

SUBJECT: LOS ANGELES COUNTY EMT SCOPE OF PRACTICE

ALL EMTs WORKING IN LOS ANGELES COUNTY MUST BE TRAINED AND TESTED IN THE FOLLOWING SCOPE OF PRACTICE:	
<p>A. PATIENT ASSESSMENT</p> <ol style="list-style-type: none"> 1. Evaluate the ill or injured patient. 2. Obtain diagnostic signs to include, but not limited to: <ol style="list-style-type: none"> a. respiratory rate b. pulse rate c. skin signs d. blood pressure e. level of consciousness f. pupil status g. pain h. pulse oximetry (if available) 	<p>F. MEDICAL AND BEHAVIORAL CARE:</p> <ol style="list-style-type: none"> 1. Apply mechanical restraints 2. Set up ALS procedures, under the direction of a paramedic 3. Transport patients with one or more of the following physician prescribed medical devices: <ol style="list-style-type: none"> a. nasogastric (NG) b. orogastric tube (OG) c. gastrostomy tube (GT) d. saline/heparin lock e. foley catheter f. tracheostomy tube g. ventricular assist device (VAD) h. surgical drain(s) i. medication patches j. indwelling vascular lines <ol style="list-style-type: none"> i. pre-existing vascular access device (PVAD) ii. Peripherally inserted central catheter (PICC)
<p>B. RESCUE AND EMERGENCY MEDICAL CARE</p> <ol style="list-style-type: none"> 1. Basic emergency care 2. Cardiopulmonary resuscitation (CPR) 3. Mechanical adjuncts for basic cardiopulmonary resuscitation (<i>requires EMS Agency approval</i>) 4. Automated external defibrillation (AED) 	<p>NOTE: Excluded from transport are central venous catheter (CVP) monitoring devices, arterial lines, Swan Ganz catheters and thoracostomy (chest) tubes.</p>
<p>C. AIRWAY MANAGEMENT AND OXYGEN ADMINISTRATION</p> <ol style="list-style-type: none"> 1. Administer oxygen using the following adjunctive airway breathing aids: <ol style="list-style-type: none"> a. oropharyngeal airway b. nasopharyngeal airway c. suction devices d. basic oxygen delivery devices including, but not limited to: <ol style="list-style-type: none"> i. nasal cannula ii. partial rebreather/oxygen mask iii. bag-valve-mask (BVM) iv. humidifier 2. Use manual/mechanical ventilating devices including continuous positive airway pressure (CPAP) [<i>requires EMS Agency approval</i>] 3. Ventilate advanced airway adjuncts : <ol style="list-style-type: none"> a. endotracheal tube b. perilaryngeal airway device (King LTS-D) c. tracheostomy tube or stoma 4. Suction tracheostomy tube or stoma 	<p>G. OVER THE COUNTER MEDICATIONS</p> <ol style="list-style-type: none"> 1. Oral glucose or sugar for suspected hypoglycemia 2. Aspirin –for adults with suspected myocardial chest pain
<p>D. MONITOR AND ADJUST, OR TURN OFF INTRAVENOUS (IV) FLUID</p> <ol style="list-style-type: none"> 1. Glucose solutions 2. Isotonic balanced salt solutions (Normal Saline) 3. Ringer's Lactate 	<p>H. ASSIST PATIENTS WITH PRESCRIBED MEDICATIONS</p> <ol style="list-style-type: none"> 1. Sublingual nitroglycerin up to maximum of 3 doses (includes patient self-administration) if systolic blood pressure is ≥ 100mm/Hg. 2. Bronchodilator inhaler or nebulizer, if the patient is alert enough to use these devices 3. Epinephrine device (autoinjector) for signs/symptoms of severe allergic reaction or asthma.
<p>E. TRAUMA CARE</p> <ol style="list-style-type: none"> 1. Perform field triage. 2. Extricate entrapped persons 3. Use various types of stretchers 4. Use spinal immobilization devices 5. Provide initial prehospital emergency trauma care including, but not limited to: <ol style="list-style-type: none"> a. tourniquets for bleeding control b. hemostatic dressings (<i>requires EMS Agency approval</i>) c. extremity splints d. traction splints 	<p>I. MONITOR IV INFUSIONS WITH ADDITIVES ADJUSTED TO A KEEP OPEN (TKO) RATE</p> <ol style="list-style-type: none"> 1. Folic acid 2. Multi-vitamins (MVI) 3. Magnesium Sulfate (only in conjunction with MVI) 4. Thiamine
<p>J. MONITOR INTRAVENOUS INFUSIONS WITH ADDITIVES AT A PRE-SET RATE VIA INFUSION PUMP</p> <ol style="list-style-type: none"> 1. Potassium Chloride 20mEq/1000mL 2. Total parenteral nutrition (TPN) 	<p>K. TRANSPORT PATIENTS WITH A SPECIALIZED PUMP</p> <ol style="list-style-type: none"> 1. Any prescribed medication with an automated or patient operated medication pump. 2. Any prescribed pain medication via a patient controlled analgesia (PCA) pump.
AUTHORITY	
California Code of Regulations, Title 22, Section 100063	