

Scope of Practice

Medical Control for Medications and Procedures

EMERGENCY MEDICAL RESPONDER SCOPE OF PRACTICE

An Emergency Medical Responder may:

- A. Conduct primary and secondary patient examinations;
- B. Take and record vital signs;
- C. Utilize noninvasive diagnostic devices in accordance with manufacturer's recommendation;
- D. Open and maintain an airway by positioning the patient's head;
- E. Provide external cardiopulmonary resuscitation and obstructed airway care for infants, children, and adults;
- F. Provide care for musculoskeletal injuries;
- G. Provide hemorrhage control;
- H. Provide emergency moves for endangered patients;
- I. Assist with prehospital childbirth;
- J. Complete a clear and accurate prehospital emergency care report form on all patient contacts and provide a copy of that report to the senior emergency medical services provider with the transporting ambulance;
- K. Administer medical oxygen;
- L. Maintain an open airway through the use of:
 - 1. A nasopharyngeal airway device;
 - 2. An oropharyngeal airway device;
 - 3. A pharyngeal suctioning device;
- M. Operate a bag mask ventilation device with reservoir;
- N. Provide care for suspected medical emergencies, including administering liquid oral glucose for hypoglycemia;
- O. Prepare and administer aspirin by mouth for suspected myocardial infarction (MI) in patients with no known history of allergy to aspirin or recent gastrointestinal bleed;
- P. Prepare and administer epinephrine by automatic injection device for anaphylaxis;
- Q. Administer and distribute short-acting opioid antagonist kit and distribute the necessary medical supplies to administer the short-acting opioid antagonist as provided in ORS 689.800;
- R. Perform cardiac defibrillation with an automated external defibrillator; and
- S. Perform other emergency tasks as requested if under the direct visual supervision of a physician and then only under the order of that physician.

EMERGENCY MEDICAL TECHNICIAN SCOPE OF PRACTICE

An EMT may:

- A. Perform all procedures that an Emergency Medical Responder may perform;
- B. Ventilate with a non-invasive manual or continuous positive pressure delivery device;
- C. Insert a supraglottic airway device to facilitate ventilation through the glottic opening by displacing tissue and sealing of the laryngeal area;
- D. Perform tracheobronchial tube suctioning;
- E. Provide care for suspected shock;
- F. Provide care for suspected medical emergencies, including:
 - 1. Obtain a capillary blood specimen for blood glucose monitoring;
 - 2. Prepare and administer epinephrine for anaphylaxis;
 - 3. Administer activated charcoal for poisonings; and
 - 4. Prepare and administer nebulized and metered dose albuterol or levalbuterol with or without ipratropium for known asthmatic and chronic obstructive pulmonary disease (COPD) patients suffering from suspected bronchospasm.
- G. Transport stable patients with saline locks, heparin locks, foley catheters, or in-dwelling vascular devices;
- H. Assist the on-scene Advanced EMT, EMT-Intermediate, or Paramedic by:
 - 1. Assembling and priming IV fluid administration sets; and
 - 2. Opening, assembling and uncapping preloaded medication syringes and vials;
- I. Complete a clear and accurate prehospital emergency care report form on all patient contacts;
- J. Assist a patient with administration of sublingual nitroglycerin tablets or spray and with metered dose inhalers that have been previously prescribed by that patient's personal physician and that are in the possession of the patient at the time the EMT is summoned to assist that patient;
- K. In the event of a release of organophosphate agents, the EMT who has completed Authority-approved training may prepare and administer atropine sulfate and pralidoxime chloride by autoinjector, using protocols approved by the Authority and adopted by the supervising physician; and
- L. In the event of a declared Mass Casualty Incident (MCI) as defined in the local Mass Casualty Incident plan, monitor patients who have isotonic intravenous fluids flowing
- M. Administer over-the-counter medications in unit dose packaging for immediate use under specific written protocols authorized by the supervising physician or direct orders from a licensed physician.
- N. Acquire and transmit cardiac monitoring and electrocardiogram (ECG).
- O. Prepare and administer immunizations in the event of an outbreak or epidemic as declared by the Governor of the state of Oregon, the State Public Health Officer, or a county health officer, as part of an emergency immunization program, under the agency's supervising physician's standing order. Prior to vaccine administration, the EMT must be trained by the supervising physician or their designee. The EMT and the EMS agency or employer must maintain records or training;

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- P. Prepare and administer immunizations for seasonal and pandemic influenza vaccinations according to the CDC Advisory Committee on Immunization Practices (ACIP), and/or the Oregon State Public Health Officer's recommended immunization guidelines as directed by the agency's supervising physician's standing order. Prior to vaccine administration, the EMT must be trained by the supervising physician or their designee. The EMT and the EMS agency or employer must maintain records of training.

