

Policy 310.20 Attachment A

This attachment is provided as a **general guideline** of the various providers' capabilities and scopes of practice.

Refer to current OCEMS policies, ALS Standing Orders, BLS Standing Orders – available at: ohealthinfo.com/providers-partners/emergency-medical-services

Note: Not all providers have the same capabilities of providing these services/interventions. SCT ambulance policies may vary.

	OCEMS Ref. for BLS or ALS (EMT or Paramedic)	BLS (EMT)	911 ALS (paramedic)	IFT ALS (paramedic)	SCT with RN (may vary by agency)
Base Hospital Contact Required/Permitted:		No	Yes	Yes	No
IV Fluids/Medications	OCEMS Ref:	BLS	911 ALS	IFT ALS	SCT
IV flow controller device		Yes	Yes	Yes	Yes
Infusion pump	310.20	No	No	Yes	Yes
Titration of IV infusion to effect		No	No	No	Yes
Administration of fluid bolus for hypotension	ALS Standing Orders	No	Yes	Yes	Yes
IV solutions	OCEMS Ref:	BLS	911 ALS	IFT ALS	SCT
NaCl 0.9%	315.00	Yes	Yes	Yes	Yes
Lactated Ringers	315.00	Yes	Yes	Yes	Yes
Isotonic balanced salt solutions	315.00	Yes	Yes	Yes	Yes
Solutions containing folic acid, thiamine, multivitamins	315.00, 310.20	Yes	Yes	Yes	Yes
PCA pump (narcotic analgesia)		No	No	No	Yes
Implanted medical pumps (insulin, PCA, TPN, etc.)	315.00	Yes	Yes	Yes	Yes
Blood/Blood products		No	No	No	Yes
Medications	OCEMS Ref:	BLS	911 ALS	IFT ALS	SCT
ACLS Emergency Medications	ALS Standing Orders and Base Hospital Treatment Guidelines	No	Yes	Yes	Yes
PALS Emergency Medications	As above	No	Yes	Yes	Yes
Initiate Albuterol nebulizer	310.20, ALS Standing Orders	No	Yes	Yes	Yes
Amiodarone infusions	310.20	No	No	Yes	Yes
Antibiotics (at pre-set rate)	315.00, 310.20	Yes	Yes	Yes	Yes
Benzodiazepine (midazolam, lorazepam, diazepam) infusions	310.20	No	No	Yes	Yes
Dextrose, oral, for suspected hypoglycemia	ALS, BLS Standing Orders	Yes	Yes	Yes	Yes
Dextrose, intravenous, for documented hypoglycemia	ALS Standing Orders	No	Yes	Yes	Yes
Fentanyl (IFT-ALS paramedics may monitor infusions)	310.20	No	IVP only	Yes	Yes
Glucagon, IM, for documented hypoglycemia	ALS Standing Orders	No	Yes	Yes	Yes
Heparin infusions	310.20	No	No	Yes	Yes
KCl of ≤ 20 mEq/1000mL	310.20	No	No	Yes	Yes
Insulin infusions	310.20	No	No	Yes	Yes
Magnesium sulfate infusions	310.20	No	No	Yes	Yes

Morphine sulfate (IFT-ALS paramedics may monitor infusions)	310.20	No	IVP only	Yes	Yes
Naloxone	BLS/ALS Standing Orders	Yes	Yes	Yes	Yes
Nitroglycerine infusions	310.20	No	No	Yes	Yes
Nutritional IV	315.00	Yes	Yes	Yes	Yes
Other IV medication infusions (IFT-ALS paramedics are authorized for other infusions being delivered by infusion pump, including lipids and TPN)	310.20	No	No	See 310.20	Yes
Tissue Plasminogen Activator (tPA) infusions	310.20	No	No	Yes	Yes
IV Access Lines	OCEMS Ref:	BLS	911 ALS	IFT ALS	SCT
Arterial lines		No	No	No	Yes
Arterial Venous Sheaths		No	No	No	Yes
Central line with IV fluids and/or medications		No	No	No	Yes
CVP or Central Venous Pressure Lines		No	No	No	Yes
Dialysis Shunts with complications		No	No	No	Yes
Heparin/Saline Lock	315.00	Yes	Yes	Yes	Yes
Intraosseous Line	ALS Standing Orders	No	Yes	Yes	Yes
IV access in Dialysis Shunts		No	No	No	Yes
PICC Lines/long-term established central lines	315.00	Yes	Yes	Yes	Yes
Porta Caths		Yes	Yes	Yes	Yes
Pulm. Artery Lines		No	No	No	Yes
Tubes	OCEMS Ref:	BLS	911 ALS	IFT ALS	SCT
Abdominal Tube (G-tube, J-tube, Peg, JP, etc)	315.00	Yes	Yes	Yes	Yes
Chest Tube to suction		No	No	No	Yes
Chest Tube to water seal	315.00	Yes	Yes	Yes	Yes
Foley catheters	315.00	Yes	Yes	Yes	Yes
Nasogastric tube, clamped	315.00	Yes	Yes	Yes	Yes
Nasogastric tube, to suction		No	No	No	Yes
Monitoring / Procedures (not all providers have the capability to provide all levels of monitoring/procedures)	OCEMS Ref:	BLS	911 ALS	IFT ALS	SCT
Automatic External Defibrillation (AED)		Yes	Yes	Yes	Yes
Blood Glucose Monitoring (capillary)		Yes	Yes	Yes	Yes
Cardioversion		No	Yes	Yes	Yes
Combitube/King Airway insertion		No	Yes	Yes	Varies
Cricothyrotomy (needle)		No	No	No	Varies
DNR – honor request	SO-BLS, 315.00	Yes	Yes	Yes	Yes
ECG – ongoing monitoring		No	Yes	Yes	Yes
ECG – 12-lead capability		No	Yes	Yes	Varies
Endotracheal intubation		No	Yes	Yes	No
Intraosseous insertion		No	Yes	Yes	Varies
Needle thoracostomy		No	Yes	Yes	Varies
Pericardiocentesis, drain		No	No	No	Varies
Rapid Sequence Intubation (RSI)		No	No	No	Varies
Tracheostomy, stoma suctioning		Yes	Yes	Yes	Yes

These are provided as general guidelines only. If any questions, refer to OCEMS policies and standing orders at

<https://www.ochealthinfo.com/providers-partners/emergency-medical-services>