BREMS Blue Ridge Emergency Medical Services Council

SCOPE OF PRACTICE DOCUMENTATION – BLS RED DOT SKILLS

This letter serves as specific written authorization of the EMS provider listed below for use of the procedures and medications as described when operating on behalf of the agency and physician signing.

PROVIDER_____

CERTIFICATION LEVEL / NUMBER _____

Procedure / Medication	Authorized	Date of Training
Capnography	YES / NO	
Supraglottic Airway Placement	YES / NO	
Non-Invasive Positive Pressure Ventilation	YES / NO	

Agency OMD Date

Agency Representative / Agency Date