Candidate Handbook

IBSC®
INTERNATIONAL BOARD
OF SPECIALTY CERTIFICATION

April 2026

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HOW TO CONTACT THE IBSC

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HOW TO CONTACT TESTRAC

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POPULATION BEING CERTIFIED

The target audience for the Maternal Fetal Transport Microcredential certification examination is any licensed or certified Paramedic, Registered Nurse, Mid-Level provider, Respiratory Therapist or Physician who provides care to – or oversees the care of – the maternal patient during transport.

Candidates must have an understanding of chronic patient care pathophysiology, while maintaining a significant knowledge of current maternal assessments, multidisciplinary collaboration, patient centric care, pharmacology, changes on maternal physiology, etc. unique to the maternal fetal transport environment.

This examination is not meant to test entry-level knowledge, but rather to validate competency of the Paramedic, Registered Nurse, Mid-Level provider, Respiratory Therapist or Physician providing services beyond the roles of traditional emergency critical care and transport. The expectation for the Maternal Fetal Transport Microcredential examination candidate is competency in the care of the maternal patient.

The Maternal Fetal Transport Microcredential examination candidate is an experienced Paramedic, Registered Nurse, Mid-Level provider, Respiratory Therapist or Physician professional associated with an emergency medical service or other healthcare organization with knowledge of current maternal assessments, multidisciplinary collaboration, maternal patient centric care, pharmacology, changes to maternal physiology, etc. unique to the maternal fetal transport environment.

The broader audience involved with maternal fetal care include the following:

1. Federal, state and local Emergency Medical Services (EMS)
2. Private/Government operated Emergency Medical Services (EMS)
3. Ground ambulance services
4. Critical care transport organizations
5. Hospitals and various acute care medical facilities
6. Accountable Care Organizations
7. Healthcare Insurance Companies
8. Education institutions such as local and state colleges or technical centers that provide maternal education training
9. Municipal fire protection departments
10. Hospice and Palliative Care Organizations
11. Community Health Departments
12. Children Medical Services
13. Other areas around the globe that have or may develop mobile integrated healthcare programs

For additional questions related to qualifying for a certification examination, please contact the IBSC at +1 (770) 978-4400 or via help@IBSC.org.

INTRODUCTION

The International Board of Specialty Certification is responsible for the construction, administration and maintenance of the Maternal Fetal Transport Microcredential examination.

The IBSC does not believe the Paramedic, Registered Nurse, Mid-Level provider, Respiratory Therapist or Physician professional should work in the Maternal Fetal Transport environment without being certified. The legal risk to the employer and the medical director is exponentially increased without validation of clinical competency. This microcredential targets competency at the mastery level of medical practice coupled with entry-level competency over the knowledge, skills and abilities contained within the specialty of maternal fetal transport.

ELIGIBILITY

To obtain certification, the candidate must meet **each** of the following:

- hold an unrestricted license or certificate to practice as a Paramedic, Registered Nurse, Mid-Level provider, Respiratory Therapist or Physician as defined by local rule or regulation
- complete an approved examination application
- submit professional license or certification for verification and approval

The Maternal Fetal Transport microcredential is only available via the TesTrac live remote proctor (LRP) platform.

To maintain certification, the certificant must meet all eligibility requirements. These requirements can be found on the IBSC web site at http://www.ibscertifications.org/exam/exam-requirements

The board is not affiliated with – nor part of – any trade organization and is not involved with any review courses offered to the public. If you have questions concerning the board or the administration of any microcredential, please contact the IBSC at help@IBSC.org or by calling the IBSC office at +1 (770) 978-4400 – 1000-1600 Eastern Time Monday – Friday.

TESTING AGENCY

The IBSC has partnered with TesTrac – a provider of technology-enabled testing and assessment solutions TesTrac assists with the administration, scoring, and analysis of the Maternal Fetal Transport Microcredential examination. All LRP is offered by the TesTrac platform.

STATEMENT OF NON-DISCRIMINATION

IBSC and TesTrac do not discriminate among candidates on the basis of age, gender, race, color, religion, national origin, disability or marital status.

REQUEST FOR ACCOMMODATION

To be considered for an accommodation under the ADA, an individual must present adequate documentation demonstrating that his/her condition substantially limits one or more major life activities. Only individuals with disabilities who, with or without reasonable accommodations, meet the eligibility requirements for certification at the level of the requested examination are eligible for accommodations.

