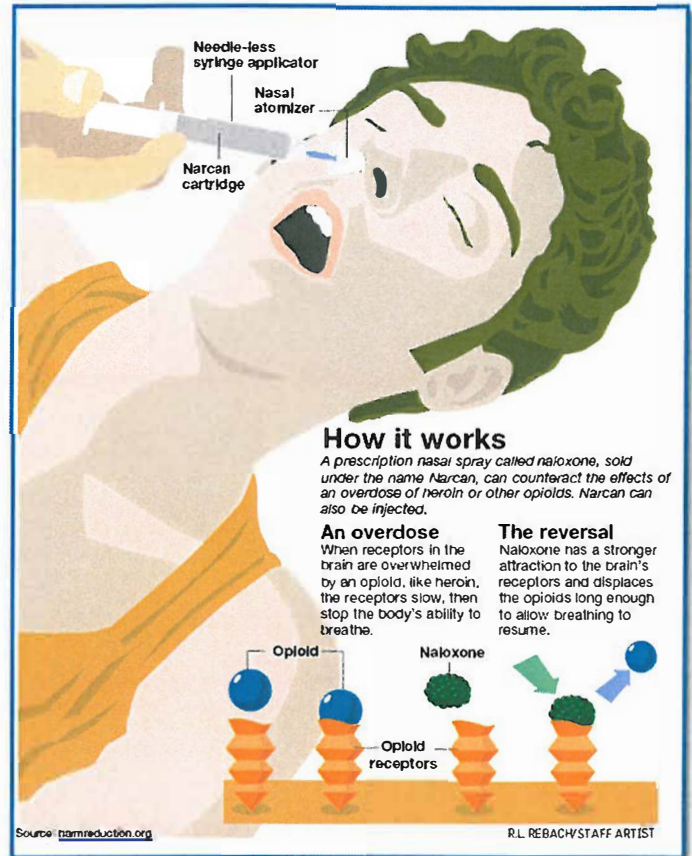


## BLS Intranasal Naloxone Protocol

Dr. Russell also recently released the BLS Naloxone Protocol. The training staff is currently finalizing the training materials and will be contacting each agency in the coming weeks to set up training dates and times for your responders. A copy of the protocol is attached, and can also be found on the EMS website on the "Responder Training" page under "Protocols". Questions about the BLS Intranasal Naloxone rollout can be addressed to Kevin Chao @ 360.416.1835 or [kchao@co.skagit.wa.us](mailto:kchao@co.skagit.wa.us).

## Standardized County Abbreviation List for EMS Documentation

Dr. Russell has released the approved abbreviation list for EMS documentation in Skagit County. A copy is attached, and can also be found on the EMS at [www.skagitcounty.net /Departments/EmergencyMedicalServices/](http://www.skagitcounty.net/Departments/EmergencyMedicalServices/) on the "Responder Training" page under "Protocols". Questions or feedback can be sent directly to Dr. Russell at [skagitmpd@icloud.com](mailto:skagitmpd@icloud.com).



## Fall EMT Class – Applications due by next Thursday (August 18<sup>th</sup>)



**COURSE DESCRIPTION:** This 210+ hour course designed to prepare participants in all phases of pre-hospital emergency care. Participants will be educated and prepared for the National Registry EMT examination (NREMT) upon successful completion of the course and eligible for Washington State EMT certification once affiliated. Content includes lecture and hands-on practice in emergency care, bleeding and shock, soft tissue injuries, environmental emergencies, lifting and moving patients, emergency childbirth, and other topics.

**APPLICATION PROCESS:** Applications are accepted on a first-come, first-served basis. Individuals are encouraged to apply early, as the course often fills before the admission deadline. For more info contact Michelle Brisson at [mlbrisson@co.skagit.wa.us](mailto:mlbrisson@co.skagit.wa.us) or (360) 416-1830.

