

Division of Public Health Services

Office of the Assistant Director Public Health Preparedness Services Bureau of Emergency Medical Services

150 N. 18th Avenue, Suite 540 Phoenix, Arizona 85007 (602) 364-3150 / 1-800-200-8523 (602) 364-3568 FAX

DOUGLAS A. DUCEY, GOVERNOR CARA M. CHRIST, MD, DIRECTOR

MEDICAL DIRECTION COMMISSION

Date: September 17, 2015 - **Time**: 12:00 PM

Location: 150 N. 18th Ave., Conference Room 215A & 215B

Conference Call: 1-877-820-7831 - Code: 450908#

iLinc URL: https://azdhsems.ilinc.com/join/xcphsxt

You must register prior to the meeting to join the web conference session.

AGENDA

- I. Call to Order Ben Bobrow, MD
- II. Roll Call Jennifer Herbert (12 members, 7 required for quorum)
- III. Chairman's Report Ben Bobrow, MD
 - a. Attendance Report (Attachment III.a.)
 - b. 2016 Meeting schedule (Attachment III.b.)
 - c. Vacancy Faculty Representative of Emergency Medicine Residency Program
- IV. Bureau Report David Harden, JD
 - a. Community Integrated Paramedicine
 - b. Naloxone Workgroup Output Terry Mullins, Gail Bradley, MD
 - c. Acute Traumatic Pain Management Training Module
- V. Discussion and Action Items
 - a. Discuss, amend, approve MDC Minutes from May 21, 2015 (Attachment V.a.)
 - b. Discuss, amend, approve expanding the use of Ketamine in the drug profile Garth Gemar, MD (Attachment V.b.)
 - c. Discuss and approve adding Phytonadine on Infusion Pump (IP) to Table 5.4 (Interfacility Transport) as a Paramedic skill only Garth Gemar, MD (Attachment V.c.)
 - d. Discuss, amend, approve the Phytonadine Drug Profile Garth Gemar, MD (Attachment V.d.)
 - e. Discuss and approve changes to Naloxone on Table 5.1 (Scope of Practice) Noreen Adlin (Attachment V.e.)

Persons with disabilities may request a reasonable accommodation such as a sign language interpreter, by contacting Angie McNamara, Program Project Specialist II, at 602-364-3156; State TDD Number 1-800-367-8939; or Voice Relay Number 711. Request should be made as early as possible to allow time to arrange accommodations

"Health and Wellness for all Arizonans"

- VI. Reports
 - a. Excellence in Prehospital Injury Care Traumatic Brain Injury Project Ben Bobrow, MD
 - b. Trauma and EMS Performance Improvement Standing Committee Gail Bradley, MD
 - c. Education Standing Committee Gail Bradley, MD
 - d. Protocols, Medications and Devices Standing Committee Toni Gross, MD
 - e. Physician Orders for Life Sustaining Treatment (POLST) Brian Smith, RN
 - f. Data and Quality Assurance Rogelio Martinez, MPH
- VII. Agenda Items for Next Meeting
- VIII. Call to the Public: A public body may make an open call to the public during a public meeting, subject to reasonable time, place and manner restrictions, to allow individuals to address the public body on any issue within the jurisdiction of the public body. The Committee may ask staff to review a matter or may ask that a matter be put on a future agenda. Members of the public body shall not discuss or take legal action on matters raised during an open call to the public unless the matters are properly noticed for discussion and legal action. A.R.S. § 38-431.01(G)
- IX. Summary of Current Events
 - a. November 2-4, 2015: National Pediatric Disaster Conference. Scottsdale
 - b. November 5-6, 2015: Emergency Pediatric Interdisciplinary Care Conference. Desert Diamond Casino, Tucson
 - c. November 6-7, 2015: Pediatric Trauma Society Meeting. Scottsdale
 - d. November 12-13, 2015: Southwest Trauma and Acute Care Symposium (STACS). Scottsdale
- X. Next Meetings: January 21, 2016 @ 12:00 PM in rooms 215A & 215B 150 Building May 19, 2016 @ 12:00 PM in rooms 215A & 215B 150 Building September 15, 2016 @ 12:00 PM in rooms 215A & 215B 150 Building
- XI. Adjournment

