2010 TEMS REGIONAL PROTOCOL UPDATE (For EMT-B & E)

Print Name: _____ Officer Code #: _____

Read the statements, answer the question, then sign/date where indicated. Submit signed/dated 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)

Virginia Beach Operations Medical Director clarification for Virginia Beach field providers regarding authorized procedures vs. printed protocol guidelines:

Virginia Beach EMT-B and EMT-E providers **are NOT authorized** to administer Nitroglycerin TC Paste

Virginia Beach EMT-B and EMT-E providers **are authorized** to administer Nitrostat SL **from the TEMS ORANGE IV Box ONLY** or obtained from the patient and **only with physician's order**

Virginia Beach EMT-B and EMT-E providers **are authorized** to administer Aspirin **from the TEMS ORANGE IV Box ONLY** or obtained from the patient and **only with physician's order**

QUESTION: 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? **True or False**.

NOTE - Per Virginia Beach OMD: Without completing, signing and submitting this form, a provider **is NOT** authorized to perform any procedure involving any new or revised 10th edition protocol.

STATEMENT OF TEMS 2010 10th edition PROTOCOL REVIEW: I, _____ certify that I have watched the TEMS 10th edition Protocol Update video, reviewed the entire published 10th 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:*** _____