## EMS Updates to County Commissioners

**WHEN:** Tuesday, August 18<sup>th</sup> from 10:30 – 11:30am

**WHERE:** County Commissioner's Hearing Room, 1800 Continental Place, Mount Vernon, WA

The EMS department, as well as ALS agencies and potential BLS transport agencies have been invited to give brief updates to the BOCC. Interested parties are encouraged to attend. Contact Mark Raaka, EMS Director @ [markr@co.skagit.wa.us](mailto:markr@co.skagit.wa.us) if you have questions.

## BLS Protocol for Intranasal Naloxone use in Known or Suspected Narcotic Overdose

### Criteria:

**Respiratory Depression (RR < 6) or Apnea  
AND  
Known or Suspected Narcotic (Opiate) overdose (prescribed or illegal)**

1. Scene Size Up/Scene Safety considerations
  - Caution: Be aware of potential drug paraphernalia (e.g., needles)
2. Assess Airway, Breathing, and Circulation
3. For pulseless patients, begin CPR, apply AED, and treat per cardiac arrest protocol
4. For inadequate respiratory rate or effort and/or hypoxia, assist ventilations with BVM and 100% Oxygen as needed. Use Airway Adjuncts as indicated by clinical condition (Nasopharyngeal Airway, Oropharyngeal Airway, and/or King LT Airway)
5. Obtain vital signs
6. Examine pupils (note: not all opiate overdose have pin point pupils) and look for evidence of drug use (e.g., needle tracks, syringes, pills, powder)
7. Obtain blood glucose and manage as indicated
8. *Consider* Intranasal (IN) Naloxone (Narcan):

***Simple observation is more prudent than giving Naloxone when a patient is ventilating adequately.***

**Spontaneous breathing with adequate respiratory effort and ventilation/  
oxygenation is the goal of naloxone use**

- a. Open kit and/or load 2mg (2ml) Naloxone (Narcan) in a syringe
- b. Attach nasal atomizer to syringe (facilitates intranasal delivery and absorption of drug)
- c. Place atomizer into nostril
- d. Briskly compress syringe to administer 1mg (1ml) of atomized spray
  - i. If patient is in cardiac arrest, immediately repeat process in the other nostril to deliver the remaining 1mg (1ml)
- e. Resume cardiopulmonary and/or respiratory support as indicated
- f. If the patient was not in cardiac arrest and there is no clinical response/improvement in 3-5 minutes after the initial 1mg dose, then repeat the process in the other nostril to deliver the remaining 1mg (1ml) of medication.
- g. Re-evaluate and document level of consciousness, respirations, oximetry, pulse and blood pressure continuously. Rescue breathing and/or CPR as needed.  
Intranasal Naloxone generally requires approximately 2-5 minutes to take effect.
- h. If no improvement or response after 2mg dose *and* high suspicion for narcotic/opiate overdose remains, a repeat dose of 2mg with 1mg administered into each nostril can be given
- i. Continue to support breathing and oxygenation and perform ongoing assessments of respiratory status as needed

*continued on next page...*

Cautions:

A) Patients may experience withdrawal symptoms and may respond with violence and/or agitation. Common reactions also include tachycardia, high blood pressure, body aches, nausea and vomiting.

B) Naloxone may wear off prior to narcotic being metabolized and symptoms of overdose can re-occur. Repeat doses can be given if indications return.

- 9. If no response, consider other causes of respiratory depression and/or altered mental status
- 10. Prepare patient for transport
- 11. All patients requiring naloxone should undergo an ALS evaluation.

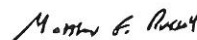
Caution: All patients receiving naloxone must be encouraged to be transported for an emergency department evaluation. A patient refusal of care/transport following naloxone administration can only be considered after an ALS evaluation is complete

Naloxone (Narcan) BLS Administration Report:

- 12. Complete a Naloxone (Narcan) BLS Administration Report and submit it to the Skagit County EMS Office any time naloxone is administered by BLS

Examples of Common Narcotics/Opiates

Codeine	Hydrocodone	Morphine	Subutex
Demerol	Hydromorphone	Oxycodone	Percocet
Dilaudid	Meperidine	Oxycontin	Tramadol
Heroin	Methadone	Suboxone	Vicodin