Persons with disabilities may request a reasonable accommodation such as a sign language interpreter, by contacting Angie McNamara, Program Project Specialist II, at 602-364-3156; State TDD Number 1-800-367-8939; or Voice Relay Number 711. Request should be made as early as possible to allow time to arrange accommodations

"Health and Wellness for all Arizonans"

Committee Attendance Report

Me	dical Direction	<u>n Commis</u>	sion		Me	<u>dical Directi</u>	<u>on Commi</u>	<u>ssion</u>	
		Present	Tele	Absent			Present	Tele	Absent
Bentley Bobrow	Chair/ADHS	BEMS Med	ical Dir	ector	Jonathan Maiten	n Emergeno	cy Medicine P	hysiciar	n - Central
	9/20/2012	✓				9/25/2014	✓		
	2/25/2013	✓				1/29/2015	✓		
	5/16/2013	✓				5/21/2015	✓		
	9/26/2013	✓			Kevin Foster	Physician	Specializing i	n Traum	na Surger
	1/23/2014	✓				9/20/2012			
	5/29/2014	 ✓ 				2/25/2013			
	9/25/2014			✓		5/16/2013		✓	
	1/29/2015					9/26/2013			
	5/21/2015	✓				1/23/2014			✓
Daniel Spaite	Emergency I		hysiciar	n - Southe		5/29/2014		✓	
	9/20/2012	✓				9/25/2014		✓	
	2/25/2013			✓		1/29/2015		✓	
	5/16/2013		✓			5/21/2015			✓
	9/26/2013				Michele Preston	Emergenc	cy Medicine P	-	n - Wester
	1/23/2014					5/21/2015		✓	
	5/29/2014				Nicholas Theodo	re Physician	Specializing i	n Acute	Head Inj
	9/25/2014					9/20/2012			✓
	1/29/2015		✓			2/25/2013			
	5/21/2015		✓			5/16/2013			
Frank Walter	Physician Sp	ecializing ir				9/26/2013			
	9/20/2012			✓		1/23/2014		✓	
	2/25/2013		✓			5/29/2014			
	5/16/2013			✓		9/25/2014		✓	
	9/26/2013			 ✓ 		1/29/2015			
	1/23/2014		✓			5/21/2015			✓
	5/29/2014			✓	Phillip Richemon	t Physician	with Full-Tim		ice in <u>a</u> Ru
	9/25/2014		✓			9/20/2012		✓	
	1/29/2015					2/25/2013			
	5/21/2015			✓		5/16/2013			✓
Gail Bradley	Physician Sp	ecializing ir	n Cardia	ac Care/Vi		9/26/2013			
	9/20/2012					1/23/2014			
	2/25/2013					5/29/2014			
	5/16/2013					9/25/2014		✓	
	9/26/2013					1/29/2015		✓	
	1/23/2014					5/21/2015		✓	
	5/29/2014				Rianne Page	Emergenc	cy Medicine P	hysiciar	n - Northe
	9/25/2014					1/29/2015	✓		
	1/29/2015					5/21/2015		✓	
	5/21/2015	✓			Toni Gross	Physician	Specializing i	n Pediat	tric Medic
Jonathan Maiter	m Emergency I		hysiciar	n - Central		9/20/2012	✓		
	9/20/2012					2/25/2013			
	2/25/2013					5/16/2013	✓		
	5/16/2013					9/26/2013			✓
	9/26/2013					1/23/2014	✓		
	1/23/2014	 ✓ 				5/29/2014	✓		
	5/29/2014	✓				9/25/2014	✓		

Medical Direction Commission										
		Present	Tele	Absent						
Toni Gross	Physician S	pecializing ir	n Pediat	ric Medic						
	1/29/2015	✓								
	5/21/2015	✓								

Bureau of Emergency Medical Services and Trauma System 2016 Statutory/Standing Committee Meetings

