Attachment A
Critical Care Transport Capabilities Confirmation

If a transport is classified as a Critical Care Transport (CCT) the offeror must be capable of transporting the drugs and/or equipment as required by the patient (listed below), up to and including Tier III, if necessary, based on the EMS region the ambulance provider is functioning in. Prospective offerors must sign and return this form confirming they can meet these criteria for CCTs ordered under this contract.

Drug Supply List:

Acetylcysteine (Acetadote, Mucomyst)
Amiodarone (Cordarone)
including CPAP
Antibiotics
Blood and Blood Products
Diltiazem (Cardizem)
Dobutamine
Capability: up to 6 IV drips
Dopamine
Fentanyl (Sublimaze)
Furosemide (Lasix)
Heparin
Hyperalimentation
(TPN and lipids)
Insulin
Labetalol (Trandate)
Lidocaine
Lorazepam (Ativan)
Magnesium Sulfate
Mannitol
Midazolam (Versed)
Milrinone (Primacor)
Nicardipine (Cardene)
Nitroglycerin (NitroStat, Nitro-Dur, Nitro-Bid)
Norepinephrine (Levophed)
Octreotide (Sandostatin)
Ondansetron (Zofran)
Pantoprazole (Protonix)
Phenylephrine (Neo-Synephrine)
Potassium Chloride
Propofol
Sodium Bicarbonate
Vasopressin (Pitressin)
TPA* (Pending)

Equipment List:

Chest tubes
Portable mechanical vents;

All VADs CVP lines
Swan-Ganz line
Smart Pump

*Any pump(s) capable for up to and including 6 infusion lines or IV drips as required by the patient. If the pumps are not compatible with VA supplied IV tubing, the contracted ambulance would need to provide their own tubing and be able to switch the tubing over prior to transport. *

Zoll XSeries Critical Care Monitor Capabilities:
Continuous 12-lead EKG monitoring
2-Temperature Monitoring
Automatic Blood Pressure
Capnography
2 arterial lines monitoring

I hereby confirm that _____(Company Name)_____ can meet the criterion for Critical Care Transports.

_____ _____

Signature of Company Representative Date