

Attention Medical Service Provider - Please fill in and return this form with your quotation: (fillable pdf)

1. Please provide main contact details: (name, phone number, email)

2. Please provide details of your Medical Director(s):

3. Does your organisation use New Zealand's current National Clinical Procedures and Guidelines (CPGs)

Yes No

4. Are your Paramedics / ICPs registered with Te Kaunihera Manapou Paramedic Council? (after March 2021)

Yes No

5. If you are providing Registered Nurses with pre-hospital experience in place of the above, please confirm what equivalent practice level they have authorised to work at by your medical Director :

N/A
 First Responder
 EMT
 Other (detailed below)

6. Can you confirm which of these skills/medications your personnel will have by checking the boxes:

EMT level	Paramedic level	Intensive Care Paramedic level
Aspirin	Adrenaline IV	Adenosine IV
Paracetamol	Amioderone IV	Adrenaline (all routes)
Ibuprofen	Fentanyl IN, IM and IV	Amiodarone IV
Adrenaline IN, IM, neb, topical	Glucose IV	Atropine IV
Glucagon IM	Intraosseous Access	Chest Decompression (needle)
Ipratropium neb	IV cannulation	Cricothyroidotomy
LMA	Ketamine IM, PO and IV (analgesia)	Endotracheal intubation
Laryngoscopy	Lignocaine SC and IO	Fascia iliaca block
Loratadine	Manual Defib	Finger thoracostomy
Methoxyflurane	Midazolam IM and IV	Ketamine (analgesia and dissociation)
Ondansetron	Naloxone IM and IV	Magnesium IV
Salbutamol neb	Ondansetron IV	Metaraminol IV
Tramadol	NaCl IV	Midazolam IV
	synchronsed cardioversion	Promethazine
	Teneceplase IV	Ropivacaine SC
	Tranexamic acid IV	Suxamethonium IV (RSI endorsed personnel only)
All of above	All of above	All of above

7. Can you provide evidence of accepted qualifications or Registration number as appropriate if requested?

Yes No

Tick as appropriate:

Emergency Medical Technician:

NZ Diploma in Ambulance Practice or Diploma in Paramedic Science (Level 6)

BHSc Paramedicine or Nursing

Registered Paramedic / Paramedic Specialist (eg Intensive Care Paramedic) – Reg. Number

Registered Nurse – Reg. Number

8. Can you confirm that your clinicians will have the relevant equipment and resources to be able to provide the specified level of care?

EMT: AED, splints, traction, c-spine equipment, laryngoscopy, suction device

Paramedic: All EMT equipment plus: 12-lead ECG capability, Intraosseous access (EZ-IO or NIO), cannulation equipment, NaCl and dextrose fluids.

Yes No

Note what cannot be provided:

9. Can you confirm that your Intensive Care Paramedics will have relevant equipment and resources to be able to provide the promised level of care?

ICP: All Paramedic requirements plus: chest decompression equipment, cricothyroidotomy equipment, intubation equipment, capnography, ICP airway equipment

Yes No

Note what cannot be provided:

10. Does your organisation have relevant insurances (Public liability, Professional Indemnity)?

Yes No

11. Do personnel carry Identification showing Practice level, police vetting date and relevant contact details for verification?

Yes No

Name:

Position:

Comments: (Please provide any comments you may wish to make here)