Matthew F. Russell, M.D.  
Skagit EMS Medical Program Director



Skagit County EMS  
Approved Abbreviation List  
for EMS Documentation

## Symbols

@	at
~	approximately
#	number
=	equal
↑	increase/increasing
↓	decrease/decreasing
Δ	change
≠	not equal
≈	nearly equal to
≅	approximately equal to
x	times
+	positive or plus
-	negative or minus
°	degree
♂	male
♀	female
∅	no, none
1°	primary, first degree
2°	secondary, second degree
3°	tertiary, Third degree
4"	inches (four inches in this example)
5'	feet (five feet in this example)

## A

A	Assessment
A&O	Alert and oriented
A&Ox3	Oriented to person, place, and time
A&Ox4	Oriented to person, place, time, and event

AAA	Abdominal Aortic Aneurysm
ABG	Arterial Blood Gas
abd	Abdominal or abdomen
AC	Antecubital
ACLS	Advanced Cardiac Life Support
ACS	Acute Coronary Syndrome
ADD or ADHD	Attention Deficit (Hyperactivity) Disorder
AED	Automatic External Defibrillator
AERO or Aero	Aero-Skagit EMS *
AFD	Anacortes Fire Department *
A-Fib or Afib	Atrial Fibrillation
AKA	Above the Knee Amputation
AICD	Automated Implantable Cardiac Defibrillator
AIDS	Acquired Immunodeficiency Syndrome
ALNW or Airlift NW	Airlift Northwest *
ALS	Advanced Life Support
ALOC	Altered Level of Consciousness
AMA	Against Medical Advice
AMI	Acute Myocardial Infarction
AMS	Altered Mental Status
amt or AMT	Amount
ant	Anterior
APAP	Acetaminophen (Tylenol)
APD	Anacortes Police Department *
APGAR	Appearance, Pulse, Grimace, Activity, Respiration
approx or appx	Approximately
appy	appendix or appendectomy
ARDS	Acute Respiratory Distress Syndrome
ASA	aspirin

ASAP	as soon as possible
ASCVD	Arteriosclerotic Cardiovascular Disease
assoc	associated
ATV	All Terrain Vehicle
AV	Atrioventricular
AVPU	Alert, Verbal, Pain, Unresponsive

B

B/L	Bilateral
BAC or BAL	Blood Alcohol Level or Blood Alcohol Content
BBB	Bundle Branch Block
BC	Battalion Chief
BFD	Burlington Fire Department *
BG or BGL	Blood Glucose
bi-lat or BILAT	Bilateral
BiPAP	Bi-Level Positive Airway Pressure
BKA	Below Knee Amputation
BLS	Basic Life Support
BM	Bowel Movement
BP	Blood Pressure
BS	Breath Sounds
BSA	Body Surface Area
BPD	Burlington Police Department *
BPH	Benign Prostatic Hypertrophy
bpm	beats per minute
BTL	Bilateral Tubal Ligation
BVM	Bag Valve Mask
BX	Breathing (used by dispatch)

C	
C1-C7	Cervical Vertebrae 1 through 7 (or nerve root if specified)
C-Section	Caesarian Section
CA	Cancer
CA&Ox1,2,3,or 4	Conscious, Alert, and Oriented, Person, Place, Time, Event
Ca++	Calcium
CABG	Coronary Artery Bypass Graft
CaCl	Calcium Chloride
CAD	Coronary Artery Disease
CAT or CT	Computed Axial Tomography (CT Scan)
CATH or cath	Catheter
CC or C/C	Chief Complaint
CDIF or c-diff	Clostridium Difficile
CCU	Critical Care Unit
CH	Children's Hospital *
CHF	Congestive Heart Failure
chole	Gallbladder or cholecystectomy
CISD	Critical Incident Stress Debriefing
CIT	Crisis Intervention Team *
CKD	Chronic Kidney Disease
Cl	Chloride
cm	Centimeter
CNS	Central Nervous System
C/O or c/o	complains of
CO	Carbon Monoxide or County (context dependent)
CO2	Carbon Dioxide
COPD	Chronic Obstructive Pulmonary Disease
CP	Chest Pain
CPAP	Continuous Positive Airway Pressure



