

7.27.2.14

APPENDIX A: SCOPES OF PRACTICE FOR FULLY LICENSED EMERGENCY MEDICALSERVICES 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. Any device designed and utilized to facilitate successful completion of a skill or other treatment modality, including but not limited to CPR devices, intraosseous placement devices, positive pressure ventilation devices, must be approved by the service medical director.
- E. Only personnel with full, unrestricted licensure may utilize items designated as Service Medical Director Approved.
- F. 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.
- G. Licensed emergency medical dispatcher (EMD)
- H. EMS first responders (EMSFR)
- I. EMT-Basic (EMT-B)
- J. EMT-INTERMEDIATE (EMT-I):**
 - (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, according to ECC Guidelines
 - e. Obstructed airway management
 - f. Bleeding control
 - 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:

1. Mechanical positive pressure ventilation.
2. Use of multi-lumen, supraglottic, and laryngeal airway devices (examples: PTLA, Combi-tube, King Airway, LMA)
3. Pneumatic anti-shock garment
4. Application and use of semi-automatic defibrillators
5. Acupressure
6. Transport of patients with nasogastric tubes, urinary catheters, heparin/saline locks, PEG tubes, or vascular access devices intended for outpatient use
7. Peripheral venous puncture/access
8. Blood drawing
9. Pediatric intraosseous tibial access
10. Adult intraosseous access

b. Administration of approved medications via the following routes:

1. Intravenous
2. Intranasal
3. Nebulized inhalation
4. Sublingual
5. Subcutaneous
6. Intradermal
7. Intraosseous
8. 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)
9. Oral (PO)
10. Intramuscular

c. Allowable Drugs

1. Oral glucose preparations.
2. Aspirin PO for adults with suspected cardiac chest pain.
3. Activated charcoal PO
4. Acetaminophen PO in pediatric patients with fever
5. IM auto-injection of the following agents for treatment of chemical and/or nerve agent exposure:
 - (i) atropine
 - (ii) pralidoxime
6. Albuterol (including isomers) via inhaled administration
7. Ipratropium, via inhaled administration, in combination with or after albuterol administration
8. Naloxone
9. I.V. fluid therapy (except blood or blood products)
10. 50% Dextrose – intravenous
11. Epinephrine via auto-injection device
12. Epinephrine (1:1000), SQ or IM for anaphylaxis and known asthmatics in severe respiratory distress (no single dose greater than 0.3 cc)
13. 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 ACLS and PALS guidelines.
14. Nitroglycerin (sublingual) for chest pain associated with suspected acute coronary syndromes. Must have intravenous access established prior to

administration or approval of online medical control if IV access is unavailable.

15. Morphine, fentanyl, or dilaudid for use in pain control with approval of on-line medical control
16. Diphenhydramine for allergic reactions or dystonic reactions
17. Glucagon, to treat hypoglycemia in diabetic patients when intravenous access is not obtainable
18. Promethazine and anti-emetic agents, for use as an anti-emetic
19. Methylprednisolone for reactive airway disease/acute asthma exacerbation
20. Hydroxycobalamin

d. Patient's Own Medication that May be Administered

1. Bronchodilators using pre-measured or metered dose inhalation device
2. Sublingual nitroglycerine for unrelieved chest pain. Must have intravenous access established prior to administration or approval of online medical control if IV access is unavailable.

(3) 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 time to a hospital is expected to exceed 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.

- a. Minor wound cleaning and management
- b. Cessation of CPR
- c. Field clearance of the cervical-spine
- d. Reduction of dislocations resulting from indirect force of the patella, digit, and anterior shoulder

(4) Drugs Allowed for Monitoring During Transport

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

(5) 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 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.