

The Wisconsin EMS Association has reviewed the June 3, 2005 draft of the Wisconsin EMS Scope of Practice document. The Association applauds the efforts of the various advisory groups along with the Bureau of Local Health Support and EMS for undertaking this initiative. This document will serve to keep all providers, educators and service directors informed as to the current practice model in Wisconsin. While the majority of the document is accurate and consistent, there are portions that the Wisconsin EMS Association recommends be changed. It is these items that are addressed in this document.

Mouth to Mouth/Nose/Stoma All of the provider levels include the skills of mouth to mouth, mouth to nose and mouth to stoma. In the current state of EMS practice, it is very concerning to include potentially unsafe skills such as these within the scope of practice. It may, in fact, call into question why a provider failed to perform such a skill when in fact the skill would be in direct conflict with current personal protective equipment policies. **The Wisconsin EMS Association asks that these skills be deleted from each level of care.**

Automated Blood Pressure All of the provider levels include the provision requiring additional training and approval to utilize automatic blood pressure devices. Various devices of this nature have been in existence for more than 20 years and in fact a very large percentage of Wisconsin ambulance services currently utilize these devices. While it is appropriate for training to be completed on any device used on the ambulance, the use of an automatic blood pressure device should be no different than pulse oximetry, glucose meters or other like devices – all of which do not have the additional requirement. **The Wisconsin EMS Association asks that the requirement for additional training and approval for automatic blood pressure devices be deleted from each level of care.**

Premix Combined Albuterol & Atrovent While potentially a very minor issue, the Wisconsin EMS Association questions the duplication of listing Albuterol and Atrovent separately and then specifically in combination. In fact, this may provide confusion to some EMS providers. If approved separately, there should be no need to list the premixed version. If anything, a premix of albuterol already contained in saline and Atrovent contained within saline might be listed (instead of mixing them both on the ambulance). **The Wisconsin EMS Association suggests either that consistency be applied to these medication listings or that the premix version of the two be deleted from the EMT-Basic level of care (they are already absent from the other levels, furthering the consistency issue).**

Pulse Oximetry Consistency The use of pulse oximetry is listed in most levels under the Airway, Ventilation, and Oxygen category. However, in the EMT-Basic scope section, it is duplicated in the miscellaneous category as well. **The Wisconsin EMS Association suggests that for consistency, pulse oximetry be listed only once and in the appropriate category as with the other levels of care.**

Endotracheal Intubation Since 1991, the skill of endotracheal intubation has been allowed in the EMT-Intermediate level of care, provided that additional training and authorization are obtained. Approximately 30% of provisional EMT-Intermediate level services currently employ this skill. The skill was also approved at the IV Tech level and in fact is in place at that level today. However, the skill is not listed in the Basic IV-Tech scope of practice. **The Wisconsin EMS Association asks that the skill of endotracheal intubation be included in the Basic IV-Tech level of care.**

Adenosine The current EMT-Intermediate level of care (formerly Enhanced Intermediate) has carried and been authorized to administer Adenosine since 2000. The drug has been proven safe and effective and to our knowledge has not been formally removed from the EMT-Intermediate scope of practice. However, the medication is not listed. **The Wisconsin EMS Association asks that Adenosine be returned to the EMT-Intermediate scope of practice.**



Ativan and Valium The EMT-Intermediate scope of practice lists the medications of Ativan and Valium as being for seizure control only. While certainly it has never been the intent for these medications to be used for conscious sedation or pre-sedation to facilitate intubation, valium specifically is contained in some pain management protocols – particularly for the control of back or muscle spasms. In fact, the pain management document created and released by the Physician Advisory Committee includes valium within the document. Further complicating this matter is the inclusion of cardioversion and more specifically external pacing at the EMT-Intermediate level. It may be construed as inappropriate or even traumatic to the patient if some form of sedation, minimal as it may be, is not administered while performing external pacing. It may further force providers to administer morphine in place of a more appropriate agent in an attempt to facilitate patient comfort. The Wisconsin EMS Association understands that this is a complicated issue. However, to limit these medications to seizure control only is shortsighted and not in the patient’s best interest. **The Wisconsin EMS Association asks that this issue be further discussed and, perhaps in place of limiting these medications to one specific purpose, that prohibition be made with regard to those uses thought to be dangerous at this level of care – such as facilitated intubation.**

