

2006 EMS SCOPE OF PRACTICE

Revised 03.05.07

7.27.2.15

Appendix A: Scopes of Practice EMS 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. Only personnel with full, unrestricted licensure may utilize items designated as Service Medical Director Approved.
- E. 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.
- F. Certified Emergency Medical Dispatcher (EMD):
 - (1) Medical direction is required for all items in the EMD scope of practice
 - (2) Allowable Skills: EMD's who are educated in an EMD training program which has been approved by the Bureau; and, who are currently certified by the Bureau; and, who function with a New Mexico Emergency Medical Dispatch Agency (EMDA) that uses the Emergency Medical Dispatch Priority Reference System (EMDPRS) may perform the following in compliance with the protocols established by the EMDA Medical Director:
 - (a) Process calls for medical assistance in a standardized manner, using the approved EMDPRS protocol to elicit required information for evaluating, advising, and treating sick or injured individuals, and dispatching an appropriate EMS response.
 - (b) Provide pre-arrival instructions to the patient through the caller when possible and appropriate to do so while functioning in compliance with the Emergency Medical Dispatch Priority Reference System (EMDPRS).
- G. EMS First Responders (EMSFR):
 - (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
 - (e) Obstructed airway management
 - (f) Bleeding control via direct pressure
 - (g) Spine immobilization; basic splinting.
 - (h) Scene assessment, triage, scene safety.
 - (i) Use of statewide EMS communications system.
 - (j) Emergency childbirth.
 - (k) Glucometry
 - (l) Oxygen

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- (2) Medical direction is required for the following items :
 - (a) Allowable Skills:
 - (1) Mechanical positive pressure ventilation.
 - (b) Allowable Drugs and Routes:
 - (1) Oral glucose preparations.
 - (2) Aspirin PO for adults with suspected cardiac chest pain.
 - (c) Service Medical Director Approved:
 - (1) Semi-automatic defibrillation (including rhythm documentation of cardiac activity).
 - (2) Insertion of the laryngeal airway device.
 - (3) IM drug administration by auto-injection device
 - (4) IM auto-injection of the following agents for treatment of chemical and/or nerve agent exposure:
 - (i) atropine
 - (ii) pralidoxime
 - (5) Albuterol via inhaled administration
 - (d) 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 transport time to a hospital exceeds 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.
 - (1) Administration of epinephrine
 - (2) Minor wound cleaning and management
 - (3) Cessation of CPR
 - (4) Field clearance of the Cervical-spine
 - (5) Reduction of dislocations resulting from indirect force of the patella, digit, and anterior shoulder

H. EMT-BASIC (EMT-B):

- (1) All items in the EMS First Responder scope of practice
- (2) The following allowed skills, procedures, and drugs may be performed without medical direction:
 - (a) Emergency procedures as taught in standard EMT-B courses.
 - (b) Splinting.
 - (c) Wound management.
- (3) Medical direction is required for the following items:
 - (a) Allowable Skills:
 - (1) Use of multi-lumen airways (examples: PTLA and Combi-tube)
 - (2) Pneumatic anti-shock garment. *
 - (b) Allowable Drugs and Routes:
 - (1) Activated charcoal PO.
 - (2) Acetaminophen PO in pediatric patients with fever

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- (c) Service Medical Director Approved:
 - (1) Transport of patients with nasogastric tubes, urinary catheters, heparin/saline locks, PEG tubes, or vascular access devices intended for outpatient use.
 - (2) Administration of naloxone by SQ, IM, or IN route
 - (3) Administer the following drugs under on-line medical control. When on-line medical control is unavailable, administration is allowed under off-line medical control if the licensed provider is working under medical direction using approved written medical protocols.
 - (i) Patient's own bronchodilator using pre-measured or metered dose inhalation device-
 - (ii) Epinephrine, 1:1000, no single dose greater than 0.3ml, subcutaneous or intramuscular injection with pre-measured syringe or 0.3ml TB syringe for anaphylaxis or status asthmaticus refractory to other treatments
 - (iii) Administer a patient's own sublingual nitroglycerine for unrelieved chest pain, with on line medical control only.