CPR	Cardiopulmonary Resuscitation
CRF	Chronic Renal Failure
CSF	Cerebrospinal Fluid
CSM	Circulation, Sensation, Movement
CSMO	Central Skagit Medic One *
CVA	Cerebrovascular Accident (Stroke)
CVH	Cascade Valley Hospital *
CX	Conscious (used by dispatch)
CXR	Chest X-Ray

## D

D5NS	Dextrose 5% in Normal Saline
D5W	Dextrose 5% in Water
D10 or D10W	Dextrose 10% in Water
D25 or D25W	Dextrose 25% in Water
D50 or D50W	Dextrose 50% in Water
D/C	Discontinue
Ddx	Differential Diagnosis
dexi	Dextrose (blood glucose) level
Dig	Digoxin
DJD	Degenerative Joint Disease
DKA	Diabetic Ketoacidosis
dL	deciliter
DL	Direct Laryngoscopy
DM	Diabetes Mellitus
DNI	Do Not Intubate
DNR	Do Not Resuscitate
DO	Doctor of Osteopathic Medicine
DOA	Dead on Arrival

DOB	Date of Birth
DOE	Dyspnea on Exertion
DP	dorsalis pedis pulse
DSI	Delayed Sequence Intubation
DTaP	Diphtheria, Pertussis, Tetanus Vaccine
DTs	Delirium Tremens
DVT	Deep Vein Thrombosis
Dx, Dx, or dx	Diagnosis (context dependent, see next entry)
DX	Difficulty (used by dispatch)

## E

EBV	Ebola Virus
ECG or EKG	Electrocardiogram
ED	Emergency Department
EDD	Estimated Date of Delivery (due date)
EDC	Estimated Date of Confinement (due date)
EEG	Electroencephalogram
EJ	External Jugular
EMS	Emergency Medical Services
EMT	Emergency Medical Technician
EMT-B	Emergency Medical Technician Basic
EMT-P	Emergency Medical Technician Paramedic
ENT	Ear Nose Throat
EOM	Extraocular Movement
Epi	Epinephrine
ePCR	Electronic Patient Care Reporting
ESKD or ESRD	End Stage Kidney (Renal) Disease
ESO	ESO Solutions, inc *
ETA	Estimated Time of Arrival

ETCO2	End Tidal CO2
ETOH	Alcohol (Ethanol)
ET or ETT	Endotracheal Tube
ETI	Endotracheal Intubation
ER	Emergency Room (Department)
EXT	External or Extremities (context dependent)

F

F	Female
°F or Degrees °F	Temperature in Fahrenheit
Fx or fx	Fracture
FB	Foreign Body
FBAO	Foreign Body Airway Obstruction
FD	Fire Department (or Fire District if followed by number)
FEV	Forced Expiratory Volume
FFP	Fresh Frozen Plasma
FH or FamHx	Family History
FHR	Fetal Heart Rate
fl	fluid
fl oz	fluid ounces
flex	flexion
FTND	Full Term Normal Delivery
FTO	Field Training Officer
FUO	Fever of Unknown Origin

## G

G followed by a number	Gravida (pregnancies)
g or gm	grams
GCS	Glasgow Coma Scale
GI	Gastro-intestinal
GLF	Ground Level Fall
GSW	Gun Shot Wound
gtt	drop or drops

## H

H2O	Water
HAV or Hep A	Hepatitis A
HBV or Hep B	Hepatitis B
HCV or Hep C	Hepatitis C
HDV or Hep D	Hepatitis D
HEV or Hep E	Hepatitis E
HA	Headache
HAZMAT	Hazardous Materials
HCO3	Sodium Bicarbonate
HCTZ	Hydrochlorothiazide
HD	Hemodialysis
hemi	half
HEENT	Head, Eyes, Ears, Nose, and Throat
Hg	Mercury
HI	Homocidal Ideation
HIV	Human Immunodeficiency Virus
HMC	Harborview Medical Center *
HPI or HxPI	History of Present Illness

