

**Monroe Livingston REMAC
Application for BLS Albuterol Administration**

Date _____

Agency Code _____

Number of authorized BLS providers _____

_____ requests authorization from REMAC to permit BLS
Name of Agency

providers to carry and administer Albuterol in compliance with NYS and MLREMS protocols. The following conditions have been met::

- BLS Providers authorized for Albuterol administration have received appropriate training in EMT class or system-recognized training session

- Albuterol/nebulizer purchase and administration has been authorized by Agency/System Medical Director

- Arrangements for locked storage on ambulance and at ambulance base have been established

- It is understood that ALS will be contacted, if not already dispatched, to provide further care and transport with the patient.

- Albuterol use will be QAed through PCRNet documentation and regional QA system.

Printed Name of Agency CEO _____

Signature of Agency CEO _____

**Send completed application to: Office of Prehospital Care, 601 Elmwood Ave Box 655 ,
Rochester, NY 14642**

Date approved by REMAC _____

REMAC Chair /System Medical Director Signature _____

Possible sources of supplies and medications include, but are not limited to the following:

Moore Medical 1 (800) 234-1464

EMP 1 (800) 558-6270