

INCIDENT INFORMATION			
PATIENT'S NAME	CHECKLIST COMPLETED BY (PROVIDER)	INCIDENT DATE (DD / MM / YY)	TIME (24 hr)

When the listed Indications are met, contraindications ruled out and conditions achieved, a Qualified Provider¹ may administer methoxyflurane (PENTHROX[®]) to patients requiring analgesia.

INDICATIONS FOR USE

- Patients requiring analgesia resulting from trauma.

CONTRAINDICATIONS OF USE

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|----------------------------|----------------------------------|-----------------------------------|
| 1. Lowered LOC | 5. Depressant Drug Use | 9. Malignant Hyperthermia (MH) |
| 2. Inability to Comply | 6. Non-Vented Area | 10. Family History of MH |
| 3. Hemodynamic Instability | 7. Allergy &/or Adverse Reaction | 11. Liver &/or Renal Disease |
| 4. Shortness of Breath | 8. Pt. Age <18, >75 Yrs. | 12. Methoxyflurane Use 90 Days |
| | | 13. Pregnancy &/or Breast Feeding |

CONDITIONS OF USE (ALL CONDITIONS MUST BE ACHIEVED PRIOR TO METHOXYFLURANE ADMINISTRATION)

- Completed a Primary Assessment
- Provided and maintained all necessary critical interventions
- Activated the local emergency response system & notified EMS
- Conducted a targeted Past Medical History if possible
- Obtained and recorded baseline vital signs including: LOR, RR, HR, SpO₂, Skin Temp. & Condition
- Ruled out contraindications
- Informed patient of beneficial effects and possible adverse effects
- Obtained patient consent
- Methoxyflurane (PENTHROX[®]) is to be administered as outlined in PEAK's APTP Training Manual

¹ Qualified Provider - an individual who has received specific PEAK training.