For more information related to accommodations, please contact the IBSC at +1 (770) 978-4400. Additional information can also be found at https://www.ibscertifications.org/resource/pdf/2025_ADA.pdf

APPLYING FOR AN EXAMINATION

Register for the Maternal Fetal Transport microcredential via the IBSC website at http://www.IBSCertifications.org or by contacting the IBSC office at +1 (770) 978-4400. After your completed registration and fees have been submitted and approved, you will receive an electronic notice confirming your eligibility to take the examination. Your scheduling information will be sent to you by TesTrac, along with instructions to schedule your microcredential exam. The period of testing eligibility

is one year.

SCHEDULING AN EXAMINATION

You will receive an email from our partners at TesTrac outlining the scheduling process. The Maternal Fetal Transport microcredential is only offered via the live remote proctor (LRP) option. Please click on the Calendly link to schedule your exam – https://calendly.com/testrac/proctored. To access the exam, please click the Zoom link a few minutes before your exam start time to ensure your computer is set up with the correct permissions. You will receive your specific exam access code at the time of your exam via the Zoom link.

EXAMINATION LOCATIONS

The IBSC offers the Maternal Fetal Transport microcredential examination around the world.

LRP options are based on location, computer accessibility, and internet connectivity.

CHANGED, MISSED, OR CANCELLED APPOINTMENTS

You can change or cancel your LRP examination appointment date in the TesTrac scheduling portal at the link you were sent or by sending an email to admin@testrac.com. The following rules apply:

- More than **forty-eight (48) hours** from your appointment date – no change fees apply
- **Less than forty-eight (48) hours prior to your appointment date – a $60 rescheduling or cancellation fee applies**
- **Less than forty-eight (48) hours, contact the IBSC at +1 (770) 978-4400 to reschedule**

You will forfeit your examination registration and all fees paid to take the examination under the following circumstances.

- You are more than 15 minutes late from the start of the exam.
- You fail to report for an examination appointment.

A new, complete registration and all examination fees are required if you chose to reapply for any examination.

All microcredential examination candidates will adhere to the IBSC rules and acknowledge the IBSC disciplinary affords everyone due process. Exam fees are non-refundable and do not expire.

UNSCHEDULED CANDIDATES (WALK-INS) ARE NOT ADMITTED TO ANY IBSC EXAMINATION.

PREPARING FOR THE EXAMINATION

The first step is to complete an approved application and provide proof of professional licensure or certification. The microcredential examination is designed to validate the unique knowledge and skills of the professional providing maternal fetal transport. Experience and knowledge in maternal care are highly recommended to prepare you for being successful on this microcredential.

MFT MICROCREDENTIAL EXAM CONTENT

The Maternal Fetal Transport Microcredential Examination consists of 65 questions (50 scored and 15 non-scored pretest questions). The candidate is provided seventy-five (75) minutes to complete the microcredential examination. The microcredential process is focused on the knowledge level of the accomplished, experienced certified Paramedic, Registered Nurse, Mid-Level provider, Respiratory Therapist or Physician who cares for, or oversees, care the maternal patient during transport.

This microcredential examination is not meant to test entry-level knowledge, but rather to test the experienced healthcare professional's skills and knowledge of the maternal patient during transport.

As you prepare for the microcredential examination, please consider there are a variety of mission profiles throughout the practice of maternal fetal transport. This microcredential examination tests the candidates' overall knowledge of the principles of maternal care during transport. We have included a brief outline below of the topics and skills included in this microcredential. As you can see, most of these topics are beyond the scope of the average field

provider. Though some topics addressed are within the typical scope of practice, the microcredential questions will be related to the specifics seen in maternal fetal transport. The detailed content outline follows.

DISCIPLINARY POLICIES

The IBSC has disciplinary procedures, rights of appeals, and due process within its policies. Individuals applying for certification or recertification who wish to exercise these rights should review the following Review and Appeals Process Policy and the Denial, Suspension, or Revocation of Certification Policy located on the IBSC web site. Requests to appeal must be submitted within thirty days (30) calendar days of receipt of notice of a determination.

MAINTAINING YOUR CERTIFICATION

To maintain the Maternal Fetal Transport microcredential, the certificant must:

1. Maintain an unrestricted license or certificate to practice as a Paramedic, Registered Nurse, Mid-Level provider, Respiratory Therapist or Physician professional as defined by local rule or regulation.
2. Complete and submit fifty (50) continuing education (CE) credits.
3. At least ten (10) of these continuing education (CE) credits must be directly related to maternal care topics.