I. EMT-INTERMEDIATE (EMT-I):

- (1) All items in the EMT-Basic scope of practice
- (2) Medical direction is required for all items in the EMT-Intermediates scope of practice
- (3) Allowable Skills:
 - (a) Peripheral venous puncture/access.
 - (b) Blood drawing.
 - (c) Pediatric intraosseous tibial access - May be used only after two peripheral intravenous attempts have failed or if there is no reasonable possibility of securing peripheral intravenous access. Limited to one attempt, unless second attempt authorized by online medical control at the receiving institution.
- (4) Allowable Drugs and Routes:
 - (a) Administration of approved medications via the following routes:
 - (1) Intravenous.
 - (2) Nebulized inhalation.
 - (3) Sublingual.
 - (4) Intradermal
 - (5) Intraosseous tibial infusions in pediatric patients.
 - (6) Endotracheal (for administration of epinephrine only, under the direct supervision of an EMT-Paramedic, or if the EMS service has an approved special skill for endotracheal intubation).
 - (7) Oral (PO)
 - (8) Intramuscular (IM)
 - (9) Subcutaneous (SQ)
 - (b) I.V. fluid therapy (except blood or blood products).
 - (c) 50% Dextrose - intravenous
 - (d) Epinephrine (1:1000), subcutaneous for anaphylaxis and known asthmatics in severe respiratory distress (no single dose greater than 0.3 cc).
 - (e) Epinephrine (1:10,000) in pulseless cardiac arrest for both adult and pediatric patients. In pediatric patients may be given IO in 1:1000 concentration per PALS protocols. Epinephrine may be administered via the endotracheal tube in accordance with ACLS and PALS guidelines.
 - (f) Nitroglycerin (sublingual) for chest pain associated with suspected acute coronary syndromes. Must have intravenous access established prior to administration.
 - (g) Morphine or Fentanyl for use in pain control with approval of on-line medical control.

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- (h) Diphenhydramine for allergic reactions.
- (i) Glucagon, to treat hypoglycemia in diabetic patients when intravenous access is not obtainable.
- (j) Promethazine and anti-emetic agents, for use as an anti-emetic.
- (k) Oral steroids for reactive airway disease/acute asthma exacerbation

(5) Drugs Allowed for Monitoring During Transport:

- (a) Monitoring I.V. solutions during transport that contain potassium (not to exceed 20 mEq/1000cc or more than 10 mEq/hour).

(6) 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 disaster or emergency, the State EMS Medical Director or Chief Medical Officer for the Department of Health may temporarily authorize the administration of other immunizations, vaccines, biologicals, or tests not listed above.

E. EMT-PARAMEDIC:

- (1) All items in the EMT-Intermediate scope of practice
- (2) Medical direction is required for all items in the EMT-Paramedic scope of practice
- (3) Allowable Skills:
 - (a) Direct laryngoscopy.
 - (b) Endotracheal intubation.
 - (c) Thoracic decompression (needle thoracostomy)
 - (d) Surgical cricothyroidotomy.
 - (e) Insertion of nasogastric tubes.
 - (f) Cardioversion and defibrillation.
 - (g) External cardiac pacing.
 - (h) Cardiac monitoring.
 - (i) Use of Infusion Pumps.
 - (j) Initiation of blood and blood products with on-line medical control.
 - (k) intraosseous access
- (4) Allowable Drugs and Routes:
 - (a) Administration of approved medications via the following routes:
 - (1) Intraosseous
 - (2) Topical.
 - (3) Endotracheal.
 - (4) Rectal.
 - (b) Adenosine
 - (c) Amioderone
 - (d) Atropine Sulfate.
 - (e) Benzodiazepines
 - (f) Bretylium Tosylate .
 - (g) Calcium preparations.

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- (h) Diphenhydramine
 - (i) Dopamine Hydrochloride
 - (j) Epinephrine
 - (k) Furosemide
 - (l) Glucagon
 - (m) Lidocaine.
 - (n) Magnesium Sulfate.
 - (o) Narcotic analgesics.
 - (p) Oxytocin.
 - (q) Phenylephrine nasal spray.
 - (r) Sodium Bicarbonate.
 - (s) Thiamine.
 - (t) Topical anesthetic ophthalmic solutions.
 - (u) Vasopressin.
 - (v) Ipratropium
- (5) 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.
- (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
- (8) Patient's Own Medication that May be Administered
- (a) Epoprostenol sodium