

# Local Scope of Practice

Appendix

Douglas County Kansas EMS system

Mar-22

Every EMS provider is responsible for knowing their scope of practice as designated below.

<b>Airway/Ventilation/Oxygenation</b>	<b>EMR</b>	<b>EMT</b>	<b>AEMT</b>	<b>PM</b>
Chin lift/ Jaw Thrust	Yes	Yes	Yes	Yes
Nasal/Oral Airway Insertion	Yes	Yes	Yes	Yes
Suction Upper Airway	Yes	Yes	Yes	Yes
Suction Tracheal/Stoma	No	No	Yes	Yes
O2 Application	Yes	Yes	Yes	Yes
FBAO-Basic	Yes	Yes	Yes	Yes
FBAO-Advanced (Magill's)	No	No	No	Yes
BVM	Yes	Yes	Yes	Yes
CPAP Application	No	Yes	Yes	Yes
Supraglottic Airway Insertion	No	Yes	Yes	Yes
Endotracheal Intubation	No	No	No	Yes
Cricothyrotomy	No	No	No	Yes
Chest Needle Decompression	No	No	No	Yes
<b>Cardiovascular/Circulation</b>	<b>EMR</b>	<b>EMT</b>	<b>AEMT</b>	<b>PM</b>
Manual CPR	Yes	Yes	Yes	Yes
ResQpod Application	Yes	Yes	Yes	Yes
Autopulse Use	Yes	Yes	Yes	Yes
Automated Defibrillation (AED)	Yes	Yes	Yes	Yes
Manual Defibrillation	No	No	No	Yes
4/12 lead application	Yes	Yes	Yes	Yes
4 lead interpretation	No	No	Yes	Yes
12 lead interpretation	No	No	No	Yes
Transcutaneous Pacing	No	No	No	Yes
Synchronized Cardioversion	No	No	No	Yes
<b>Trauma/SMR/Splinting/Pt Restraint</b>	<b>EMR</b>	<b>EMT</b>	<b>AEMT</b>	<b>PM</b>
Hemorrhage Control - TQ Application	Yes	Yes	Yes	Yes
Hemorrhage Control - Direct Pressure	Yes	Yes	Yes	Yes
Hemorrhage Control - Wound Packing	Yes	Yes	Yes	Yes
C-Collar Application	Yes	Yes	Yes	Yes
Long Spine Board/Scoop Stretcher	Yes	Yes	Yes	Yes
Extremity Splinting	Yes	Yes	Yes	Yes
Traction Splints	No	Yes	Yes	Yes
Manual Pt Restraint/Hold	Yes	Yes	Yes	Yes
Mechanical Pt Restraint Application	No	Yes	Yes	Yes

<b>Vascular Access/ IV Therapy</b>	<b>EMR</b>	<b>EMT</b>	<b>AEMT</b>	<b>PM</b>
IV Start-Peripheral	No	No	Yes	Yes
IV Start-External Jugular	No	No	No	Yes
IO Start	No	No	Yes	Yes
Pre-Existing Central Line Access	No	No	No	Yes
Implanted Port-a-Cath Access	No	No	No	No
Fluid Administration	No	No	Yes	Yes
Blood Administration	No	No	No	Yes
IV line Troubleshooting	No	Yes	Yes	Yes
IV Pump Operations for Transfers	No	No	No	Yes
<b>Miscellaneous</b>	<b>EMR</b>	<b>EMT</b>	<b>AEMT</b>	<b>PM</b>
Assisted Childbirth	Yes	Yes	Yes	Yes
Blood Glucose Monitoring	Yes	Yes	Yes	Yes
Irrigation/Decontamination	Yes	Yes	Yes	Yes
Cincinnati Stroke Scale	Yes	Yes	Yes	Yes
Ambulance Destination Determination	No	No	No	Yes
<b>Medication Administration</b>	<b>EMR</b>	<b>EMT</b>	<b>AEMT</b>	<b>PM</b>
Activated Charcoal (Sorbitol)	No	Yes	Yes	Yes
Adenosine (Adenocard)	No	No	No	Yes
Albuterol Sulfate	No	Yes	Yes	Yes
Amiodarone (Cordarone)	No	No	Yes	Yes
Ammonia Caps	No	Yes	Yes	Yes
Aspirin	No	Yes	Yes	Yes
Atropine Sulfate	No	No	No	Yes
Calcium Chloride	No	No	No	Yes
Dextrose (Glucose, D10) *EMR/EMT Oral Only	Yes	Yes	Yes	Yes
Diphenhydramine (Benadryl)	No	No	Yes	Yes
Dopamine	No	No	No	Yes
Epinephrine	No	No	Yes	Yes
Fentanyl Citrate	No	No	No	Yes
Glucagon	No	No	Yes	Yes
Hydroxocobalamin (Cyanokit)	No	No	No	Yes
Ipratropium Bromide (Atrovent)	No	Yes	Yes	Yes
Ketamine	No	No	No	Yes
Lidocaine	No	No	Yes	Yes
Magnesium Sulfate	No	No	No	Yes
Methylprednisolone (Solu-Medrol)	No	No	No	Yes
Midazolam (Versed)	No	No	No	Yes
Morphine Sulfate	No	No	No	Yes
Naloxone (Narcan) * EMR, EMT IN only	Yes	Yes	Yes	Yes
Nitroglycerin *EMT SL Only	No	Yes	Yes	Yes
Ondansetron (Zofran)	No	No	Yes	Yes
Oxygen	Yes	Yes	Yes	Yes
Oxytocin (Pitocin)	No	No	No	Yes
Sodium Bicarbonate	No	No	Yes	Yes
Sodium Chloride (Normal Saline)	No	No	Yes	Yes
Tetracaine	No	No	No	Yes
Tranexamic Acid (TXA)	No	No	No	Yes