Recertification is valid for a period of two (2) years.

CONTENT OUTLINE (BLUEPRINT)

TOPIC AREAS	# items
PHYSIOLOGY	6
TRANSPORT SAFETY & LOGISTICS	10
PHARMACOLOGY	14
PATHOPHYSIOLOGY	9
ASSESSMENTS	14
SPECIAL SITUATIONS	6
AIRWAY MANAGEMENT	6

NOTE: *Each test form includes 15 unscored pretest items in addition to the 50 scored items for a total of 65 items in a75 minute test timeframe.*

CONTENT OUTLINE (BLUEPRINT)

I. Physiology
(6 items in this section – 9%)
a. Maternal Physiology
b. Fetal Physiology
c. Neonatal Physiology

II. Transport Safety & Logistics
(10 items in this section – 15%)
a. Team Capabilities
b. Equipment and supplies
    i. Weight rated approved transport device
    ii. Transport vehicle design/layout
    iii. Warmer/Blankets
    iv. Medication storage
    v. EFHM External Fetal Heart Monitor
    vi. JADA
    vii. Bakri Balloon
    viii. Delivery Bag
    ix. Suction, meconial aspirator, etc.
c. Transport guidelines
    i. When NOT to transport
    ii. Resources available along the way
    iii. Appropriate mode of transport
d. Diversion
    i. EMTALA Implications

III. Pharmacology
(14 items in this section – 22%)
a. Tocolytics
b. Steroids
c. Hemorrhage Control
d. Surfactant
e. Magnesium
    i. Antiseizure indications for mother;
    ii. Neuroprotection indications for fetus
    iii. Understand "mag baby" considerations
    iv. Calcium administration
f. Antihypertensive
g. RSI meds
h. NSAIDS
i. Antibiotics

IV. Pathophysiology
(9 items in this section – 14%)
a. Normal Pregnancy vs HR Pregnancy

i. HROB Risk Factors

b. Maternal Disorders
   i. Abruptio Placentae
   ii. Placenta Previa
   iii. PROM/PPROM
   iv. Epidural
   v. Limb Presentation
   vi. Cardiomyopathy, HTN, cardiovascular diseases, etc.
   vii. Post Partum Hemorrhage
   viii. HELLP Syndrome
   ix. Pre-eclampsia/Eclampsia
   x. Respiratory Failure
   xi. Pre-term vs Term Considerations

V. Assessments
(14 items in this section – 22%)

a. Maternal
   i. GTPAL - i.e.: gravida, term, preterm, abortion, living
   ii. Previous Mode of Delivery Considerations
   iii. Rupture of membranes
   iv. Multiple-births
b. Neonatal
   i. APGAR
c. Fetal Heart Tones
   i. Acceleration vs Deceleration, Monitoring Fetal HR, etc. early/late
   ii. FHT Tracing Categories
d. Doppler
e. POCUS
f. Stages of Labor
   i. First Stage Considerations
   ii. Second Stage Considerations
   iii. Third Stage Considerations
g. Labs
   i. Related to HELLP
   ii. Related to Eclampsia
h. Disease processes
   i. Pre-eclampsia
   ii. Abruption, Firm Uterus, Vaginal Bleeding, etc.
i. Shock management
   i. Hypovolemic Shock Considerations
   ii. Septic Shock Considerations
j. Diabetic Considerations
   i. Diabetic Considerations
k. Psychological considerations

VI. Special Situations
(6 items in this section – 9%)

a. Trauma in the OB Patient
   i. Spinal Motion Restrictions, Positioning, etc.
   ii. Uterine rupture, vaginal bleeding, etc.
   iii. Blunt vs penetrating trauma
   iv. Abruption Assessment
   v. Lab Values, KB test, Fetomaternal Hemorrhage, etc.
   vi. Transport Destination Considerations
b. Diabetic Ketoacidosis
   i. Insulin Infusion, BGL Monitoring, etc.
c. Sepsis
   i. Group B Streptococcus – what, when, why administered?
d. Perimortem Cesarean
   i. Time Frames
   ii. Compression/CPR Consideration
   iii. Uterine Displacement
   iv. ECMO
   v. Immediate Neonate Needs
e. Substance Abuse/Use
   i. Ingested Medications
f. Legal considerations
   i. Refusal of care
   ii. Refusal of transport