ADVANCED EMERGENCY MEDICAL TECHNICIAN SCOPE OF PRACTICE

Advanced Emergency Medical Technician (AEMT) may:

- A. Perform all procedures that an EMT may perform;
- B. Initiate and maintain peripheral intravenous (I.V.) lines;
- C. Initiate saline or similar locks;
- D. Obtain peripheral venous blood specimens;
- E. Initiate and maintain an intraosseous infusion; and
- F. Prepare and administer the following medications under specific written protocols authorized by the supervising physician or direct orders from a licensed physician:
 - 1. Analgesics for acute pain: nitrous oxide.
 - 2. Anaphylaxis: epinephrine;
 - 3. Hypoglycemia reversal agents:
 - a. Hypertonic dextrose;
 - b. Glucagon;
 - 4. Intraosseous infusion anesthetic: Lidocaine;
 - 5. Bronchodilators:
 - a. Albuterol or levalbuterol;
 - b. Ipratropium bromide;
 - 6. Vasodilators: nitroglycerin;
 - 7. Isotonic crystalloid solutions.
- G. Distribute medications at the direction of the Oregon State Public Health Officer as a component of a mass distribution effort. The AEMT must be trained by the supervising physician or their designee. The AEMT and EMS agency or employer must maintain records of the training; and
- H. Prepare and administer routine or emergency immunization and tuberculosis skin testing, as part of an EMS Agency's occupational health program, to the AEMT's EMS agency personnel, under the supervising physician's standing order. Prior to administration, the AEMT must be trained by the supervising physician or their designee. The AEMT and the EMS agency or employer must maintain records of training.

EMERGENCY MEDICAL TECHNICIAN – INTERMEDIATE SCOPE OF PRACTICE

An EMT-Intermediate may:

- A. Perform all procedures that an Advanced EMT may perform;
- B. Prepare and administer the following medications under specific written protocols authorized by the supervising physician, or direct orders from a licensed physician:
 - 1. Vasoactive medications:
 - a. Epinephrine;
 - b. Vasopressin;
 - 2. Antiarrhythmics:
 - a. Atropine sulfate;
 - b. Lidocaine;
 - c. Amiodarone;
 - 3. Analgesics for acute pain:
 - a. Morphine;
 - b. Ketorolac tromethamine;
 - c. Fentanyl;
 - 4. Antihistamine: Diphenhydramine;
 - 5. Diuretic: Furosemide;
 - 6. Anti-Emetic: Ondansetron.
- C. Insert an orogastric tube;
- D. Maintain during transport any intravenous medication infusions or other procedures which were initiated in a medical facility, if clear and understandable written and verbal instructions for such maintenance have been provided by the physician, nurse practitioner or physician assistant at the sending medical facility;
- E. Perform electrocardiographic rhythm interpretation; and
- F. Perform cardiac defibrillation with a manual defibrillator.
- G. Administer benzodiazepines for seizures or agitation. Prior to administration of benzodiazepines, the EMT-I must be trained by the supervising physician or their designee. The EMT-I and the EMS agency or employer must maintain records of training.

PARAMEDIC SCOPE OF PRACTICE

A Paramedic may:

- A. Perform all procedures that an EMT-Intermediate may perform;
- B. Initiate and maintain mechanical ventilation during transport if formally trained on the particular equipment and if acting under written protocols specific to the particular equipment.
- C. Initiate the following airway management techniques:
 - 1. Endotracheal intubation;
 - 2. Cricothyrotomy; and
 - 3. Transtracheal jet insufflation which may be used when no other mechanism is available for establishing an airway;
- D. Initiate a nasogastric tube;
- E. Provide advanced life support in the resuscitation of patients in cardiac arrest;
- F. Perform emergency cardioversion in the compromised patient;
- G. Transcutaneous pacing of bradycardia that is causing hemodynamic compromise;
- H. Initiate needle thoracostomy for tension pneumothorax;
- I. Obtain peripheral arterial blood specimens under specific written protocols authorized by the supervising physician;
- J. Access indwelling catheters and implanted central IV ports for fluid and medication administration;
- K. Initiate and maintain urinary catheters under specific written protocols authorized by the supervising physician or under direct orders from a licensed physician; and
- L. Prepare and initiate or administer any medications or blood products under specific written protocols authorized by the supervising physician or under direct orders from a licensed physician
- M. Interpret electrocardiogram (ECG).

