

**MARQUETTE COUNTY EMS MEDICAL CONTROL AUTHORITY
SPECIAL STUDY REPORTING FORM**

Date: _____ Patient Name: _____ EMS Agency: _____

EPI-PEN (All non-ALS Services)

EMS Personnel Using Epi-Pen _____ MFR EMT EMTS EMTP

Comments Regarding Usage: (problems, indications, resolution)

ALBUTEROL (All non-ALS Services)

EMS Personnel Administering Albuterol _____ MFR EMT EMTS EMTP

Comments Regarding Usage: (problems, indications, resolution)

COMBITUBE (Report only if used by MFR's)

EMS Personnel Inserting Combitube: _____, MFR

of Attempts: _____ Placement Verified By: _____

Was Tube Removed Prior to Arrival at Hospital? _____ Removed By? _____

Comments Regarding Usage: (problems, indications, resolution)

ASPIRIN (All non-ALS Services)

EMS Personnel Administering Aspirin _____ MFR EMT EMTS EMTP

Comments Regarding Usage: (problems, indications, resolution)

OTHER (To be Determined)

Comments Regarding Usage: (problems, indications, resolution)

All *Special Study Reporting Forms* must be submitted monthly with
a copy of the Run Sheet attached to:
Marquette County EMS Medical Control Authority
420 W Magnetic Street
Marquette MI 49855