

DEPARTMENT OF HEALTH SERVICES  
COUNTY OF LOS ANGELES

SUBJECT: **MOBILE INTENSIVE CARE NURSE (MICN)  
FIELD OBSERVATION**

REFERENCE NO. 1011

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PURPOSE: To establish the functions and responsibilities of the MICN/MICN candidate while participating in field observation for EMS continuing education (CE) credit or completion of certification requirements.

AUTHORITY: California Health and Safety Code, Division 2.5, Chapter 2, Sections 1797.56, 1797.175, California Code of Regulations, Title 22, Chapters 4 and 11

DEFINITIONS:

**Mobile Intensive Care Nurse (MICN):** A registered nurse authorized by the Medical Director of the local EMS agency to provide prehospital advanced life support or issue instructions to prehospital emergency personnel within an EMS system according to standardized procedures developed by the local EMS agency consistent with statewide guidelines.

POLICY:

- I. Field observation is mandatory for new MICN candidates and at initial renewal. Following the initial renewal, field observation is optional or at the discretion of the Prehospital Care Coordinator (PCC).
- II. Field observation is an extension of the MICN's responsibilities, providing first-hand knowledge of how Los Angeles County treatment and legal protocols are applied in the prehospital setting.
- III. The EMS CE program director or clinical director will work with the individual MICN/MICN candidate to determine the field observation schedule, which includes a pre-discussion and agreeing on the objectives to be addressed during the field observation.
- IV. The MICN/MICN candidate will be covered by the sponsoring agency's Workman's Compensation and malpractice insurance or other similar coverage.
- V. The MICN/MICN candidate will dress in a professional and sensible manner, including wearing their employee identification badge.
- VI. The primary function of the MICN/MICN candidate is to observe Paramedic operations. The MICN/MICN candidate is not to become involved in patient care activities. The MICN/MICN candidate may only participate in patient care activities in the following circumstances:

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PAGE 1 OF 3

APPROVED:

  
Director, EMS Agency

  
Medical Director, EMS Agency

- A. At the request of the Paramedic(s), within the California Registered Nurse scope of practice.
- B. When the MICN/MICN candidate observes a life-threatening situation not recognized by the Paramedic(s), e.g., when an unsafe drug or dosage is going to be administered or when a serious or life threatening problem is overlooked in the patient's assessment.
- C. When a MICN participates or intervenes in the care of a patient the MICN's name and certification number shall be recorded on the EMS Report Form. If the individual performing the field observation is an MICN candidate, their name and RN license number shall be recorded.

VII. Field Observation Documentation and Credit

- A. To assure credit for performing the field observation:
  - 1. The MICN Recertification Field Observation CE Documentation form shall be signed and dated by the Paramedic with their Accreditation number.
  - 2. Results of experience for each objective shall be documented in detail in the results of experience box or on a separate sheet of paper.
  - 3. Complete the Field Observation Preceptor Evaluation form.
  - 4. Submit completed forms to the sponsoring agency's EMS CE program director or clinical director for review.
- B. MICN Candidate
  - 1. Candidate shall observe a minimum of one (1) ALS patient assessment that results in an ALS transportation to a 9-1-1 receiving hospital and/or a base hospital contact to observe the full continuum of care.
  - 2. MICN Candidate Field Observation Documentation form shall be used from the forms section of the Agency web page.
- C. MICN
  - 1. The following signatures and documentation are required on the MICN Recertification Field Observation CE Documentation form and shall serve as proof of completion used for certification/recertification purposes.
    - a. MICN signature
    - b. Paramedic name, signature, and Accreditation number
    - c. EMS CE Program Director or Clinical Director signature
    - d. Documentation of "time in" and "time out"
  - 2. MICN Recertification Field Observation Documentation form shall be used from the forms section of the Agency web page.

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CROSS REFERENCES:

Prehospital Care Manual:

Ref. No. 1010, **Mobile Intensive Care Nurse (MICN) Certification/Recertification**

Ref. No. 1013, **EMS Continuing Education (CE) Provider Approval and Program  
Requirements**

Los Angeles County EMS Continuing Education Program Manual