HR	Heart Rate
HX or Hx	History of Present Illness
hyst	hysterectomy
I - J - K	
IC	Incident Command
ICP	Intracranial Pressure
ICU	Intensive Care Unit
ID	Identification
IDDM	Insulin Dependent Diabetes Mellitus
IH or ISH	Island Hospital *
IM	Intramuscular
inf	inferior
IFx	Interfacility
IO	Intraosseous
irreg	irregular
ITA	Involuntary Treatment Act
IUD	Intrauterine Device
IV	Intravenous
IVP	Intravenous Push
J	Joules
JVD	Jugular Vein Distension
K+	Potassium
KCL	Potassium Chloride
kg	Kilogram
KVO	Keep Vein Open

## L

L	Liter or Left (context dependent)
L1 - L5	Lumbar Vertebrae, or nerve root if specified
L & D	Labor and Delivery
lac	laceration
LAD	Left Anterior Descending or Left Axis Deviation (context dependent)
lat	lateral
lb	pound(s)
LBBB	Left Bundle Branch Block
LCA	Left Coronary Artery
LLE	Left Lower Extremity
LLL	Left Lower Lobe
LLQ	Left Lower Quadrant
LMP	Last Menstrual Period
LOC	Level of Consciousness or Loss of Consciousness (context dependent)
lpm	liters per minute
LR	Lactated Ringer's
LUE	Left Upper Extremity
LUQ	Left Upper Quadrant
LVH	Left Ventricular Hypertrophy

## M

m	meter(s)
M	Male
mm	millimeter
Mag or mag	Magnesium
MAL	Mid Axillary Line
MAP	Mean Arterial Pressure

MAT	Multifocal Atrial Tachycardia
mcg	micrograms
MCI	Mass Casualty Incident
MCL	Mid Clavicular Line
MD	Medical Doctor
MDI or mdi	Metered Dose Inhaler
MED or med(s)	Medication(s)
medic	Paramedic
MEQ or mEq	Millequivalents
mg	milligrams
MI	Myocardial Infarction
min	minutes or minimum (context dependent)
ml	milliliter(s)
mmHg	Millimeters of Mercury
MMR	Measles, Mumps, and Rubella
MPD	Medical Program Director
MRI	Magnetic Resonance Imaging
MRSA	Methicillin Resistant Staph Aureus
MS	Multiple Sclerosis
MSO	Medical Support Officer *
MSSA	Methicillin Sensitive Staph Aureus
MVA	Motor Vehicle Accident
MVC	Motor Vehicle Collision
MVAHR	MVA High Risk (used by dispatch)
MVAU	MVA Unknown (used by dispatch)
MVFD	Mount Vernon Fire Department *
MVPD	Mount Vernon Police Department *

N	
N	Nausea
N/A	Not Applicable
N/V	Nausea, Vomiting
N/V/D or NVD	Nausea, Vomiting, Diarrhea
Na	Sodium
NaCL and NACL	Sodium Chloride
NAD	No Apparent Distress
NaHCO3	Sodium Bicarbonate
NC	Nasal Cannula
NCNP	North Cascades National Park *
NEB or neb	Nebulizer
neuro	neurological
NG	Nasogastric
NICU	Neonatal Intensive Care Unit
NIDDM	Non Insulin Dependent Diabetes Mellitus
NKA or NKDA	No Known (Drug) Allergies
NP	Non-Priority
NPA	Nasopharyngeal Airway
NRB or NRBM	Non-Rebreather Mask
NPO	nothing by mouth
NPS	National Park Service *
NS	Normal Saline
NSAID	Non-Steroidal Anti-Inflammatory
NSR	Normal Sinus Rhythm
NSTEMI	Non ST Segment Elevation MI
NTG	Nitroglycerine