VII. Airway Management
(6 items in this section – 9%)

a. RSI
   i. Medication Considerations, i.e.: Anesthesia Plan (e.g., analgesia agents, sedation agents, paralytic agents, comprehensive airway strategy
   ii. Waveform Capnography Monitoring
b. Aspiration Considerations
   i. Positioning
   ii. Suctioning, Preparation, etc.
c. Failed Airway
   i. Sub-glottic Airways
   ii. Alternative Airway Devices
   iii. Manual BVM Ventilation

END OF DETAILED CONTENT OUTLINE

MFT SAMPLE QUESTIONS

Q: When performing morning equipment checks on your transport vehicle equipped for maternal specialty, you note the main oxygen tank is at 800 PSI. The next reasonable action is to

A. refuse any transports of the shift.
B. replace the main oxygen tank.
C. use only the portable oxygen.
D. replace the main oxygen tank after your first transport.

Domain: Transport Safety & Logistics

Rationale: Ignoring the oxygen level is a risk of not being prepared for a critically hypoxic patient or prolonged transport.

Q: You suspect a gravid patient has developed unrecognized gestational diabetes and is hyperglycemic without evidence of urine ketones. Which of the following is an appropriate intervention after consulting with the controlling maternal provider?

A. Administer SQ insulin
B. Administer PO fluids throughout transport
C. Administer IM glucagon
D. Refuse pharmacologic intervention

Domain: Assessments

Rationale: Administration of SQ insulin as authorized by a provider is a reasonable and reasonable action in a stable pregnant patient without ketoacidosis. Oral fluid administration during transport is not practical and poses a risk for aspiration. Glucagon is used for the treatment of hypoglycemia, not hyperglycemia. Refusing treatment after a provider consultation adds unnecessary risk when the requested intervention is standard of care.

Q: A 22-year-old female, 28-weeks' gestation, is being transferred following a head-on motor vehicle crash. She sustained blunt force injuries but is relatively stable. During transport, your fetal reassessment reveals a fetal baseline heart rate change to 90 beats per minute. You should

A. abort the transport.
B. divert to the closest medical facility.
C. divert to a pediatric specialty center.
D. divert to a comprehensive maternal facility.

Domain: Special Situations

Rationale:
The safest option for this patient is to divert to the destination with high-level obstetrics and neonatal surgical capabilities.

Q: A 26-year-old female, 30-weeks' gestation, presents with a sudden gush of clear fluid. She denies pain or bleeding, and fetal heart rate is 145 bpm with moderate variability. The sending physician diagnoses preterm premature rupture of membranes and requests you initiate therapy to promote fetal lung maturity during transport. You should administer

A. hydrocortisone
B. methylprednisolone
C. prednisone
D. betamethasone

Domain: Pharmacology

Rationale:
Betamethasone (12 mg IM, two doses 24 hr apart) is the preferred antenatal corticosteroid to accelerate fetal lung maturity when PPROM occurs between 24–34 weeks. Hydrocortisone is primarily for adrenal insufficiency, not fetal lung development. Methylprednisolone is used for inflammatory disorders, not obstetric fetal therapy. Prednisone does not reliably cross the placenta in sufficient amounts for lung maturation.

ON THE DAY OF YOUR EXAMINATION

The following security procedures apply during the examination:

- Examinations are proprietary. No cameras, notes, tape recorders, personal electronic devices, pagers or cellular phones are allowed
- No guests, visitors or family members are allowed

For LRP testing – Ensure your computer and internet connectivity meet the requirements outlined in your confirmation letter.

Sign into the Calendy portal at least 15 minutes prior to your scheduled appointment time to access the exam. Click the Zoom link a few minutes before your exam start time to ensure your computer is set up with the correct permissions. You will receive your specific exam access code at the time of your exam via the Zoom link.

When logging into the TesTrac remote proctor, be prepared to show acceptable photo identification. Identification must be valid and include your current name, signature, and photo.

Acceptable forms of primary identification include photo ID's such as a current:

1. driver's license
2. gov't issued identification card
3. passport
4. military identification card

You are prohibited from misrepresenting your identity or falsifying information to obtain admission to the certification examination.

