

MONTANA BOARD OF MEDICAL EXAMINERS
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EMT VERIFICATION FOR EMT IV / IO Initiation ENDORSEMENT

Student Name: _____ License Number: _____

I certify that the above named individual is competent in the following terminal objectives regarding the EMT IV / IO Initiation Endorsement. The course or education was conducted according to Board policies and procedures, but this form does not authorize practice.

COGNITIVE OBJECTIVES	PSYCHOMOTOR OBJECTIVES
<p>Describe the indications, equipment needed, techniques utilized, precautions, and general principles of peripheral venous cannulation.</p> <p>Describe the indications, equipment needed, techniques utilized, precautions, and general principles of intraosseous needle placement and infusion in children and adults.</p> <p>Describe disposal of contaminated items and sharps.</p> <p>Differentiate between the administration rate and amount of IV fluid in a patient with controlled versus uncontrolled hemorrhage.</p> <p>Differentiate between the administration of fluid in the normotensive, hypotensive, and profoundly hypotensive patient</p>	<p>Use universal precautions and body substance isolation (BSI) procedures</p> <p>Demonstrate cannulation of peripheral veins.</p> <p>Demonstrate intraosseous needle placement and infusion.</p> <p>Demonstrate clean technique during medication administration.</p> <p>Demonstrate disposal of contaminated items and sharps.</p>

Signature of Medical Director **PRINTED** Name Dated

Montana Physician License Number