



**SPECIALIZED AMBULANCE
PROTOCOL SUMMARY (SAPS)**



This document has been developed to expedite the permitting and compliance process. A separate document should be completed for each type of vehicle/mode of transportation operated in the program.

PROVIDER INFORMATION

Provider Name		Operation Type	
System Affiliation		Agency Number	
Program Coordinator		Phone	Email
Medical Director		Phone	Email

Ramp Inspections Require Mandatory Items – Spot Inspections Require a Full Inspection

– For NCOEMS Use Only –

VEHICLE INFORMATION

Type of Vehicle/Mode of Transport		Level of Service	
Current Permit #	VIN/FAA N#	Assigned Vehicle / Aircraft #	
Chassis/Aircraft Manufacturer		Chassis/Aircraft Year	
Box Manufacturer		Box Year	
Fuel Type	Ambulance Type	4 x 4	Backup 911
NFPA / CAAS Certification Number		VIPER ID	

INSPECTION SCORING

Missing an entire mandatory item may result in “Summary Suspension” or “Refusal of Permit.”
≤ 2 missing items = Satisfactory > 2 missing items = Unsatisfactory

INSPECTION DETAILS

Inspection Date		Inspection Location	
Inspection Type	<input type="checkbox"/> Permitting	<input type="checkbox"/> Compliance (Ramp)	<input type="checkbox"/> Compliance (Spot)
Inspection Results	<input type="checkbox"/> Passed	<input type="checkbox"/> Failed	<input type="checkbox"/> Deficiencies Corrected During Inspection
Inspection Action	<input type="checkbox"/> Permit Issued	<input type="checkbox"/> Permit Refused	<input type="checkbox"/> Summarily Suspended
Provider Representative			
Personnel 1 P Number	Level	<input type="checkbox"/> Paramedic	<input type="checkbox"/> AEMT <input type="checkbox"/> EMT <input type="checkbox"/> EMR <input type="checkbox"/> Nurse <input type="checkbox"/> Other
Personnel 2 P Number	Level	<input type="checkbox"/> Paramedic	<input type="checkbox"/> AEMT <input type="checkbox"/> EMT <input type="checkbox"/> EMR <input type="checkbox"/> Nurse <input type="checkbox"/> Other
NCOEMS Regional Specialist		Date Entered into Continuum	

Before implementation of an initial program or changes to equipment and medications lists, this document must be approved by the NC Office of Emergency Medical Services.

I, as Medical Director, have reviewed this form and approve the content as submitted. I understand any missing equipment or medications shall result in an unsatisfactory rating and shall be considered grounds for refusal or suspension of a permit by the NCOEMS inspector.

Medical Director Name: _____ Medical Director Signature: _____ Date: _____

– For NCOEMS Use Only –

Date Received by Regional Office: _____ Date Forwarded to State Medical Director: _____

Approved: Yes No Approved By: _____ State Medical Director’s Initials: _____

GENERAL INSPECTION ITEMS

Ground / Pediatric Ambulances		Air Ambulances	
Mandatory Items		Mandatory Items	
CAAS / NFPA GVS Compliant (Current Standard)		Aircraft Body & Function (<i>Patient & Crew Compartment</i>)	
Vehicle Body & Function		Appropriate Restraints for Crew & Non-Patients	
Appropriate Restraints for Crew & Non-Patients		Internal Voice Communications (<i>Rotor Wing Only</i>)	
Warning Devices (Lights & Siren)		Two Way Radio (<i>For EMS Communications – Rotor Wing Only</i>)	
Mounted Two-Way Radio with Patient Compartment Controls		Litter with Adjustable Head Elevation	
Interior Dimensions (Minimum 48" x 102")		Survival Gear (Appropriate for Service Area & Number of Occupants)	
Wheeled Cot with Securing Straps		Patient Compartment Lighting	
Reflective Tape on All Sides		Heating & Cooling Source	
Heating & Cooling Source		Provider Name Displayed on Each Side	
Provider Name Displayed on Each Side			
Required Items		Required Items	
Equipment Secured in Patient Compartment		Equipment Secured in Patient Compartment	
Medications & Fluid Kept in Climate Controlled Environment		Medications & Fluid Kept in Climate Controlled Environment	
Exterior Cleanliness		Exterior Cleanliness	
Interior Cleanliness		Interior Cleanliness	

MANDATORY / REQUIRED EQUIPMENT

(Ground/Pediatric & Air Ambulances)