Date	Time	Meeting	Conference Room
January 21, 2016	9:00 a.m.	State Trauma Advisory Board	215A & 215B – 2nd Floor 150 Bldg
January 21, 2016	10:30 a.m.	Emergency Medical Services	215A & 215B – 2nd Floor 150 Bldg
January 21, 2016	12:00 p.m.	Medical Direction Commission	215A & 215B – 2nd Floor 150 Bldg
March 17, 2016	9:00 a.m.	Trauma and EMS Performance Improvement (TEPI)	215A & 215B – 2nd Floor 150 Bldg
March 17, 2016	10:30 a.m.	Education Committee	215A & 215B – 2nd Floor 150 Bldg
March 17, 2016	12:00 p.m.	Protocols, Medications and Devices Committee	215A & 215B – 2nd Floor 150 Bldg
May 19, 2016	9:00 a.m.	State Trauma Advisory Board	215A & 215B – 2nd Floor 150 Bldg 215A & 215B – 2nd Floor
May 19, 2016	10:30 a.m.	Emergency Medical Services Council	215A & 215B – 2nd Floor 150 Bldg 215A & 215B – 2nd Floor
May 19, 2016	12:00 p.m.	Medical Direction Commission Trauma and EMS Performance	150 Bldg 215A & 215B – 2nd Floor
July 21, 2016	9:00 a.m.	Improvement (TEPI)	213A & 213B – 2nd Floor 150 Bldg 215A & 215B – 2nd Floor
July 21, 2016	10:30 a.m.	Education Committee Protocols, Medications and Devices	150 Bldg
July 21, 2016	12:00 p.m.	Committee	215A & 215B – 2nd Floor 150 Bldg
September 15, 2016	9:00 a.m.	State Trauma Advisory Board	215A & 215B – 2nd Floor 150 Bldg
September 15, 2016	10:30 a.m.	Emergency Medical Services Council	215A & 215B – 2nd Floor 150 Bldg
September 15, 2016	12:00 p.m.	Medical Direction Commission	215A & 215B – 2nd Floor 150 Bldg
November 17, 2016	9:00 a.m.	Trauma and EMS Performance Improvement (TEPI)	215A & 215B – 2nd Floor 150 Bldg
November 17, 2016	10:30 a.m.	Education Committee	215A & 215B – 2nd Floor 150 Bldg
November 17, 2016	12:00 p.m.	Protocols, Medications and Devices Committee	215A & 215B – 2nd Floor 150 Bldg

DISCLAIMER: "Meeting schedule subject to change upon the request of the Governor's Office or the Office of the Director. Should this occur, the Bureau will make all reasonable efforts to contact the affected members as soon as feasible."

MEDICAL DIRECTION COMMISSION

May 21, 2015 - 12:00 PM 150 N. 18th Ave., Conference Room 215A&B

Meeting Minutes DRAFT

Present
Ben Bobrow
Dan Spaite*
Gail Bradley
Jon Maitem
Michele Butler*
Rianne Page*
Toni Gross

Absent Nicholas Theodore Phillip Richemont

Phillip Richemont Frank Walter Kevin Foster

*Indicates teleconference

- I. Call to Order Ben Bobrow, MD at 12:00 PM
- II. Roll Call Jennifer Herbert (12 members, 7 required for quorum). A quorum was present
- III. Chairman's Report Ben Bobrow, MD
 - a. Attendance Report
 - b. Vacancy Faculty Representative of Emergency Medicine Residency Program
 - c. Paul Coverdell National Acute Stroke Prevention Grant
- IV. Bureau Report David Harden, JD
 - a. Rules update
 - b. Overview of National EMS initiatives Terry Mullins
 - c. Guidance document review Terry Mullins
 - d. Workgroup prioritization Terry Mullins
 - e. Electronic EMCT registration/certification is now online
- V. Discussion and Action Items
 - a. Discuss, amend, approve MDC Minutes from January 29, 2015. Jon Maitem, DO made the motion to approve the minutes, seconded by Gail Bradley, MD. A vote was taken and the **motion carries**.
 - b. Discuss, amend, approve Over the Counter Medication Guidance Document Josh Gaither, MD. Jon Maitem, DO, made the motion to approve the document, seconded by Gail Bradley, MD. A discussion ensued. A vote was taken and the <u>motion carries</u> with friendly amendments.
 - c. Discuss, amend, approve External Hemorrhage Guideline for the TTTG Toni Gross, MD. Jon Maitem, DO, made the motion to approve the guideline, seconded by Gail Bradley, MD. A vote was taken and the <u>motion carries</u>.
 - d. Discuss, amend, approved Hemostatic Agent Drug Profile Toni Gross, MD. Jon Maitem, DO, made the motion to approve the profile, seconded by Gail Bradley, MD. A vote was taken and the motion carries.
- VI. Reports
 - a. Excellence in Prehospital Injury Care Traumatic Brain Injury Project Ben Bobrow, MD
 - b. Trauma and EMS Performance Improvement Standing Committee Gail Bradley, MD
 - i. Agency/Vendor Data Quality Assurance Reports for AZ-PIERS Workgroup (data field's completion, validation etc.)

