

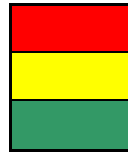
	1002	ALS Basic Scope of Practice
Nor-Cal EMS Policy & Procedure Manual		Treatment Guidelines
Effective Date: 3/1/2025		Next Revision: 3/1/2028
Approval: Jeffrey Kepple MD – MEDICAL DIRECTOR		SIGNATURE ON FILE

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	CCP
Blood Glucometer		Green	Green	Green	Green
CPAP		Green	Green	Green	Green
Cardioversion		Red	Green	Green	Green
Defibrillation	AEMT AED Only	Green	Green	Green	Green
F/B removal with forceps		Red	Red	Green	Green
High Flow Nasal Cannula		Green	Green	Green	Green
Intraosseous cannulation	AEMT / AEMT-OS Pediatrics Only	Green	Green	Green	Green
Intravenous Therapy		Green	Green	Green	Green
Intubation (Video Approved Devices only)	Oral, Stomal (no pediatric)	Red	Red	Green	Green
Supraglottic Airway Device		Green	Green	Green	Green
Lab Draw		Green	Green	Green	Green
Med / Neb Treatments		Green	Green	Green	Green
Naso/Orogastric Tubes		Red	Red	Green	Green
Needle Cricothyrotomy (Quick Trach II)		Red	Red	Green	Green
Needle Thoracostomy		Red	Red	Green	Green
PVAD Access		Red	Red	Green	Green
Sedation and Analgesia for patients on ventilators		Red	Red	Green	Green
Transcutaneous Pacing (TCP)		Red	Red	Green	Green
Transport Ventilators		Red	Red	Green	Green
Vagal Maneuvers	Valsalva's maneuver only	Red	Red	Green	Green

MEDICATIONS	SPECIAL CONSIDERATIONS	AEMT	AEMT-OS	MICP	CCP
Acetaminophen	AEMT/AEMT-OS - Oral ONLY				
Activated Charcoal					
Adenosine					
Alteplase (tPA) Infusion					
Amiodarone (Cordarone)					
Amyl Nitrite Inhalers					
Aspirin	Chewable				
Atropine Sulfate					
Beta 2 Bronchodilators					
Calcium Chloride					
Dextrose (IV 10% or Oral)					
Diazepam (Valium)					
Diphenhydramine HCl (Benadryl)	AEMT oral only				
Dopamine					
Epinephrine	Basic AEMTs IM only				
Fentanyl					
Glucagon					
Glycoprotein Receptor IIb/IIIa Inhibitor Infusion					
Ibuprofen					
Ipratropium Bromide (Atrovent)					
Ketamine					
Ketorolac (Toradol)					
Lidocaine					
Lorazepam	MUST be rotated q 60 days or Refrigerated				
Lorazepam Infusion					
Magnesium Sulfate					
Magnesium Sulfate Infusion					
Midazolam (Versed)					
Morphine Sulfate					
Naloxone (Narcan)					
Nitroglycerin (Tablets/Spray/Paste)					
Nitroglycerin Infusion					
Norepinephrine Infusion					
Olanzapine					
Ondansetron (Zofran)					
Oxytocin (Pitocin)					
Potassium Infusion	< 40 mEq/liter				
Pralidoxime Chloride & Atropine (WMD Kit)					

MEDICATIONS	SPECIAL CONSIDERATIONS	AEMT	AEMT-OS	MICP	CCP
Sodium Bicarbonate					
Sodium Bicarbonate Infusion					
Sodium Thiosulfate					
Total Parenteral Nutrition (TPN)					
Tranexamic Acid (TXA)					
Verapamil	Optional - Recommend Adenosine				