

Subject: Scope of Practice – ALS
 Paramedic Scope of Practice

Purpose	To define the regional paramedic scope of practice. A paramedic shall be affiliated with an approved paramedic service provider in order to perform the scope of practice.
Procedures	<p>A. While at the scene of an emergency, and during transport of the sick and injured, or as a part of their training or continuing education, a paramedic or a paramedic student may, in accordance with North Coast EMS policies and procedures and California State law, do the following:</p> <p>Basic Scope of Practice:</p> <ol style="list-style-type: none"> 1. Perform any activity identified in the scope of practice of an EMT or any activity identified in the scope of practice of an Advanced EMT (AEMT) without requiring a separate certification. 2. Utilize electrocardiographic devices and monitor electrocardiograms, including 12-Lead electrocardiograms. 3. Perform defibrillation, synchronized cardioversion, and external pacing. 4. Visualize the airway by using the laryngoscope and remove foreign body(ies) with Magill forceps. 5. Perform pulmonary ventilation by using lower airway multi-lumen adjuncts (Combitube), supraglottic airway device (iGEL), stomal intubation, and adult oral endotracheal intubation. 6. Utilize mechanical ventilation devices for continuous positive airway pressure (CPAP)/bi-level positive airway pressure (PBAP) and positive end expiratory pressure (PEEP) in the spontaneously breathing patient. 7. Institute intravenous (IV) catheters, saline locks, needles, or cannulae (IV lines), in peripheral veins and monitor and administer medications through pre-existing vascular access. 8. Institute intraosseous (IO) needles or catheters. 9. Administer IV or IO glucose solutions or isotonic balanced salt solutions including Ringer’s lactate solution. 10. Obtain venous blood samples. 11. Use laboratory devices, including point of care testing, for pre-hospital screening to measure lab values including, but not limited to glucose, capnometry, capnography, and carbon monoxide. 12. Utilize Valsalva maneuver. 13. Perform percutaneous needle cricothyroidotomy. 14. Perform needle thoracostomy. 15. Perform nasogastric and orogastric tube insertion and suction. 16. Monitor thoracostomy tubes.

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	<ol style="list-style-type: none"> 17. Monitor and adjust IV solutions containing potassium, equal to or less than 40 mEq/L. 18. Administer approved medications by the following routes: IV, IO, intramuscular, subcutaneous, inhalation, transcutaneous, rectal, sublingual, endotracheal, intranasal, oral or topical.
<p>ALS Medications</p>	<p>Administer, using prepackaged products when available, the following medications:</p> <ol style="list-style-type: none"> 1. 10%, 25% and 50% Dextrose 2. Acetaminophen IV 3. Activated Charcoal 4. Adenosine 5. Aerosolized or nebulized beta-2 specific bronchodilators 6. Amiodarone 7. Aspirin 8. Atropine sulfate 9. Calcium Chloride 10. Dextrose 10%/250cc IV bag 11. Diazepam 12. Diphenhydramine hydrochloride 13. Dopamine hydrochloride 14. Epinephrine 15. Fentanyl 16. Glucagon 17. Ipratropium bromide 18. Ketamine 19. Ketorolac 20. Lidocaine hydrochloride 21. Lorazepam 22. Magnesium sulfate 23. Midazolam 24. Morphine sulfate 25. Naloxone hydrochloride 26. Nitroglycerine Spray 27. Ondansetron 28. Pralidoxime Chloride 29. Sodium bicarbonate 30. Tranexamic acid 31. Ketamine

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	<p>32. Ketorolac 33. IV Acetaminophen</p>
<p>Local Optional Scope Practice</p>	<p>A. The Local Optional Scope of Practice is defined as any medication and/or procedure approved for use by North Coast EMS beyond the Basic Scope of Practice as listed in the California Code of Regulations, Title 22.</p> <p>B. All Local Optional Scope of Practice can only be used by provider agencies with North Coast EMS approval and agency training.</p> <ol style="list-style-type: none"> 1. Furosemide 2. Oxytocin 3. Monitor IV Heparin drip during interfacility transfers 4. Monitor IV Nitroglycerin drip during interfacility transfers 5. Monitor IV administration of blood and blood products during interfacility transfers 6. Monitor the Continuation of Antibiotics during interfacility transfers 7. Monitor IV Fentanyl drip during interfacility transfers
<p>Special Information</p>	<p>Paramedic and EMT scope of practice during transfers of patients between facilities or when transporting a patient from home to hospital/hospital to home.</p> <p>A. Paramedics may not transport patients who are being treated with procedures, medications and/or IV solutions which are outside of the paramedic scope of practice as defined by Title 22 and the North Coast Emergency Medical Services; nor may any such transfer/transport orders, either written or verbal, be initiated to exceed the paramedic’s scope of practice with the below exceptions:</p> <p>B. If the patient is receiving a medication which is outside the paramedic or EMT’s scope of practice, but that medication is being delivered either by dermal patch, implant or patient-controlled pump, the paramedic or EMT can accept the patient for transfer or transport without the removal or discontinuance of the medication. If the dermal patch, implant, or patient-controlled pump malfunctions is suspected in a change in the patient’s condition (i.e., hypotension or decrease in mentation) the dermal patch can be removed or the device placed on stand-by.</p>