- c. Education Standing Committee Gail Bradley, MD
- d. Naloxone Workgroup Gail Bradley, MD
- e. Physician Orders for Life Sustaining Treatment (POLST) Brian Smith, RN
- f. Protocols, Medications and Devices Standing Committee Toni Gross, MD
 i. Pain Management Protocol Learning Management Module
- g. DQA Rogelio Martinez, MPH
 - i. Quarterly Reports Update
- h. Community Integrated Paramedicine David Harden, JD
- VII. Agenda Items for Next Meeting: None presented
- VIII. Call to the Public: None presented
 - IX. Summary of Current Events
 - a. February 8-9, 2015: 2015 Pediatric Symposium. Hilton Village of Oak Creek, Sedona
 - b. February 12-13, 2015: February in Phoenix Trauma Symposium. Black Canyon Conference Center, Phoenix
 - c. February 13, 2015: Arizona Resuscitation Academy. Public Safety Training Center, Mesa
 - d. November 2-4, 2015: National Pediatric Disaster Conference. Scottsdale
 - X. Next Meeting Date: September 17, 2015 @ 12:00 PM in rooms 215A & 215B 2nd Floor 150 Building
 - XI. Adjournment: 12:52 PM

Approved by MDC Date:

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VISITORS PLEASE SIGN IN	

Medical Direction Commission (MDC) - May 21, 2015 @ 12:00 p.m.

Organization & Position	SEWFA LEMS CONDENATOR	H	CHANOLEN / HEATHS MERIEN BC	5	rec	Fue PHC		AP RD	GUENDALL FIRE	Brune									
Name (PLEASE PRINT)	1 Repeal Ham	2 Whenk Vount	3 VAr CARE	4 Jose Cartro	5 BRIANS CHITH	6 RONALD MARTINEZ	7 Mairer la Da.	S TOHN CALLADYON (S	9 MiKL PATTEN	10 Mullin v ged	11	12	13	14	15	16	17	18	

GENERIC NAME: KETAMINE HYDROCHLORIC INJECTION

CLASS: Anesthetic; Dissociative Anesthetic

Mechanism of Action:

Pharmacologic Effects:

- Ketamine is a Class III Phencyclidine (PCP) derivative that is rapid acting in producing a "dissociative" anesthesia in which the patient's consciousness is detached from their nervous system. Due to its "dissociative" properties, Ketamine is a potent analgesic.
- Minimal cardiac depression occasionally reported with rapid-high doses. May transiently (within 30-60 seconds) increase heart rate and blood pressure by central sympathetic stimulation. Return to normal values begins almost immediately, and is complete within 15 minutes.
- Ketamine is a bronchodilator and has minimal to no respiratory depression, with respiratory stimulation frequently seen.

Metabolized:

• The liver microsomal enzyme system metabolizes Ketamine.

Indications for Field Use (14 years and older):

- Pre-anesthetic (Induction agent) for Rapid Sequence Intubation.
- Pre-anesthetic for critical asthma patients needing aggressive bronchodilation and possible intubation.

Contraindications:

- Angina
- CHF
- Symptomatic Hyperthyroidism
- Pregnancy-Relative (Category B)

Adverse Reactions:

An emergence reaction (in approximately 12% of patients) may occur near end of medication half-life, when patient is awakening, that may require Versed 1-5 mg IV/IM/IO to calm patient.

Cautions:

- Hypertension
- Tachycardia
- Known Cerebral or Aortic Aneurism
- Psychotic Disorders

Attachment V.b.

