effect on \_\_\_\_\_ related illness
3. Zofran dose is given slow IV **or** via IM if IV is not available (true/false)

**True or False:** **Nitroglycerin TD Paste** is faster acting than SL tablets.

**NOTE - Per Virginia Beach OMD: 1) The King Airway is not authorized. 2) Without completing, signing and submitting this form, a provider is NOT authorized to perform any procedure involving any new or revised 10<sup>th</sup> edition protocol.**

**STATEMENT OF TEMS 2010 10<sup>th</sup> edition PROTOCOL REVIEW:** I, \_\_\_\_\_ certify that I have watched the TEMS 10<sup>th</sup> edition Protocol Update video, reviewed the entire published 10<sup>th</sup> edition Protocol document, personally completed this verification form, and that I completely and fully understand that I am responsible to understand, follow and comprehend the protocol's current contents, and restrictions and any future Regional and/or VBEMS protocol revisions, restrictions, additions or clarifications as they relate to my released level of certification in Virginia Beach.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_