

MONTANA BOARD OF MEDICAL EXAMINERS
PO Box 200513, 301 South Park Avenue 4th Floor
Helena, Montana 59620-0513
Phone (406) 841-2300 FAX (406) 841-2305
E-MAIL dlibsmed@mt.gov Website: www.emt.mt.gov

EMT VERIFICATION FOR EMT IV / IO MAINTENANCE ENDORSEMENT

Student Name: _____ License Number: _____

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

COGNITIVE OBJECTIVES

PSYCHOMOTOR OBJECTIVES

Describe the indications, equipment needed, techniques utilized, precautions, and general principles of IV / IO infusion in children and adults.	Use universal precautions and body substance isolation (BSI) procedures
Describe disposal of contaminated items and sharps.	Demonstrate the procedure for discontinuing an IV / IO administration.
Differentiate between the administration rate and amount of IV fluid in a patient with controlled versus uncontrolled hemorrhage.	Demonstrate disposal of contaminated items and sharps.
Differentiate between the administration of fluid in the normotensive, hypotensive, and profoundly hypotensive patient.	

Signature of Medical Director

PRINTED Name

Dated

Montana Physician License Number