Notes of Administration:

IV/IO: May re-medicate with half-dose after 10 minutes.

Incompatibilities/Drug Interactions:

Diazepam

Adult Dosage (154 years and older):

IV/IO 0.5-2 mg/kg over 1 minute. Half-life 5-10 minutes. IM 2-4 mg/kg. Half-life 12-25 minutes.

Pediatric Dosage:

Not currently recommended for field use in patients less than 15 years old

Routes of Administration:

IV/IO IM

Onset of Action:

IV/IO: 30 seconds IM: 3-4 minutes

Peak Effects:

IV/IO: 30 seconds to 5 minutes IM: 3-12 minutes

Duration of Action:

IV/IO: 10-45 minutes IM: 25-60 minutes

Arizona Drug Box Minimum Supply:

Optional: 200 mg

Special Notes:

- Pregnancy Category B:
- Lactation: Undetermined, if any, effects

Attachment V.b.

- Elderly: Use with caution, start at low end of dosing range
- Alcohol: Use with caution in the acutely alcohol-intoxicated patient

Attachment V.c.

 Table 5.4: Authorization for Administration, Monitoring, and Assistance in Patient Self-administration of Agents by

 EMCT Certification; Identification of Transport Agents; Administration Requirements; and Minimum Supply

 Requirements for Agents for Interfacility Transports

Legend

- IP Agent shall be administered by infusion pump
- TA Transport agent for an EMCT with the specified certification

AGENT	MINIMUM SUPPLY	ЕМТ	AEMT	EMT-I (99)	Paramedic
Amiodarone IP	None	-	-	-	TA
Antibiotics	None	-	-	TA	TA
Blood	None	-	-	-	TA
Calcium Chloride	None	-	-	-	TA
Colloids	None	-	-	TA	TA
Corticosteroids IP	None	-	-	TA	ТА
Diltiazem IP	None	-	-	-	TA
Diuretics	None	-	-	TA	TA
Dopamine HCl IP	None	-	-	-	ТА
Electrolytes/Crystalloids (Commercial Preparations)	None	ТА	TA	ТА	ТА
Epinephrine IP	None	-	-	TA	TA
Fentanyl IP	None	-	-	TA	TA
Fosphenytoin Na IP or	None	-	-	-	ТА
Phenytoin Na IP	None	-	-	-	TA
Glucagon	None	-	-	TA	ТА
Glycoprotein IIb/IIIa Inhibitors	None	-	-	-	ТА
H2 Blockers	None	-	-	TA	TA
Heparin Na IP	None	-	-	-	ТА
Insulin IP	None	-	-	-	TA
Levophed IP	None	-	-	-	TA
Lidocaine IP	None	-	-	ТА	ТА
Magnesium Sulfate IP	None	-	-	-	TA
Midazolam IP	None	-	-	ТА	TA
Morphine IP	None	-	-	ТА	ТА
Nitroglycerin IV Solution IP	None	-	-	-	ТА
Phenobarbital Na IP	None	-	-	-	ТА
Phytonadione IP (Vitamin K)	None	=	<u> </u>	<u> </u>	TA
Potassium Salts IP	None	-	-	-	ТА
Procainamide HCl IP	None	-	-	-	ТА
Propofol IP	None	-	-	-	ТА
Racemic Epinephrine SVN	None	-	-	-	ТА
Total Parenteral Nutrition, with or without lipids IP	None	-	-	-	ТА
Vitamins (excluding Phytonadione)	None	-	-	TA	ТА

GENERIC NAME: Phytonadione **BRAND NAME**: Vitamin K, Aquamephyton, Mephyton, **CLASS**: Hemostatics, Vitamins

Mechanism of Action:

Promotes synthesis of clotting factors II, VII, IX and X by the liver.

Indications for Field Use:

INTERFACILITY, attended by a paramedic: Reversal of warfarin (Coumadin) effects, and specifically to treat major bleeding (e.g. CNS, GI, retroperitoneal, etc.) with any elevated INR: 2012 ACCP guidelines recommend vitamin K1 5-10 mg IV (dilute in 50 mL IV fluid and infuse over 20 min) along with other treatments (prothrombin complex concentrate and perhaps others, depending on clinical situation). No indications in 911 system-generated transports.