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The following drugs and procedures are considered **CATEGORY A** and will be used at the EMT clinician's discretion in accordance with these EMS Treatment Protocols.

Drugs – Category A:

- Acetaminophen
- Activated Charcoal (aspirin or acetaminophen < 2 hrs post ingestion)
- Adenosine (Adenocard®)
- Albuterol (Ventolin®)
- Amiodarone (Cordarone®)
- Aspirin
- Atropine Sulfate
- Buprenorphine (Suboxone®)
- Calcium Gluconate
- Dexamethasone (Decadron®)
- Dextrose
- Diltiazem
- Diphenhydramine (Benadryl®)
- Dopamine (Intropin®)
- Droperidol (Inapsine®)
- DuoNeb (albuterol and ipratropium)
- Epinephrine
- Esmolol
- Etomidate (Amidate®)
- Fentanyl (Sublimaze®)
- Furosemide (Lasix®)
- Glucagon
- Glucose, Oral
- Haloperidol (Haldol®)
- Hydromorphone (Dilaudid®)
- Hydroxocobalamin (Cyanokit®)
- IV solutions
- Ibuprofen
- Ipratropium Bromide (Atrovent®)
- Ketamine Hydrochloride
- Ketorolac Tromethamine (Toradol®)
- Labetalol
- Lidocaine
- Lorazepam (Ativan®)
- Magnesium Sulfate (wide complex irregular tachycardia/torsades and adult asthma)
- Midazolam (Versed®)
- Morphine Sulfate
- Naloxone (Narcan®)
- Nitroglycerin
- Norepinephrine (Levophed®)
- Olanzapine (Zyprexa®)

Drugs – Category A (continued):

- Ondansetron (Zofran®)
- Oxygen
- Oxymetazoline Hydrochloride (Afrin®)
- Oxytocin (Pitocin®)
- Pralidoxime (Protopam® / 2-PAM®)
- Proparacaine (Alcaine®)
- Rocuronium (Zemuron®)
- Sodium Bicarbonate
- Succinylcholine
- Tranexamic Acid (TXA)
- Vecuronium (Norcuron®)
- Ziprasidone (Geodon®)

Procedures – Category A:

- Defibrillation in cardiac arrest (to include DSED)
- Drug Assisted Airway Management (DAAM)
- End-tidal CO₂ monitoring
- Endotracheal intubation
- Emergency cricothyrotomy
 - Needle cricothyrotomy
 - Per-Trach
 - Quick-Trach® (type device)
 - Surgical cricothyrotomy
- i-gel® Supraglottic Airway Device
- Induced hypothermia
- Intranasal medication administration
- Intraosseous access & infusion
- Intravenous access & infusion
- King LT-D/LTS-D Airway Device
- Left Ventricular Assist Device (LVAD) management
- Modified Valsalva Maneuver
- Non-invasive positive pressure ventilation
- Orogastric tube insertion and maintenance
- Patellar dislocation reduction
- Physical patient restraint
- PICC line access
- Pelvic immobilization with sling/wrap
- Pharmacological sedation of the agitated patient
- Positive end-expiratory pressure (PEEP)
- Sports equipment removal
- Suctioning
- Synchronized cardioversion
 - Unstable V-Tach, OR
 - SVT, unstable patient
- Taser barb removal
- Tension pneumothorax decompression

Procedures – Category A (continued):

- Tourniquet placement
- Transcutaneous pacing
- Ventilator management
- XSTAT

The following drugs and procedures are considered **CATEGORY B** and require On-line Medical Consult authorization. Confirmation of dosage or procedure will be obtained directly from a physician on duty at OLMC.

Drugs – Category B:

- Activated Charcoal (aspirin or acetaminophen > 2 hours post ingestion and all other poisons)
- Droperidol in patients ≤ 12
- Hydroxocobalamin (CYANOKIT®), repeat doses in pediatric patients
- Magnesium Sulfate (pediatric asthma **OR** seizures in eclampsia/pre-eclampsia)
- Ondansetron in patients < 6 months, except for children in spinal motion restriction or children receiving chemotherapy.
- Pralidoxime (2-Pam®), for IV use
- Sodium Bicarbonate for pediatric hyperkalemia and crush injuries
- Sodium Thiosulfate 25%

Procedures – Category B:

- Automatic Implantable Cardio-Defibrillator (AICD) deactivation with magnet.