County of Orange Health Care Agency
Emergency Medical Services (EMS)
405 W. Fifth Street, Suite 301A
Santa Ana, CA 92701

MOBILE INTENSIVE CARE NURSE (MICN) AUTHORIZATION
FIELD OBSERVATION CHECKLIST

☐ Initial authorization:
Direct observation of paramedics providing care in the field for twelve (12) hours

Date: _____ Time: _____

Agency: _____ Station: _____

Paramedic: _____ _____

Date: _____ Time: _____

Agency: _____ Station: _____

Paramedic: _____ _____

☐ First reauthorization:
Direct observation of paramedics providing care in the field for eight (8) hours or 3 ALS level calls

Date: _____ Time: _____

Agency: _____ Station: _____

Paramedic: _____ _____

ALS Calls:
Seq. # _____ Type: _____

Seq. # _____ Type: _____

Seq. # _____ Type: _____

☐ Reauthorization period 2 and above:
Directly observe paramedics providing care in the field for four (4) hours.

Date: _____ Time: _____

Agency: _____ Station: _____

Paramedic: _____ _____

☐ Reauthorization 6 and above (optional):
May provide two (2) hours of paramedic education in lieu of direct observation at the discretion of the Base Hospital Coordinator.

Date: _____

Topic: _____

Date: _____

Topic: _____

Submit this form with all other paperwork to OCEMS, Attn: Facilities Coordinator