



## Medical Director Verification/Approval Epinephrine Draw and Inject Method for Anaphylaxis



As the Medical Director for the below named South Dakota Licensed Ambulance Service, I approve the EMT level provider who is employed by the below named South Dakota Licensed Ambulance Service, after training and successful skills testing, to draw and inject Epinephrine 1:1,000 IM (from a single-dose vial) to a patient having an anaphylactic reaction.

Ambulance Service Name: \_\_\_\_\_

Ambulance Service SD License Number: \_\_\_\_\_

Medical Director's Name (Print): \_\_\_\_\_

Medical Director's SD License Number (SDBMOE): \_\_\_\_\_

Service/Agency Director's Name (Print): \_\_\_\_\_

I affirm that I am the Physician Medical Director for the above listed South Dakota Licensed Ambulance Service. I am responsible for oversight of the ambulance service's training, Quality Assurance / Quality Improvement program, which also includes oversight on a regular and on-going basis, in-service training, and review of policies that are directly related to medical care.

I am familiar with applicable treatment protocols/guidelines, such as the SD BLS Patient Care Guidelines, and the defined Scope-of-Practice for each certified or licensed EMS provider level in South Dakota.

Medical Director: \_\_\_\_\_  
Signature

Date: \_\_\_\_\_

Ambulance Service Director/Manager: \_\_\_\_\_  
Signature

Date: \_\_\_\_\_

**IMPORTANT:** Service Directors – Please email this completed form to the SD EMS Program: [Lance.Iversen@state.sd.us](mailto:Lance.Iversen@state.sd.us), and keep the original on file. A copy of this form will be placed in your Service's E-Licensing section under Documents.