



Coversheet to Begin ALS Collection

(ver. 2/21/2020)

Name:

Date:

Email:

Before starting to collect as an ALS provider, this coversheet must be filled out and emailed to crat@rescue1.org along with a copy of your VA State certification card. National Registry certification does not allow you to practice in VA.

You may not begin collecting until approved by CRAT

Level of certification/planned collecting level:

Where did you attend your certification class:

Current Crew:

Associate providers may only collect for ALS after meeting their associate requirements each month.



ALS Provider Release Packet

(ver. 2/21/2020)

Name:

Email:

Recommending Preceptor:

If going from basic to medic, complete both columns, ie you would need 5 cardiovascular calls and 10 Successful IV starts.

Basic to Trauma (2 month minimum)	Trauma to Medic (3 month minimum)
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Call Types

<input type="text"/> 2 Cardiovascular <input type="text"/> 2 Respiratory <input type="text"/> 2 Altered Mental Status <input type="text"/> 1 Trauma	<input type="text"/> 3 Cardiovascular <input type="text"/> 3 Respiratory <input type="text"/> 3 Altered Mental Status <input type="text"/> 4 Other ALS calls
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*You cannot count one call for two call types. An ALS call is any call where an ALS skill is performed (12-lead ECGs and Aspirin administration do not count), or a complex call where a skill or medication would have been indicated but was not performed due to difficulty, time constraint, or best practice for patient, at the preceptor's discretion.

Skills

<input type="text"/> 7 Successful IV or IO starts <input type="text"/> 2 call with Medical Command contact (ALS refusal, peds refusal, med administration, etc.)	<input type="text"/> 3 Successful IV or IO starts <input type="text"/> 10 Correct 12-Lead ECG Interpretations <input type="text"/> 1 Successful Intubation (to be released with intubation privileges)
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Medication Administration

<input type="text"/> 5 calls with trauma level drug administration	<input type="text"/> 5 calls with medic level drug administration
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*Multiple medications given in one call count as one. If you are going from Basic to Medic, all medications can be medic level

All appropriate protocols reviewed and initialed by preceptor

Letter of Recommendation submitted by preceptor (carsrescue.org/forms)

ALS Provider Checklist

Discuss the following questions with an ALS preceptor. Ensure you are comfortable with all listed equipment.

_____ Chase Car

- How do you deactivate the opticom without turning off the emergency lights in each chase car?
- At an MVA, if the ambulance arrives first it blocks traffic and if the ambulance arrives second it goes downstream. Where do you place the chase car?
- Which chase car has the Lifepak 15 on it?

_____ Calling Medical Command

- For any pediatric refusal Medical Command must be contacted, under what age should Medical Command be contacted?
- Can a patient still refuse care after an ALS assessment or intervention is performed?
- If you speak to a physician for an ECG interpretation, is it still necessary to provide a report to UVA Medcom or the MJH charge nurse?
- When is it appropriate to speak to an attending as opposed to a resident when calling Medical Command?

_____ PALS Kit and LMAs

- There are several different sizes of BVM in the PALS kit. How do you know which size to use? How about mask sizes?
- Are EMTs, Traumas, and Intermediates allowed to place pediatric LMAs?
- You will hear from other healthcare providers that it is unnecessary or unhelpful to obtain a blood pressure in pediatric patients. Why are they saying that? Do you agree? In what situations are you harming a pediatric patient by obtaining a blood pressure?
- Can you start a pedal IV on a pediatric patient? What about a scalp IV?
- What is a burette?

_____ IV Start Kits

- If you are infusing fluid into a patient, what is the point of the extension set? Why not attach the administration set directly to the IV catheter?
- You can remove the white part of the extension set (the female luer lock end) and attach it directly to the IV catheter. This is called a "cap", and there are actually several caps provided in the TJEMS drug box (top drawer). When and why would you want to attach the cap directly to the IV catheter without using the tubing from the extension set?

- One of the medications in the CARS med pack is a different dose from the TJEMS drug box and a different dose than the TJEMS guidelines. Which drug and what's the dose?

_____ CPAP

- The line between respiratory distress and respiratory failure is when the patient is no longer compensating. What external measurements (Not just techniques. What values.) are you looking for to decide when the patient has moved from distress to failure? Exactly when do you upgrade from nasal cannula to non-rebreather to CPAP to BVM?
- Can you run CPAP and a nebulizer off of the same O2 tank?

_____ Supraglottic Airways

- When might you place a supraglottic airway in a patient with a pulse?
- When do you move from an OPA to a supraglottic airway?

_____ EZ-IO kit

- A common cause of IO insertion failure is drilling the catheter too deeply into the bone. How do you know you're using the appropriate size IO catheter?
- Does CARS allow humeral head IO insertion? Pros and Cons?

_____ TJEMS Drug Box

- What equipment is in a CARS medication pack that is not in the TJEMS drug box?
- When obtaining IV access using only equipment from the TJEMS drug box, how do you secure and protect the IV site?
- How is drawing up medications from an ampule different from a vial?
- How do you prepare glucagon and solu-medrol?
- D50 often comes in a prefilled syringe. If this is the case, how do you make D12.5? As in, how do you make it, what equipment do you have to mix it in, etc.

_____ Capnography

- What patients should you place on end-tidal CO2 detection?
- When do you use an intubated circuit vs. a non-intubated circuit?

_____ CO detector

- Where is the CO detector?
- What is the normal CO range for a healthy patient?
- When you first turn on the CO detector it defaults to pulse oximetry. How do you turn it to CO detection?

____ Laryngoscopy and OG Tube placement (I/P)

- How many manual intubation attempts are you allowed before CARS requires you to use either a bougie or video laryngoscope?
- Recent studies have shown that over-ventilation has severe negative consequences on patient outcomes. Why? How do you know what volume of air to give with each ventilation? What are some signs of over-ventilation, and how can you relieve the effects of over-ventilation?
- It is impossible to see chest rise or auscultate breath sounds during CPR which is why EtCO₂ monitoring is vital for confirming tube placement during a working cardiac arrest. What do you do if the monitor suddenly stops picking up CO₂?
- Describe the view that you want when using the KingVision video laryngoscope

____ Lifepak 15 (I/P)

- The initial default defibrillation dosage is 200J. If you have to deliver a second and third defibrillation, how many joules will the monitor deliver?
- How do you cancel a defibrillator charge?
- The Lifepak 15 has demand and non-demand pacing. During demand pacing, what happens when an EKG lead is off or the EKG voltage is too low?
- How do you know if the monitor is synchronized when attempting to cardiovert?

____ External Jugular IV access (I/P)

- What is the ideal position for a patient to be in before attempting EJ access?
- We use tourniquets when starting peripheral IVs both to increase the size of the vein and to increase the pressure in the vein. Placing a tourniquet on the patient's neck is unwise. Other than proper positioning, how might you increase the pressure in the EJ to improve your chance of success?

____ LUCAS (I/P)

- In the 2015 AHA guidelines, manual compressions are considered the standard of care over mechanical. However, the AHA provides examples of when a mechanical device might be better. What are some circumstances where the LUCAS would be definitively better than providing manual compressions?
- When using the LUCAS on a patient it will often shift around causing it to do compressions in the wrong place. If you readjust it incorrectly, it will stop and refuse to start again until you restart it. How do you correctly adjust the LUCAS' position?