

<b>Title: WREMAC Cardiac Monitor/Defibrillator Specifications for All New Equipment Purchases</b>	<b>Effective Date: January 4, 2008</b>
<b>Policy # 2008-1</b>	<b>Page 1 of 2</b>
	<b>Revised:</b>

<b>POLICY:</b>	<b>Automated</b>	<b>BLSFR/EMT-B</b>	<b>EMT-I</b>	<b>EMT-CC/P</b>
	<b>Voice Prompts</b>	Yes	Yes	Optional
	<b>Visual Prompts</b>	Yes	Yes	Optional
	<b>Hands-Free Defibrillation</b>	Optional	Optional	Optional
	<b>Voice Recorder</b>	Yes	Yes	Recommended
	<b>Ability to Print Code Summary for Receiving Hospital Within 24 Hours</b>	Yes	Yes	Yes
	<b>Ability to Print Real-time Rhythm Strip</b>	Optional (Device option may be available to CC/P and credentialed I's only)	Optional (Device option may be available to CC/P and credentialed I's only)	Yes
	<b>Screen/Display to Monitor Rhythm</b>	Optional (Device option may be available to CC/P and credentialed I's only)	Optional (Device option may be available to CC/P and credentialed I's only)	Yes
	<b>Manual Operation (Adult &amp; Pediatric)</b>	Optional (Device option may be available to CC/P only and controlled by lockout/password)	Optional (Device option may be available to CC/P only and controlled by lockout/password)	Yes
	<b>Synchronized Cardioversion (Adult &amp; Pediatric)</b>	Optional (Device option may be available to CC/P only and controlled by lockout/password)	Optional (Device option may be available to CC/P only and controlled by lockout/password)	Yes
	<b>Pacing (Adult &amp; Pediatric)</b>	Optional (Device option may be available to CC/P only and controlled by lockout/password)	Optional (Device option may be available to CC/P only and controlled by lockout/password)	Yes
	<b>Defibrillation</b>	Yes	Yes	Yes

	<b>(Adult &amp; Pediatric)</b>			
	<b>Bi-Phasic Capabililty</b>	Yes	Yes	Yes
	<b>Waveform Capnography (Adult &amp; Pediatric)</b>	Optional (Device option may be available to I/CC/P only)	Yes	Yes
	<b>12 Lead Monitoring Capability</b>	Optional (Device option may be available to CC/P only and controlled by lockout/password)	Optional (Device option may be available to CC/P only and controlled by lockout/password)	Yes
	<b>Ability to transmit 12-lead EKG</b>	N/A	N/A	Recommended
<b>Procedure</b>				
<b>Reference</b>				

**YES- Must have feature**  
**NO – Cannot have feature**  
**Recommended – Should have feature**  
**Optional – May have feature**  
**N/A – Not applicable**