

Emergency Medical Services for Children: Pediatric Medical Direction

Before you get started, please tell us about your agency in case we need to contact you for any follow up information...

1. Date of survey completion (mm/dd/yy): _____
2. Name of your EMS Agency: _____
3. EMS Agency ID: _____
4. Address: _____
5. City: _____
6. County: _____
7. State: _____
8. Zip Code: _____
9. Name of person completing survey: _____
10. Job title of person completing survey: _____
11. Agency phone number: _____ [format: (xxx) xxx-xxxx]
12. Email of person completing survey: _____ (format: johndoe@someplace.com)
13. Does your agency respond to 911 emergency medical calls (or emergency medical calls placed through other emergency access numbers if used in your region)?
(select one)

Yes → **Go to 14**

No

If your agency DOES NOT respond to 911 emergency calls, you are finished with the survey. Please return the survey to [state contact info]. Thank you for your time.

14. Please indicate your highest level of state certification/licensure for your EMS agency:
(select one)

- ALS (Advanced Life Support)
- BLS (Basic Life Support) / ILS (Intermediate Life Support)

Next, please tell us how medical direction is utilized in your agency...

15. In the past year, have any of your providers attempted to contact online medical direction for medical advice when treating a pediatric patient, age 0-18 years?
(select one)

- Yes
- No → **Skip to 18**


16. In the past year, how often was online medical direction available to provide medical advice to your providers when they were treating pediatric patients, ages 0-18 years? (Please IGNORE situations where online medical direction was not available due to equipment failure such as non-working radios or lack of cell phone signal.)
(select one)

- Always (100%)
- Almost Always (90 to 99%)
- Usually (50 to 89%)
- Occasionally (10 to 49%)
- Rarely (1 to 9%)
- Never (0%) → **Skip to 18**

17. In the past year, when online medical direction was available, what type of medical professional **PRIMARILY** gave your providers medical advice when they were treating a pediatric patient, age 0-18 years?
(select one)

- EMT-Basic
- EMT-Intermediate
- Paramedic
- Nurse
- Nurse practitioner
- Physician assistant
- Physician
- Do Not Know
- Other Type of Medical Professional:

18. Are written protocols or guidelines (paper or electronic) available to your providers for the treatment of pediatric patients, ages 0-18 years?
(select one)

- Yes
 No → **Skip to 20**
- 

19. In the past year, how often were these pediatric protocols or guidelines physically available (paper or electronic) in the EMS vehicle or carried by your providers during emergency calls?
(select one)

- Always (100%)
- Almost Always (90 to 99%)
- Usually (50 to 89%)
- Occasionally (10 to 49%)
- Rarely (1 to 9%)
- Never (0%)

20. If you have any additional thoughts about pediatric medical direction, please share them here.

**Thank you again for completing the survey! We appreciate your time.
Please return the survey to [state contact info].**