O

O	Objective
O2	Oxygen
O2 Sat	Oxygen Saturation
OB or OB/GYN	Obstetrics/Gynecology
OD	Overdose
OPA	Oropharyngeal Airway
OR	Operating Room
OSI	Optimal Sequence Intubation
OTC	Over the counter (non-prescription)
oz	Ounces

P

P	Pulse or Plan
p	After
PAC	Premature Atrial Contraction
PALP	Palpation
Para	delivery history (live births)
PAT	Paroxysmal Atrial Tachycardia
PCN	Penicillin or Pioneer Center North * (context dependent)
PCP or PMD	Primary Care Physician
PCR	Patient Care Report
PD	Police Department
PE	Pulmonary Embolus
P.E.	Physical Exam
PEA	Pulseless Electrical Activity
ped	Pedestrian
peds	pediatrics
PEARL/PERRL	Pupils Equal (Round) Reactive to Light

Pharm	Pharmacy
PICC	Percutaneous Inserted Central Catheter
PID	Pelvic Inflammatory Disease
PO	By mouth
PMD	Primary Medical Doctor
PND	Paroxysmal Nocturnal Dyspnea
PMH or PMHx	Past medical history
PMI	Point of Maximal Impulses
POV	Privately Owned Vehicle
PRN or prn	as needed
PROV	Providence (Everett) Hospital *
prox	proximal
PSVT	Paroxysmal Supraventricular Tachycardia
Pt	Patient
PTA	Prior to Arrival
PTSD	Post Traumatic Stress Disorder
PTX or Pneumo	Pneumothorax
PUD	Peptic Ulcer Disease
PVC	Premature Ventricular Contraction
PWD	Pink, Warm, Dry
PX	Pain (used by dispatch)

Q - R

QA	Quality Assessment
QI	Quality Improvement
R	Right
R/O	Rule Out
RBBB	Right Bundle Branch Block
RCA	Right Coronary Artery

reg	regular
rhabdo	rhabdomyolysis
RLQ	Right Lower Quadrant
RLE	Right Lower Extremity
RML	Right Middle Lobe
RN	Registered Nurse
ROM	Range of Motion
ROS	Review of Systems
ROSC	Return of Spontaneous Circulation
RR	Respiratory Rate
RSI	Rapid Sequence Intubation
RUE	Right Upper Extremity
RUL	Right Upper Lobe
RUQ	Right Upper Quadrant
Rx	Prescription
RXN	Reaction

## S

S	Subjective
S/P or s/p	Status Post
s/s	Signs and Symptoms
S1-5	Sacral Vertebrae or nerve root
SA	Sinoatrial
SAR	Search and Rescue
sat	saturation
SCFPD	Skagit County Fire Protection District
SCH	Swedish Hospital Cherry Hill Campus *
SCMO	Skagit County Medic One
SCSO	Skagit County Sheriffs Office

SFH	Swedish Hospital First Hill Campus *
SI	Suicidal Ideation
SIDS	Sudden Infant Death Syndrome
SL	Sublingual
SOAP	References a specific format of a medical note
SOB	Shortness of Breath
St. Joe's	Peace Health Saint Josephs Hospital *
STAT	immediately
STD	Sexually Transmitted Diseases
STEMI	ST Segment Elevation MI
SubQ	subcutaneous
SVH	Skagit Valley Hospital *
SVT	Supraventricular Tachycardia
SWFD	Sedro-Woolley Fire Department *
SWPD	Sedro-Woolley Police Department *
Sx	Symptoms
Symmet	Symmetrical
SZ or Sz	Seizure

T - U - V

T	Temperature in Fahrenheit
T1 - 12	Thoracic Spine Vertebrae or nerve root
T-Spine	Thoracic Spine
T&A	Tonsillectomy and Adenoidectomy
TB	Tuberculosis
TCA	Tricyclic Antidepressant
temp	Temperature
TIA	Transient Ischemic Attack
TKO	To Keep Open

