Waiver of EMS Patient Side Communication Capabilities Medical Control Check List

The State of Michigan requires advanced life support (ALS) units to have the capability of communicating by radio with medical control when away from the ALS vehicle at the patient's side. This requirement may be waived when State-approved protocols permit certain time-dependent medical interventions to be performed without the need to obtain on-line permission from medical control. These interventions are listed below. The EMS Medical Director must indicate that local state approved protocols permit these interventions to be performed without online medical control authorization. Alternatively, the EMS Medical Director may indicate these interventions may be performed without on-line medical control authorization under a "Failure of Medical Control Communications" (or similar) State-approved protocol.

Minimum Required Off-Line ALS Interventions

1. Airway
   A. Endotracheal Intubation, Oral
   B. Endotracheal Intubation, Nasal
   C. Laryngoscopy for Foreign Body Removal
   D. Crichothryotomy (or alternative procedure) for complete airway obstruction, if permitted by protocol

2. Breathing
   A. Thoracostomy, Needle (for suspected tension pneumothorax), if permitted by protocol

3. Circulation
   A. Defibrillation
   B. Cardioversion, Syncronized (for unstable tachy dysrhythmias)
   C. Transcutaneous Cardiac Pacemaker Use
   D. Intravenous / Intraosseous Access
   E. IV/IO Fluid Replacement (fluid challenge)

4. Medication Administration
   A. All medications included in cardiac arrest protocols
   B. Albuterol [or other approved nebulized bronchodilator] (for asthma / COPD)
   C. Aspirin (for chest pain of possible cardiac origin)
   D. Atropine (for symptomatic bradycardias)
   E. Dextrose 50% [D25 for Peds] (for hypoglycemia)
   F. Diphenhydramine (for anaphylactic shock)
   G. Epinephrine 1:1000 (for anaphylactic shock)
   H. Lidocaine [or other approved anti-dysrhythmic] (for ventricular tachycardia)
   I. Midazolam [or other benzodiazepam] (for seizures / procedural sedation)
   J. Morphine [or other approved analgesic] (for pain control)Nitroglycerine (for pulmonary edema/CHF and chest pain of suspected cardiac origin)

MEDICAL DIRECTOR DECLARATION

As Medical Director for _____ Medical Control Authority, I hereby stipulate that all of the ALS interventions listed above are permitted to be performed by paramedics without on-line medical control authorization as defined by State-approved protocols.

_____	_____	_____
Name of Medical Director	Signature of Medical Director	Date

ALTERNATE MEDICAL DIRECTOR DECLARATION

As Medical Director for _____ Medical Control Authority, I hereby stipulate that all of the ALS interventions listed above are permitted to be performed by paramedics without on-line medical control authorization in the event of a communications failure under the appropriate State-approved protocol. Furthermore, I recognize that situations in which paramedics are at the side of the patient and do not have timely direct (on-line) medical control communications constitutes such a failure and that the above interventions may be performed. ALS personnel have been so advised.

_____	_____	_____
Name of Medical Director	Signature of Medical Director	Date