

EMT-INTERMEDIATE (EMT-I):

(1) The following allowed drugs may be administered and skills and procedures may be performed without medical direction:

- (a)** basic airway management;
- (b)** use of basic adjunctive airway equipment;
- (c)** suctioning;
- (d)** cardiopulmonary resuscitation, according to ECC guidelines;
- (e)** obstructed airway management;
- (f)** bleeding control including appropriate use of tourniquet;
- (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:
(i) mechanical positive pressure ventilation utilizing a device that may have controls for rate, tidal volume, F_{IO_2} , and pressure relief/alarm and does not have multiple automatic ventilation modes; this skill includes devices that provide non-invasive positive pressure ventilation via continuous positive airway pressure (CPAP);

(ii) use of multi-lumen, supraglottic, and laryngeal airway devices (examples: PTLA, combi-tube, king airway, LMA) to include gastric suctioning;

(iii) application and use of semi-automatic defibrillators, including cardiac rhythm acquisition for ALS caregiver interpretation or transmission to a care facility; this includes multi-lead documentation;

(iv) acupressure;

(v) transport of patients with nasogastric tubes, urinary catheters, heparin/saline locks, PEG tubes, or vascular access devices intended for outpatient use;

(vi) peripheral venous puncture/access;

(vii) blood drawing;

(viii) pediatric intraosseous tibial access;

(ix) adult intraosseous access;

(x) point of care testing; examples include serum lactate values, cardiac enzymes, electrolytes, and other diagnostic values;

(xi) hemostatic dressings for control of bleeding.

(b) administration of approved medications via the following routes:

(i) intravenous;

(ii) nasal mucosal atomization (MA);

(iii) nebulized inhalation;

(iv) sublingual;

(v) intradermal;

(vi) intraosseous;

(vii) 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);

(viii) oral (PO);

(ix) intramuscular;

(x) subcutaneous.

(c) allowable drugs:

(i) oral glucose preparations;

(ii) aspirin PO for adults with suspected cardiac chest pain;

(iii) activated charcoal PO;

(iv) acetaminophen PO in pediatric patients with fever;

with online medical direction only.

(v) ibuprofen PO to pediatrics and adults for pain or fever; IV or IM

or nerve agent exposure: atropine, pralidoxime;

(vi) IM autoinjection of the following agents for treatment of chemical

after albuterol administration;

(vii) albuterol (including isomers) via inhaled administration;

(viii) ipratropium, via inhaled administration in combination with or

(ix) naloxone;

(x) I.V. fluid therapy (except blood or blood products);

(xi) dextrose;

(xii) epinephrine (1:1000), SQ or IM (including autoinjector) for anaphylaxis and known asthmatics in severe respiratory distress (no single dose greater than 0.3 cc);

(xiii) epinephrine (1:10,000) in pulseless cardiac arrest for both adult and pediatric patients; epinephrine may be administered via the endotracheal tube in accordance with most current ACLS and PALS guidelines;

(xiv) nitroglycerin (sublingual); must have intravenous access established prior to administration or approval of online medical control if IV access is unavailable;

(xv) morphine, fentanyl, or dilaudid for use in pain control with approval of on-line medical control;

(xvi) diphenhydramine for allergic reactions or dystonic reactions;

(xvii) glucagon, to treat hypoglycemia in diabetic patients when intravenous access is not obtainable;

(xviii) anti-emetic agents, for use as an anti-emetic only;

(xix) corticosteroids for respiratory illness or allergic reaction;

(xx) hydroxycobalamine;

(xxi) lidocaine two percent, preservative and epinephrine free for IV use) for administration into the intraosseous space on pain responsive adult patients while receiving intraosseous fluids or medications.

(d) patient's own medication that may be administered:

(i) bronchodilators using pre-measured or metered dose inhalation device;

(ii) sublingual nitroglycerin for unrelieved chest pain; must have intravenous access established prior to administration or approval of online medical control if IV access is unavailable;

(iii) glucagon;

(iv) situations may arise involving patients with uncommon conditions requiring specific out of hospital administered medications or procedures; family members or the designated caregiver trained and knowledgeable of the special needs of the patient should be recognized as the expert regarding the care of the patient; EMS can offer assistance in airway management appropriate to their level of licensure, IV access, and the administration of the patient's prescribed medications where appropriate only if the medication is in the EMS provider's scope of practice; online (direct contact) medical control communication must be established with the medical control physician approving the intervention; EMS services are not expected to provide the prescribed medications for these special needs patients.

(e) drugs allowed for monitoring during interfacility transport:

(i) potassium; intermediate EMT's may monitor IV solutions that contain potassium during transport (not to exceed 20 mEq/1000cc or more than 10 mEq/hour);

(ii) antibiotics and other anti-infectives utilizing an infusion pump; intermediate EMT's may monitor antibiotic or other anti-infective agents, provided a hospital initiated infusion has been running for a minimum of 30 minutes prior to the intermediate initiating the transfer, and the intermediate EMT is aware of reactions for which to monitor and the appropriate action to take before assuming responsibility for patient care.

(f) immunizations and biologicals: administration of immunizations, vaccines, biologicals, and TB skin testing is authorized under the following circumstances:

(i) 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 physician, nurse, or other authorized health provider;

- (ii)** administer vaccines to EMS and public safety personnel;
- (iii)** TB skin tests may be applied and interpreted if the licensed provider has successfully completed required department of health training;
- (iv)** 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 pharmaceuticals or tests not listed above.