

7.27.2.15

Appendix A: Scopes of Practice for EMT-PARAMEDIC (EMT-P) Personnel

- A. Medical director means a physician functioning as the service EMS medical director as defined and described in 7.27.3 NMAC, Medical Direction for Emergency Medical Service. Medical control means supervision provided by or under the direction of a physician.
- B. Prior to accomplishing a new skill, technique, medication, or procedure, it shall be documented by the service director, medical director, or approved EMS training institution that the EMS provider has been appropriately trained to perform those new skills, techniques, medications, or procedures.
- C. Service Medical Director Approved: All service medical director approved skills, technique, medication, or procedure are considered advanced life support. Prior to utilizing any skill, technique, medication or procedure designated as Service Medical Director Approved, it shall be documented by the service director, medical director, or approved EMS training institution that the EMS provider has been appropriately trained to perform the skills, techniques, medications or procedures. Additionally, each EMS provider must have a signed authorization from the service's medical director on file at the EMS service's headquarters or administrative offices.
- D. Any device designed and utilized to facilitate successful completion of a skill or other treatment modality, including but not limited to CPR devices, intraosseous placement devices, positive pressure ventilation devices, must be approved by the service medical director.
- E. Only personnel with full, unrestricted licensure may utilize items designated as Service Medical Director Approved.
- F. Utilization of pharmacological agents for the primary purpose of sedation, induction, or muscle relaxation to facilitate placement of an advanced airway requires Medical Direction Committee Special Skills approval.
- G. EMT-PARAMEDIC (EMT-P):
 - (1) The following allowed skills, procedures, and drugs may be performed without medical direction:
 - a. Basic airway management
 - b. Use of basic adjunctive airway equipment
 - c. Suctioning
 - d. Cardiopulmonary resuscitation, according to current ECC Guidelines
 - e. Obstructed airway management
 - f. Bleeding control
 - g. Spine immobilization
 - h. Splinting
 - i. Scene assessment, triage, scene safety
 - j. Use of statewide EMS communications system
 - k. Childbirth (Imminent Delivery)
 - l. Glucometry
 - m. Oxygen
 - n. Wound management
 - (2) The following require Service Medical Director Approval:
 - a. Allowable Skills:
 - 1. Mechanical positive pressure ventilation.
 - 2. Use of multi-lumen, supraglottic, and laryngeal airway devices (examples: PTLA, Combi-tube, King Airway, LMA)
 - 3. Pneumatic anti-shock garment

4. Transport of patients with nasogastric tubes, urinary catheters, heparin/saline locks, PEG tubes, or vascular access devices intended for outpatient use
5. Application and use of semi-automatic defibrillators
6. Acupressure
7. Peripheral venous puncture/access
8. Blood drawing
9. I.V. fluid therapy
10. Direct laryngoscopy
11. Endotracheal intubation
12. Thoracic decompression (needle thoracostomy)
13. Surgical cricothyrotomy
14. Insertion of nasogastric tubes
15. Cardioversion and manual defibrillation
16. External cardiac pacing
17. Cardiac monitoring
18. Use of infusion pumps
19. Initiation of blood and blood products with on-line medical control
20. Intraosseous access

b. Administration of approved medications via the following routes:

1. Intravenous
2. Intranasal
3. Nebulized inhalation
4. Sublingual
5. Subcutaneous
6. Intradermal
7. Intraosseous
8. Endotracheal
9. Oral (PO)
10. Intramuscular
11. Topical
12. Endotracheal
13. Rectal.
14. IV Drip

c. Allowable Drugs

1. Acetaminophen
2. Activated charcoal
3. Adenosine
4. Albuterol (including isomers)
5. Amiodarone
6. Aspirin
7. Atropine Sulfate
8. Benzodiazepines
9. Bretylium Tosylate
10. Calcium preparations
11. Corticosteroids
12. Dextrose
13. Diphenhydramine
14. Dopamine Hydrochloride
15. Epinephrine
16. Furosemide
17. Glucagon

18. Hydroxycobalamine
19. Ipratropium
20. Lidocaine
21. Magnesium Sulfate
22. Naloxone
23. Narcotic analgesics
24. Nitroglycerine
25. Oral glucose preparations
26. Oxytocin
27. Phenylephrine nasal spray
28. Pralidoxime, IM auto-injection for treatment of chemical and/or nerve agent exposure
29. Promethazine and anti-emetic agents, for use as an anti-emetic
30. Sodium Bicarbonate
31. Thiamine
32. Topical anesthetic ophthalmic solutions
33. Vasopressin

(3) Wilderness Protocols:

The following skills shall only be used by providers who have a current wilderness certification from a Bureau approved Wilderness First Responder Course, who are functioning in a wilderness environment as a wilderness provider (an environment in which time to a hospital is expected to exceed two (2) hours, except in the case of an anaphylactic reaction, in which no minimum transport time is required), and are authorized by their Medical Director to provide the treatment.

- a. Minor wound cleaning and management
- b. Cessation of CPR
- c. Field clearance of the cervical-spine
- d. Reduction of dislocations resulting from indirect force of the patella, digit, and anterior shoulder

(4) Drugs Allowed for Monitoring in Transport: Requires an infusion pump when given by continuous infusion unless otherwise specified

- a. Potassium (no infusion pump needed if concentration not greater than 20mEq/1000cc)
- b. Anticoagulation type blood modifying agents (such as fibrolytic drugs, heparin, glycoprotein IIb-IIIa inhibitors/antagonists)
- c. Procainamide
- d. Mannitol
- e. Blood and blood products (no pump required)
- f. Aminophylline
- g. Antibiotics and other anti-infective agents
- h. Dobutamine
- i. Sodium Nitroprusside
- j. Insulin
- k. Terbutaline
- l. Norepinephrine
- m. Octreotide
- n. Nutritional Supplements
- o. Beta blockers
- p. Diltiazem
- q. Nesiritide
- r. Propofol in patients that are intubated prior to transport

s. Proton pump inhibitors and H2 antagonists

(5) Immunizations and Biologicals: Administration of Immunizations, Vaccines, Biologicals, and TB skin testing is authorized under the following circumstances:

- a. To the general public as part of a Department of Health initiative or emergency response, utilizing Department of Health protocols. The administration of immunizations is to be under the supervision of a public health physician, nurse, or other authorized public health provider.
- b. Administer vaccines to EMS and public safety personnel
- c. TB skin tests may be applied and interpreted if the licensed provider has successfully completed required Department of Health training.
- d. In the event of a disaster or emergency, the State EMS Medical Director or Chief Medical Officer of the Department of Health may temporarily authorize the administration of other pharmaceuticals or tests not listed above.

(6) Skills Approved for Monitoring in Transport:

- a. Internal cardiac pacing.
- b. Chest tubes

(7) Medications for Administration during Patient Transfer:

- a. Retavase (second dose only)
- b. Protamine Sulfate
- c. Non-depolarizing neuromuscular blocking agents in patients that are intubated prior to transport
- d. Acetylcysteine

(8) Patient's Own Medication that May be Administered:

- a. Epoprostenol sodium
- b. Bronchodilators using pre-measured or metered dose inhalation device
- c. Sublingual nitroglycerine for unrelieved chest pain. Must have intravenous access established prior to administration or approval of online medical control if IV access is unavailable.