

# CENTRAL CALIFORNIA EMERGENCY MEDICAL SERVICES

A Division of the Fresno County Department of Public Health

Manual	Emergency Medical Services Administrative Policies and Procedures	Policy Number 139  Page 1 of 3
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References	California Code of Regulations, Title 22, Division 9 Division 2.5 of the California Health and Safety Code	Effective 04/15/86

## I. POLICY

A paramedic student, as a part of their training or as a licensed and locally accredited Fresno, Kings, Madera, or Tulare County paramedic, while caring for patients in a hospital as part of their training or continuing education under the direct supervision of a physician, registered nurse, or physician assistant, or while at the scene of a medical emergency or during transport, or during an interfacility transfer, may perform the following procedures or administer the following medications according to policies and procedures approved by the EMS Medical Director and local EMS Agency.

## II. PROCEDURE

- A. Paramedics shall be proficient in Basic Life Support (BLS) skills described in EMS Policy #119.
- B. Paramedics shall be proficient in the following Advanced Life Support (ALS) skills:
  1. Utilize electrocardiographic devices and monitor electrocardiograms, including 12-lead electrocardiograms (ECG).
  2. Perform defibrillation, synchronized cardioversion, and external cardiac pacing.
  3. Visualize the airway by use of the laryngoscope and remove foreign body (-ies) with Magill forceps.
  4. Perform pulmonary ventilation by use of lower airway multi-lumen adjuncts, the esophageal airway, perilaryngeal airways, stomal intubation, and adult oral endotracheal intubation.
  5. Utilize mechanical ventilation devices for continuous positive airway pressure (CPAP)/ bi-level positive airway pressure (BPAP) and positive end expiratory pressure (PEEP) in the spontaneously breathing patient.
  6. Institute intravenous (IV) catheters, saline locks, needles or other cannula (IV lines), in peripheral veins; and monitor and administer medication through appropriate pre-existing vascular access.
  7. Institute intraosseous (IO) needles or catheters.

Approved By EMS Director	<b>Daniel J. Lynch</b> (Signature on File at EMS Agency)	Revision  <b>06/01/2018</b>
EMS Medical Director	<b>Jim Andrews, M.D.</b> (Signature on File at EMS Agency)	

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8. Administer IV or IO glucose solutions or isotonic balanced salt solutions, including Ringer's lactate solution.
9. Obtain venous blood samples.
10. Use laboratory devices, including point of care testing, for pre-hospital screening use to measure lab values including, but not limited to: glucose, capnography, and carbon monoxide when appropriate authorization is obtained from State and Federal agencies, including from the Centers for Medicare and Medicaid Services pursuant to the Clinical Laboratory Improvement Amendments (CLIA).
11. Utilize Valsalva maneuver
12. Perform percutaneous needle cricothyroidotomy.
13. Perform needle thoracostomy.
14. Perform nasogastric and orogastric tube insertion and suction.
15. Monitor thoracostomy tubes.
16. Monitor and adjust IV solutions containing potassium, equal to or less than 40 mEq/L).
17. Administer approved medications by the following routes: IV, IO, intramuscular, subcutaneous, Inhalation, transcutaneous, rectal, sublingual, endotracheal, intranasal, oral and topical
  - a. Administer using pre-packaged products when available, the following medications:
    - (1) 10%, 25% and 50% Dextrose;
    - (2) Activated charcoal;
    - (3) Adenosine;
    - (4) Aerosolized or nebulized beta-2 specific bronchodilators;
    - (5) Amiodarone;
    - (6) Aspirin;
    - (7) Atropine sulfate;
    - (8) Calcium chloride;
    - (9) Diazepam;
    - (10) Diphenhydramine hydrochloride;
    - (11) Dopamine hydrochloride;
    - (12) Epinephrine;
    - (13) Fentanyl;
    - (14) Glucagon;
    - (15) Ipratropium bromide;
    - (16) Lorazepam;
    - (17) Lidocaine hydrochloride;
    - (18) Magnesium sulfate;
    - (19) Midazolam;
    - (20) Morphine sulfate;
    - (21) Naloxone hydrochloride;
    - (22) Nitroglycerine preparations, (**except IV**);
    - (23) Ondansetron;
    - (24) Pralidoxime chloride;
    - (25) Sodium bicarbonate.

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18. In addition to the approved paramedic scope of practice, the CCP may perform the following procedures and administer medications, as part of the basic scope of practice for interfacility transports, when a licensed and accredited paramedic has completed a Critical Care Paramedic (CCP) training program as specified in Section 100160(b) and successfully completed competency testing, holds a current certification as a CCP from the BCCTPC, and other requirements as determined by the medical director of the LEMSA.
  - a. Set up and maintain thoracic drainage systems;
  - b. Set up and maintain mechanical ventilators;
  - c. Set up and maintain IV fluid delivery pumps and devices;
  - d. Blood and blood products;
  - e. Glycoprotein IIB/IIIA inhibitors;
  - f. Heparin IV;
  - g. Nitroglycerin IV;
  - h. Norepinephrine
  - i. Thrombolytic agents;
  - j. Maintain total parenteral nutrition;
  
19. Verapamil is currently in excess of the State's basic scope of practice. Verapamil has been authorized, as allowed in State Regulations, by the Central California EMS Medical Director.
  
- C. The following skills may be performed by the paramedic during an ALS interfacility transfer with the noted limitations and with the approval of the Base Hospital Physician (refer to reference table Appendix A, EMS Policy #341):
  1. Monitor central venous and arterial IV lines.
  2. Manage an interfacility transfer approved by a Base Hospital Physician in a life-threatening situation, where the patient has treatment in progress, which exceeds the scope of practice of the paramedic (e.g. blood transfusion). In this situation, the paramedic shall submit a Quality Improvement Report to the EMS Agency, within seventy-two (72) hours, detailing the events, which lead to, including the scope of practice exceeded.
  
- D. A paramedic, or paramedic student enrolled in a primary training program, under direct supervision of a physician or registered nurse during a clinical rotation may administer medications not listed in this policy.
  
- E. Any skill that is not identified in this policy shall not be performed by Fresno/Kings/Madera/Tulare paramedics, even if they are directly supervised by a physician or registered nurse.