Contraindications:

Known hypersensitivity to phytonadione/Vitamin K

Adverse Reactions:

- Anaphylaxis even when recommended infusion rates followed (more prevalent with too-rapid IV administration) (has resulted in death) (black box warning has been issued)
- Dyspnea
- Cyanosis
- Erythematous skin eruptions
- Pruritus
- Flushing
- Hypotension
- Injection site reactions
- Taste alterations

NOTES ON ADMINISTRATION

Incompatibilities/Drug Interactions:

None found.

Adult Dosage:

5-10 mg IV (mixed in 50 cc NS) and given by infusion pump over 20 minutes.

Pediatric Dosage:

Attachment V.d.

Pediatric use not recommended for this indication.

Routes of Administration:

IV/IO via infusion pump.

Onset of Action:

1-2 hours.

Peak Effects:

12-14 hours.

Duration of Action:

Dependent on hepatic status and presence or absence of ongoing coagulopathies.

Dosage Forms/Packaging:

Will be provided by sending institution. The mixture should contain 5-10 mg in 50cc preservative-free NS, D5W or D5NS to be given over 20 minutes and absolutely no faster than 1mg/minute.

Arizona Drug Box Standard Supply:

Interfacility only

Special Notes:

- + Pregnancy Category C. Excreted in breast milk. Use caution.
- + Protect from light; agent is rapidly degraded.

Table 5.1. Arizona Scope of Practice Skills

KEY:

- \checkmark = Arizona Scope of Practice skill
- STR = Specialty Training Requirement: Skill requires specific specialty training with medical director authorization and involvement
- * = Already intubated

Airway/Ventilation/Oxygenation	EMT	AEMT	EMT-I(99)	Paramedic
Airway- esophageal	STR	✓	~	~
Airway- supraglottic	STR	✓	STR	✓
Airway- nasal	✓	✓	✓	✓
Airway- oral	✓	~	✓	√
Bag-valve-mask (BVM)	✓	~	✓	✓
BiPAP/CPAP				✓
Chest decompression- needle			✓	✓
Chest tube placement- assist only				STR
Chest tube monitoring and management				STR
Cricoid pressure (Sellick's maneuver)	✓	~	✓	✓
Cricothyrotomy- needle			STR	√
Cricothyrotomy- percutaneous			STR	~
Cricothyrotomy- surgical			STR	STR
Demand valve- manually triggered ventilation	✓	✓	✓	✓
End tidal CO2 monitoring/capnography			✓	\checkmark
Gastric decompression- NG tube			✓	✓
Gastric decompression- OG tube			✓	\checkmark
Head-tilt chin lift	✓	✓	✓	~
Intubation- nasotracheal			STR	✓
Intubation- orotracheal	STR	STR	✓	~
Jaw-thrust	✓	~	✓	✓
Jaw-thrust – modified (trauma)	✓	✓	✓	~
Medication Assisted Intubation (paralytics)				STR
Mouth-to-barrier	✓	✓	✓	✓
Mouth-to-mask	✓	✓	✓	✓
Mouth-to-mouth	✓	~	✓	✓
Mouth-to-nose	✓	✓	✓	✓
Mouth-to-stoma	✓	✓	✓	✓
Obstruction- direct laryngoscopy			✓	✓
Obstruction- manual	✓	✓	✓	✓
Oxygen therapy- humidifiers	✓	✓	✓	✓