SECURITY

IBSC and TesTrac maintain examination administration and security standards designed to assure all candidates are provided the same opportunity to demonstrate their abilities. Each remote proctor session is continuously monitored by audio and video surveillance equipment for security purposes.

The computer monitors the time you spend on the examination. The examination will terminate if you exceed the time limit. A digital clock – located at the top of the screen – indicates the time remaining for you to complete the examination.

Only one question is presented at a time. The question number appears on the left portion of the screen. The entire question appears on-screen (i.e., stem and four options labeled – A, B, C and D). **Indicate your choice by either entering the letter of the option you think is correct (A, B, C or D) or clicking on the option using the mouse.** Your answer appears in the highlighted window below the question. To change your answer, enter a different option by clicking on the option using the mouse. You may change your answer as many times as you wish during the examination time limit.

To move to the next question, click on the next button in the lower right portion of the screen. This action will move you forward through the examination question by question. If you wish to review any question or questions, click the back button

You may leave a question unanswered and return to it later.

INCLEMENT WEATHER OR EMERGENCIES

In the event of inclement weather or unforeseen emergencies on the day of an examination TesTrac will determine whether circumstances warrant the cancellation, and subsequent rescheduling, of an examination.

EXAMINATION RESTRICTIONS

- Possession of a cellular phone or other electronic devices (including smart watches) is strictly prohibited and will result in dismissal from the examination.
- No documents or notes of any kind may be removed from the Assessment Center.
  - No questions concerning the content of the examination may be asked during the examination.
  - Eating, drinking or smoking will not be permitted during the examination.
  - You may NOT take a break during the course of

this microcredential examination.

MISCONDUCT

If you engage in any of the following conduct during the examination, you may be dismissed, and your scores will not be reported. Examination fees will be forfeited. Examples of misconduct include:

- creating a disturbance, becoming abusive, or otherwise uncooperative;
- display and/or use electronic communications equipment such as pagers, cellular phones, personal electronic device;
- talk or participate in conversation with other examination candidates;
- give or receive help or is suspected of doing so;
- leave the remote proctor screen during the administration;
- attempt to record examination questions or make notes;
- attempt to take the examination for someone else;
- are observed with notes, books or other aids.

Violation of any of the above provisions results in dismissal from the examination session. The candidate's score on the examination is voided and examination fees are not refunded. Evidence of misconduct is reviewed to determine whether the candidate will be allowed to reapply for examination. If re-examination is granted, a complete application and fee are required to reapply.

FOLLOWING THE EXAMINATION

Score reports will be sent within one hour of the examination to the e-mail used when registering for the exam.

SCORE REPORTING

To pass the Maternal Fetal Transport microcredential examination, your score must equal or exceed the established passing score using standard-setting techniques that follow best practices within the testing industry.

The passing standard for the Maternal Fetal Transport microcredential exam is established by a designate IBSC Subspecialty Board, Test Committee or Subject Matter Expert Group. Members of these groups are nationally recognized specialists whose combined expertise encompasses the breadth of clinical knowledge in the specialty area. Members include educators, managers and providers, incorporating the perspectives of both the education and practice environments. In setting the passing standard, the committee considers many factors, including relevant changes to the knowledge base of the field as well as changes in the characteristics of minimally qualified candidates for certification.

The passing standard for the Maternal Fetal Transport microcredential exam is based on a specified level of mastery of content in the specialty area. Therefore, no predetermined percentage of examinees will pass or fail the exam. The committee sets a content-based standard, using the modified-Angoff method.

At the completion of your examination you will be provided with a score report outlining how you performed on each domain of the examination.

WHEN YOU PASS THE EXAMINATION

When passing the certification examination, you will be immediately provided a temporary certificate. You will receive a certificate and wallet card, along with your certification lapel pin and patch within 4 weeks from the IBSC office team. This microcredential is valid for a two-year (2) period.

IF YOU DO NOT PASS THE EXAMINATION

Should you not be successful with the examination, additional detail is provided in the form of raw scores by major content category. A raw score is the number of questions you answered correctly. As an example, in domain "A", the score of 7/12 means you correctly answered 7 of the 12 questions. Providing this data allows the candidate to direct their review and study material to address those domains in which you were not successful. You may retake the examination after 30 days.