Mandatory Items (<i>Automatic Failure</i>)			
O ₂ Cylinder with Regulator (2 Sources)		ET Stylettes (Adult & Pediatric)	
Suction Apparatus (2 Sources)		Endotracheal Tube Introducer (Adult & Pediatric)	
Bag Valve Masks (Adult and Child Size Bags with Adult, Child, Infant, & Neonatal Masks)		IV Administration Sets (Micro/Macro)	
Sphygmomanometer (Cuffs & Devices) (Pediatric, Adult, Large Adult)		IV Catheters (At Least 4 Sizes)	
Stethoscope		Monitor / Defibrillator (Electrodes, Adult & Peds Pads, 12 Lead Capability)	
Trauma Tourniquet		External / Transcutaneous Pacemaker	
Blind Insertion Airway Device with Syringe (Adult & Pediatric Sizes)		Transvenous Pacemaker (Available in Program/Mission Specific)	
Magill Forceps (Adult & Pediatric)		Intraosseous Device (Adult & Pediatric)	
EtCO ₂ Waveform Capnography/Capnometry Monitoring Device		Chest Decompression Needle (3" or Longer & 14 Gauge or Larger)	
Surgical Cricothyroidotomy Airway Kit		Mechanical Ventilator	
ET Handle (Extra Batteries & Bulbs if Applicable)		Copy of Protocols (Printed or Electronically Accessible)	
ET Blades (Adult & Pediatric)		Fire Extinguisher	
ET Tubes (Adult & Pediatric)			
Required Items			
Nasal Cannula (Adult & Pediatric)		Burn Sheet	
Non-Rebreather with Tubing (Adult & Pediatric)		Cold Packs	
Nebulizer		Dressings, Bandages, Roll Gauze	
Nasopharyngeal Airways (Adult & Pediatric)		Triangular Bandages (At Least 2)	
Oropharyngeal Airways (Adult & Pediatric)		Heavy Duty Scissors	
Wide Bore Suction Tubing		Occlusive Dressing	
Rigid Pharyngeal Suction Device		Lubricating Jelly	
Suction Catheters (One Between 6FR & 10FR)		Thermal Blanket (Or Other Heat Conserving Device)	
Suction Catheters (One Between 12FR & 16FR)		Thermometer (Low Temperature Capability)	
Gastric Tubes		Triage System	
Syringes (In at Least 3 Sizes)		Disinfectant Hand Wash/Sanitizer	
Needles (Various Sizes, 1 Must be 1.5" for IM Injections)		Disinfectant for Cleaning Equipment	
Alcohol Wipes		Disposable Biohazard Trash Bags	
Sterile Saline Irrigation Solution		Infection Control Kit (Mask, Gown, Jumpsuit, Eye Protection, Shoe Covers)	
Sterile OB Kit (Scissors/Scalpel, Bulb Suction, Cord Clamps)		Gloves (Latex Free)	
Bulb Syringe (Separate from OB Kit)		Sharps Container (2 Sources)	
Glucose Measuring Device		Emesis Collection Device	
Pulse Oximeter (Adult & Pediatric)		Bed Pan (<i>Ground/Peds Ambulances Only</i>)	
Pediatric Restraint Device (To Restrain <40lbs.)		Urinal (<i>Ground/Peds Ambulances Only</i>)	
Pediatric Medication/Equipment System Guide		Pillow, Pillowcases, Sheets, & Towels (<i>Ground/Peds Ambulances Only</i>)	

Required Medications / Medication Classes

(Ground & Air Ambulances)

Required Medications			
	Acetaminophen or NSAID		Epinephrine
	Adenosine		Glucagon
	Aspirin		Magnesium Sulfate
	Atropine		Narcotic Antagonist
	Calcium Chloride / Calcium Gluconate		Nitroglycerin
	Diphenhydramine		Sodium Bicarbonate

Listed below are the **REQUIRED** and **OPTIONAL** medication classes for Specialty Care Transport Programs. Choose from the dropdown list your “first” and “second” choices for the specific classes. If the medication of choice is not listed, provide the name of the medication in the “Other Choice” space provided.

Required Medication Classes (Program Drug Choice)			
Medication Class	First Choice	Second Choice	Other Choice
Antiarrhythmic			
Antiemetic			
Benzodiazepine			
Beta Agonist			
Beta Blocker			
Calcium Channel Blocker			
Crystalloid Solution			
Glucose Solution			
Narcotic Analgesic			
Steroid Preparation			
Vasopressor			
Paralytic			
Induction Agent (for DAI)			

Optional Medication Classes			
Medication Class	First Choice	Second Choice	Other Choice
ACE Inhibitors			
Antibiotics			
Barbiturates			
Histamine 2 Blockers			
Immunizations			
Non-Prescription Medications			
Phenothiazines			
Phenytoin Preparations			
Proton Pump Inhibitors			
Thrombolytic Agents			
Topical Hemostatic Agents			

Other Medications <i>(As approved by the North Carolina Medical Board for Paramedics)</i>			
Class	Medication	Class	Medication