NOR-CAL EMS	05-0110	ALS Basic Scope of Practice
Nor-Cal EMS Policy & Procedure Manual		BLS/ALS Protocols
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Approval: Jeffrey Kepple MD – MEDICAL DIRECTOR		SIGNATURE ON FILE

AUTHORITY:

Health and Safety Code Division 2.5, California Code of Regulations, Title 22, Division 9

Section 100106(a) of the AEMT Regulations. Chapter 3, Division 9, Title 22, California Code of Regulations refers to AEMTs being able to provide any activity identified in the scope of practice for an EMT.

COLOR KEY:

Red = NOT in Scope of Practice

Yellow = Must contact BH/BHPO BEFORE Procedure/Medication

Green = Contact BH AFTER procedure/Medication

PROCEDURES	SPECIAL CONSIDERATIONS	AEMT	AEMT-OS	MICP
Blood Glucometer				
CPAP				
Cardioversion				
Defibrillation	Basic AEMTs AED Only			
F/B removal with forceps				
Intraosseous cannulation	AEMTs Pediatrics Only			
Intravenous Therapy				
Intubation (Video Approved Devices only)	Oral, Stomal (no pediatric)			
Supraglottic Airway Device				
Lab Draw				
Med / Neb Treatments				
Naso/Orogastric Tubes				
Needle Cricothyrotomy (Quick Trach II)				
Needle Thoracostomy				
PVAD Access				
Transcutaneous Pacing (TCP)				
Vagal Maneuvers	Valsalva's maneuver only			

MEDICATIONS	SPECIAL CONSIDERATIONS	AEMT	AEMT-OS	MICP
Acetaminophen	AEMT- Oral **ONLY**			
Activated Charcoal				
Adenosine				
Amiodarone (Cordarone)				
Amyl Nitrite Inhalers				
Aspirin	Chewable			

MEDICATIONS	SPECIAL CONSIDERATIONS	AEMT	AEMT-OS	MICP
Atropine Sulfate				
Beta 2 Bronchodilators				
Calcium Chloride				
Dextrose (IV 10%, 25%, 50%, or Oral)				
Diazepam (Valium)				
Diphenhydramine HCl (Benadryl)	AEMT oral only			
Dopamine				
Epinephrine	Basic AEMTs IM only			
Fentanyl				
Glucagon				
Ibuprofen				
Ipatropium Bromide (Atrovent)				
Ketamine				
Ketorolac (Toradol)				
Lidocaine				
Lorazepam	MUST be rotated q 60 days or Refrigerated			
Magnesium Sulfate				
Midazolam (Versed)				
Morphine Sulfate				
Naloxone (Narcan)				
Nitroglycerin (Tablets/Spray/Paste)				
Ondansetron (Zofran)				
Oxytocin (Pitocin)				
Potassium Infusion	< 40 mEq/liter			
Pralidoxime Chloride & Atropine (WMD Kit)				
Sodium Bicarbonate				
Sodium Thiosulfate				
Tranexamic Acid (TXA)				
Verapamil	Optional - Recommend Adenosine			