The retesting process is outlined at https://www.ibscertifications.org/resource/pdf/Retesting%20Policy_2025.pdf

SCORES CANCELLED BY THE IBSC OR TESTRAC

IBSC and TesTrac are responsible for the integrity of the scores they report. On occasion, occurrences, such as computer malfunction or misconduct by a candidate, may cause a score to be suspect. IBSC and TesTrac are committed to rectifying such discrepancies as expeditiously as possible. Examination results may be cancelled if, upon investigation, a violation or discrepancy is discovered.

MFT APPROVED ABBREVIATIONS

A1GDM – Gestational Diabetes Mellitus – diet controlled
A2GDM – Gestational Diabetes Mellitus - requires medication management
Ab – Abortion
ABG – arterial blood gas
AC – assist control
ACLS – Advanced Cardiac Life Support
ALT – alanine aminotransferase
AST – aspartate aminotransferase
BP – blood pressure
BUN – blood urea nitrogen
BVM – bag, valve, mask
CaCl – calcium chloride
CAMTS – Commission on Accreditation of Medical Transport Systems
CBC – complete blood count
Cl – chloride
CMV – conventional mechanical ventilation
CO – cardiac output
CO_2 – carbon dioxide
COPD – chronic obstructive pulmonary disease
CPAP – continuous positive airway pressure
CPP – cerebral perfusion pressure
CPR – cardiopulmonary resuscitation
Cr – creatinine
CT – CAT scan, computerized axial tomography
CVP – central venous pressure
DBP – diastolic blood pressure
DPL – diagnostic peritoneal lavage
DUI – driving under the influence
ED – emergency department
EKG or ECG – electrocardiogram
EMS – emergency medical services
$EtCO_2$ – end tidal carbon dioxide
ETT – endotracheal tube
FHR – fetal heart rate
G – gravida
g or gr – gram
GCS – Glasgow coma scale/score
GDM – Gestational Diabetes Mellitus
GI – gastrointestinal
GSW –gunshot wound
HCO_3 – serum bicarbonate
HELLP syndrome – hemolysis, elevated liver enzymes, and low platelet count
HEMS – helicopter emergency medical services
HF – heart syndrome
HFOV – high frequency oscillatory ventilation
HR – heart rate
HROB – high risk obstetrics
HTN – hypertension
IABP – intra-aortic balloon pump
ICP – intracranial pressure
ICU – intensive care unit
IDDM – insulin dependent diabetes mellitus
IFR – instrument Flight Rules
IIMC – inadvertent instrument meteorological conditions
IM – intramuscular
IO – intraosseous
I-time – inspiratory time
I-time – inspiratory time
IV – intravenous
IVP – IV push
JVD – jugular venous distention
K^+ – potassium
KCL – potassium chloride
kg – kilogram
LOC – loss of consciousness
LZ – landing zone
MHz – mega hertz
MI – myocardial infarction
MSL – mean sea level
MVC – motor vehicle crash or collision
Na – sodium
NaCl – sodium chloride
NC – nasal cannula
NGT – nasogastric tube
NICU – neonatal intensive care unit
NIDDM – non-insulin dependent diabetes mellitus
NRB – nonrebreather
NTSB – National Transportation Safety Board
NVGs – night vision goggles
OGT – oral gastric tube
P – para
PAD – pulmonary artery diastolic pressure
PAOP – pulmonary artery occlusion pressure
PAP – pulmonary artery pressure
PAS – pulmonary artery systolic pressure

PCWP – pulmonary capillary wedge pressure
PEEP – positive end-expiratory pressure
PICU – pediatric intensive care unit
PIP – peak inspiratory pressure
PMH – past medical history
PO – per os, orally
PPE – personal protective equipment
PROM – premature rupture of membranes
PVR – pulmonary vascular resistance
RDS – respiratory distress syndrome
ROSC – return of spontaneous circulation
RR – respiratory rate
RSI – rapid sequence induction
RVP – right ventricular pressure
SaO2 / Sats – O2 saturations
SARS – severe acute respiratory syndrome
SBP – systolic blood pressure
SIMV – synchronized intermittent mandatory ventilation
SpO2 – oxygen saturation
SQ – subcutaneous
SVR – systemic vascular resistance
SVT – Supraventricular Tachycardia
Temp or T – temperature
tPA – tissue plasminogen activator
TXA – tranexamic acid
VFR – Visual Flight Rules
Vt or TV – tidal volume
Vt or TV – tidal volume
WBC – white blood cell
WPW – Wolff-Parkinson-White syndrome