TMJ	Temperomandibular Joint
TURP	Transurethral Resection of Prostate
Tx	Treatment
UA	Urinalysis
UC	Urgent Care
UGH	Peace Health United General Hospital *
Unk	Unknown
UO	Urinary Output
UOA	Upon our Arrival
URI	Urinary Incontinence
UTI	Urinary Tract Infection
UTL	Unable to Locate
UW	University of Washington Hospital *
VA	Veteran's Administration
vent	ventilator
VF or Vfib	Ventricular Fibrillation
VM	Virginia Mason Hospital *
VL	Video Laryngoscopy
VT or Vtach	Ventricular Tachycardia
VS	Vital Signs
VSD	Ventral Septal Defect

W - X - Y - Z

WAP	Wandering Atrial Pacemaker
WCMO	Whatcom County Medic One *
wt	weight
WNL	Within Normal Limits
w/o	without
WPW	Wolff-Parkinson-White Syndrome

WSP	Washington State Patrol *
X or x	times (as in multiple)
y or yr	year
y/o or yo	year old
Zoll	Zoll (brand name) Monitor/Defibrillator

\* Abbreviations Specific to Skagit County

AERO or Aero	Aero-Skagit EMS *
AFD	Anacortes Fire Department *
ALNW or Airlift NW	Airlift Northwest *
APD	Anacortes Police Department *
BFD	Burlington Fire Department *
BPD	Burlington Police Department *
CH	Children's Hospital *
CSMO	Central Skagit Medic One *
CVH	Cascade Valley Hospital *
ESO	ESO Solutions, inc *
HMC	Harborview Medical Center *
IH or ISH	Island Hospital *
ITA	Involuntary Treatment Act
MSO	Medical Support Officer *
MVFD	Mount Vernon Fire Department *
MVPD	Mount Vernon Police Department *
NPS	National Park Service *
PCN	Pioneer Center North
PROV or PGMC	Providence (Everett) Hospital *
SCFPD	Skagit County Fire Protection District
SCMO	Skagit County Medic One
SCH	Swedish Hospital Cherry Hill Campus *

SHF	Swedish Hospital First Hill Campus *
St. Joe's	Peace Health Saint Josephs Hospital *
SWFD	Sedro-Woolley Fire Department *
SWPD	Sedro-Woolley Police Department *
SVH	Skagit Valley Hospital *
UGH	Peace Health United General Hospital
UW	University of Washington Hospital *
VM	Virginia Mason Hospital *
WCMO	Whatcom County Medic One *
WSP	Washington State Patrol *

#### DON'T USE

ATF	Arrived to find
cc	Cubic Centimeter (forbidden by JCAHO)
DCAP-BTLS	(most RN's and MD's are not familiar with this mnemonic)
HBD	Has Been Drinking (police and dispatch may still use)
MS or MSO4	Morphine (forbidden by JCAHO)
MgSO4	Magnesium Sulfate (forbidden by JCAHO)
#g	micrograms (forbidden by JCAHO)
SQ	subcutaneous (forbidden by JCAHO)
>	greater than (forbidden by JCAHO)
<	less than (forbidden by JCAHO)

#### Writing Numbers and Doses

Never write a zero by itself after a decimal point (X mg),  
and always use a zero before a decimal point (0.X mg)



Matthew F. Russell, M.D.  
Skagit County EMS Medical Program Director  
Implementation Date 8/13/2015

# HOPE ISLAND

Volunteer Firefighters'  
Association



## Pancake

## Feed

**Saturday, August 22, 2015**

7:30 to 11:30 AM - District 13  
17433 Snee-Oosh Rd.  
La Conner Wa 98257

**SUPPORT YOUR FIRE DEPARTMENT!**  
Enjoy delicious pancakes and sausage  
Drinks will also be provided

Everyone \$6.00

**ALL THE PANCAKES YOU CAN EAT!!**

**With two sausages**

Coffee, Orange Juice and water

**Come and meet your firefighters!**

If unable to attend, your donations would be greatly appreciated

Please make checks payable to the Hope Island Firefighters' Association  
PO BOX 1007 La Conner WA 98257-1007

Proceeds benefit the Hope island Volunteer Firefighters' Association programs.