MEDICAL DIRECTOR AUTHORIZATION FOR THE MPDS

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Local medical authority must define and authorize the following conditions and responses for each of the corresponding Chief Complaints and situations.

Note: This information must be entered on manual cardsets (if used) and entered into the ProQA Configuration Utility.

PROTOCOL #9 — CARDIAC OR RESPIRATORY ARREST / DEATH

MD Initials

_____ Protocol 9; Define / authorize Obvious Death Criteria for code 9-B-1, D-2

☐ a. Cold and stiff in a warm environment
☐ b. Decapitation
☐ c. Decomposition
☐ d. Incineration
☐ e. NON-RECENT death
☐ f. Severe injuries obviously incompatible with life
☐ g. Locally defined condition “g”

_____ Protocol 9; Define / authorize Expected Death Criteria for code 9-O-1, D-2

☐ i. Known terminal illness
☐ y. DNR (Do Not Resuscitate) Order
☐ z. Locally defined condition “z”
MD Initials

_____ Protocol 9; Define / authorize EMS response for Obvious Death (9-B-1)
Response: ____________________________________________

_____ Protocol 9; Define / authorize EMS response for Expected Death (9-O-1)
Response: ____________________________________________

_____ Protocol 9; Define / authorize EMS response for Obvious or Expected death (9-D-2)
Response: ____________________________________________

PROTOCOL #14 — DROWNING / NEAR DROWNING / DIVING / SCUBA ACCIDENT

_____ Protocol 14; Review and authorize usage of condition Obvious Death
(Submersion ≥ 6hrs) (14-B-2)

_____ Protocol 14; Define / authorize EMS response for condition Obvious Death
(Submersion ≥ 6hrs)(14-B-2)
Response: ____________________________________________

PROTOCOL #18 — HEADACHE

_____ Protocol 18; Define and authorize Stroke Treatment Time Window (suffix: T)
“T” = Time window set by Medical Control: ____________________________

PROTOCOL #24 — PREGNANCY / CHILDBIRTH / MISCARRIAGE

MD Initials

_____ Protocol 24; Define and authorize High Risk Complications for Code 24-D-5
☐ Premature birth (24-36 weeks) Multiple birth (≥ 24 weeks) Bleeding disorder
☐ Blood thinners
☐ Cervical cerclage (stitch) Placenta abruption Placenta Previa
☐ Other (as approved by Medical Director)
☐ __________________________
☐ __________________________

_____ Protocol 24; Review and authorize usage of Omega Referral for
Code 24-O-1 (Waters broken, no contractions or presenting parts)

_____ Protocol 24; Define/authorize EMS response for Omega Referral Code 24-O-1)
Response: ____________________________________________

PROTOCOL #28 — STROKE (CVA) / TRANSIENT ISCHEMIC ATTACK (TIA)

_____ Protocol 28; Define and authorize Stroke Treatment Time Window (suffix: T)
“T” = Time window set by Medical Control: ____________________________

_____ Protocol 28; Authorize launch of Stroke Diagnostic Tool AFTER dispatch
PROTOCOL #33 — TRANSFER / INTERFACILITY / PALLIATIVE CARE

MD Initials


Acuity Level A-I

☐

☐

☐

☐

☐

Acuity Level A-II

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☐

☐

☐

☐

Acuity Level A-III

☐

☐

☐

☐

☐

MD Initials


☐ Response 33-A-1: ________________________________

☐ Response 33-A-2: ________________________________

☐ Response 33-A-3: ________________________________

PROTOCOL #34 — ACN (AUTOMATIC CRASH NOTIFICATION)

_____ Protocol 34; Review and authorize use of Automatic Crash Notification Protocol

PROTOCOL #36 — PANDEMIC / EPIDEMIC / OUTBREAK (SURVEILLANCE OR TRIAGE)

_____ Protocol 36; Review and authorize use of Pandemic / Epidemic / Outbreak (Surveillance or Triage) Protocol

PROTOCOL #37 — INTERFACILITY / EVALUATION / TRANSFER

_____ Protocol 37; Define and authorize the minimum qualifications of medical personnel defined as NURSE or DOCTOR
☐ Medical Doctor (MD)
☐ Physician Assistant (PA)
☐ Nurse Practitioner (NP)
☐ Registered Nurse (RN)
☐ Licensed Practical Nurse (LPN)
☐ ___________________ Other (Approved by Medical Director)
☐ ___________________ Other (Approved by Medical Director)

_____ Protocol 37; Define and authorize Stroke Treatment Time Window (suffix: T)
“T” = Time window set by Medical Control: __________________________

OTHER SETTINGS AND AUTHORIZATIONS
ASPIRIN DIAGNOSTIC & INSTRUCTION TOOL

_____ Review and authorize use of ASA administration

CARDIAC ARREST CPR COMPRESSIONS PATHWAYS

_____ Review and authorize one of the compressions pathways for the treatment of adult cardiac arrest
of non-respiratory etiology (check one)

☐ Compressions 1st
☐ Compressions Only

I have reviewed each of the items above and completed all applicable authorizations and protocol definitions
required to implement the Advanced Medical Priority Dispatch System in:

AGENCY NAME HERE
Electronic or executed signature ___________________ Date Approved __________________

Dr.
_____________________________
EMD Program Medical Director

AGENCY NAME HERE