Oxygen therapy- nasal cannula	✓	✓	✓	✓
Oxygen therapy- non-rebreather mask	✓	✓	✓	✓
Oxygen therapy- partial rebreather mask	✓	~	✓	✓
Oxygen therapy- simple face mask	✓	~	✓	✓
Oxygen therapy- venturi mask	✓	~	✓	✓
PEEP- therapeutic			✓	✓
Pulse oximetry	✓	~	✓	✓
Suctioning- upper airway	✓	~	✓	✓
Suctioning- tracheobronchial		√*	✓	✓
Automated transport ventilator	STR	STR	4	4
Cardiovascular/Circulation	ЕМТ	AEMT	EMT-I (99)	Paramedic
Cardiac monitoring- multiple lead (interpretive)			~	~
Cardiac monitoring- single lead (interpretive)			✓	✓
Cardiac - multiple lead acquisition (non-interpretive)	STR	STR	~	✓
Cardiopulmonary resuscitation	✓	~	✓	✓
Cardioversion- electrical			~	✓
Carotid massage – (≤ 17 years)			STR	STR
Defibrillation- automatic/semi-automatic	✓	~	~	✓
Defibrillation- manual			~	✓
Hemorrhage control- direct pressure	✓	~	~	\checkmark
Hemorrhage control- tourniquet	✓	~	~	✓
Internal; cardiac pacing- monitoring only			~	\checkmark
Mechanical CPR device	STR	STR	STR	STR
Transcutaneous pacing- manual			~	\checkmark
Immobilization	ЕМТ	AEMT	EMT-I (99)	Paramedic
Spinal immobilization- cervical collar	✓	~	✓	✓
Spinal immobilization- long board	✓	~	~	✓
Spinal immobilization- manual	✓	~	~	✓
Spinal immobilization- seated patient (KED,etc.)	✓	~	~	✓
Spinal immobilization- rapid manual extrication	✓	~	~	✓
Extremity stabilization- manual	✓	~	~	✓
Extremity splinting	✓	~	~	~
Splint- traction	✓	~	~	~
Mechanical patient restraint	✓	~	✓	✓
Emergency moves for endangered patients	~	✓	✓	\checkmark
Medication administration - routes	EMT	AEMT	EMT-I (99)	Paramedic

	Assisting patient with his/her own prescribed medications (aerosolized/nebulized)	~	~	~	✓
	Assisting patient with his/her own prescribed medications (ASA/Nitro)	✓	~	~	\checkmark
	Aerosolized/nebulized (beta agonist)	STR	~	✓	✓
	Auto-injector	<u>STR</u>	<u> </u>	<u> </u>	<u><</u>
	Buccal	STR	~	✓	✓
	Endotracheal tube			✓	\checkmark
	Inhaled self-administered (nitrous oxide)		~	✓	\checkmark
	Intradermal				\checkmark
	Intramuscular (including patient assisted hydrocortisone)		~	✓	\checkmark
1	Intranasal	<u>STR</u>	~	✓	\checkmark
	Intravenous push		~	✓	\checkmark
	Intravenous piggyback			✓	\checkmark
	Intraosseous		STR	✓	\checkmark
	Nasogastric				\checkmark
	Oral	✓	~	✓	\checkmark
	Rectal		STR	✓	\checkmark
	Subcutaneous		~	✓	\checkmark
	Sublingual		~	✓	✓
	Auto-injector (self or peer)	✓	~	✓	✓
	Auto-injector (patient's own prescribed medications)	✓	~	~	\checkmark
IV	⁷ initiation/maintenance fluids	EMT	AEMT	EMT-I (99)	Paramedic
	Access indwelling catheters and implanted central IV ports				\checkmark
	Central line- monitoring				✓
	Intraosseous- initiation		~	✓	\checkmark
	Intravenous access		~	✓	\checkmark
	Intravenous initiation- peripheral	STR	~	✓	✓
	Intravenous- maintenance of non-medicated IV fluids	✓	~	✓	✓
	Intravenous- maintenance of medicated IV fluids			✓	\checkmark
	Umbilical initiation				STR
М	iscellaneous	EMT	AEMT	EMT-I (99)	Paramedic
	Assisted delivery (childbirth)	~	✓	✓	\checkmark
	Assisted complicated delivery (childbirth)	✓	~	✓	\checkmark
	Blood glucose monitoring	✓	~	✓	\checkmark
	Blood pressure- automated	~	✓	✓	\checkmark
	Blood pressure- manual	✓	~	✓	\checkmark
	Eye irrigation	✓	✓	✓	\checkmark

Attachment V.e.

Eye irrigation (Morgan lens)			STR
Thrombolytic therapy- initiation			STR
Urinary catheterization			STR
Venous blood sampling		✓	✓
Blood chemistry analysis			STR
Inter-facility med transport list, including pump administration \		STR	STR