



Protocol Development Stakeholder Input Form

Please use this form to submit a protocol suggestion. **Please read the entire form first.** If there is more than one suggestion and they are unrelated, please use a new form for each suggestion. Completed forms can be emailed to your regional medical director, any MDPB member, or Maine EMS (all addresses available on the Maine EMS website under "[Medical Direction & Practices Board](#)") or mailed to:

Maine EMS
Attn: EMS Education Coordinator
45 Commerce Drive, Suite 1
Augusta, ME 04333

Due dates for consideration of suggestions vary – please visit the Maine EMS website, [Medical Direction & Practices Board page](#) for a list specific section review dates.

Contact Information

Name:	
Your background/point of perspective	
<input type="checkbox"/> EMS	<input type="checkbox"/> Service Medical Director
<input type="checkbox"/> Other Healthcare Provider	<input type="checkbox"/> Public
<input type="checkbox"/> Other	
Any organization you may be representing for this suggestion?	
Preferred Method of Contact	
<input type="checkbox"/> Email	<input type="checkbox"/> Phone
<input type="checkbox"/> US Mail	
Contact information for preferred method of contact (Email, phone, and/or mailing address)	
I. Please briefly write and/or describe your suggestion in the area below:	

II. Is this:	
<input type="checkbox"/>	An addition to an existing Maine EMS protocol? <i>Please reference page #:</i>
<input type="checkbox"/>	A change to an existing Maine EMS Protocol? <i>Please reference page #:</i>
<input type="checkbox"/>	A new Maine EMS protocol? <i>(please explain)</i>
<input type="checkbox"/>	Something else? <i>(please explain)</i>
III. What is your motivation (reason) for suggesting this change?	
IV. What is the incidence of the underlying condition in the state of Maine or in your clinical practice?	

V. What is the evidence to support this suggested change? What are your sources of information? (e.g., Research, other state protocols, background data supporting the change, other references – please include all references for MDPB Section author review)

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VI. What is the expected impact of implementing this change? (e.g., costs and time required for didactic/practical education on topic, operational changes, scope of practice change, purchase of equipment, healthcare communications requirements, quality improvement requirements, medical direction requirements)

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VII. What is the expected outcome of this change? (e.g., specific impacts related to improved patient care/patient outcomes, efficiency, improved costs)

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To save: 1. In your toolbar, click "FILE," and then, select "SAVE AS."
2. Type your new file name, and email the file as noted in the instructions at the top of this form.