Benedryl It has come to the attention of the State EMS Office and the Wisconsin EMS Association that multiple services at both the provisional and current EMT-Intermediate levels of care have been given permission to administer Benedryl. In fact, several EMT-Intermediate services have been administering this medication for over ten years. It is unknown whether a meaningful discussion has taken place regarding this medication in the past. However, it is important that the levels in Wisconsin remain consistent and that we not begin to allow some services at a particular level the authorization to administer a medication or perform a skill while prohibiting other services at the same level - with the same training and same license - from administering the same medication. The Wisconsin EMS Association believes that the use of Benedryl at the EMT-Intermediate level is both safe and effective. In addition, as we look more to patient comfort, this medication can be key to some patient conditions for increasing their level of comfort, even though the medication is unlikely to be life saving by itself. **The Wisconsin EMS Association foremost asks that medications and skills be applied consistently throughout the various levels of care. Furthermore, the medication of Benedryl should be strongly considered for use at the EMT-Intermediate level of care and potentially at the IV Tech level of care.**

Cardioversion and External Pacing Currently the skills of synchronized cardioversion and external pacing have been approved for the EMT-Intermediate level of care. In the scope of practice, they are both listed for unstable patients only. Using current ACLS guidelines, it is the assertion of the Wisconsin EMS Association that stable patients in the pre-hospital setting should not be cardioverted nor paced. Cardioversion or pacing of stable patients should remain an in-hospital skill (if at all) regardless of the level of pre-hospital care provider. Therefore this term appears to be redundant, and may actually imply to higher levels of care that these skills are appropriate for the stable patient – which we believe they are not. In fact, instances of pacing or cardioversion of patients many physicians would deem to have been stable have taken place at the paramedic level. This is a standard of care issue and not an issue of the level of EMS provider using the skill, nor is it a political issue regarding skill levels. **The Wisconsin EMS Association suggests that the words “unstable patients only” be removed from the EMT-Intermediate level, or be added to the Paramedic level to promote consistency and to avoid confusion.**

Selective Spinal Immobilization The ability to selectively immobilize a trauma patient has been added to the EMT-Basic and IV Tech levels of care. The Wisconsin EMS Association supports this addition. However, the skills are absent from the EMT-Intermediate and EMT-Paramedic scope of practice. **The Wisconsin EMS Association asks that this skill be added to all levels of care (with the potential exception of the First Responder).**



Medicated IVs/IV Piggyback There is a significant amount of confusion regarding the use of IV drips, medicated IV fluids, IV Piggyback, etc. at the EMT-Intermediate level. Some protocols have been allowed for lidocaine drips while others have not. The use of Amiodarone is listed as bolus only. However, this can prove to be dangerous and cause hypotension if not ran over 10 minutes. While this practice may be considered an IV drip, it essentially is nothing more than a very diluted bolus. Protocols have likewise been approved for this practice. The entire issue remains confusing at best. **The Wisconsin EMS Association asks that the entire issue of medicated IVs, IV piggyback and IV drips be revisited and consistently planned for and noted throughout the EMT-Intermediate scope of practice. This should be done within the patient’s best interest along with the capabilities of this level of provider.**

Venous Blood Sampling The skill of obtaining a venous blood sample has been a part of many advanced level curriculums for many years. In fact, previous National Registry exams included these skills as did training curriculums. Currently, the skill is listed at all levels as requiring additional training and approval. Given the current abilities of the EMT-Intermediate, EMT-Paramedic and potentially the IV Tech level as well, there seems to be little rationale for requiring specific approval for this benign skill. Furthermore, current administrative rule allows for this skill. Perhaps more importantly, local coordination is necessary should EMS services and their receiving hospitals wish to obtain blood samples. **The Wisconsin EMS Association asks that the requirement for additional training and approval for venous blood sampling be deleted from each level of care.**

MAST/PASG Throughout the document the use of MAST pants is not referenced within the cardiovascular/circulation categories, except at the EMT-Paramedic level of care. Clearly the use of MAST as a current standard of care is questionable. Regardless, consistency should again be employed throughout the levels. **The Wisconsin EMS Association suggests that MAST/PASG either be removed from the EMT-Paramedic scope of practice or added to the EMT-Basic, IV Tech and EMT-Intermediate levels of care.**

RL versus LR Perhaps a minor point, however, the term “ringers lactate” is typically not used. The current abbreviation is LR – standing for lactated ringers. Perhaps this is simply a typo or oversight. However, the abbreviation appears throughout the document where used. In the IV Tech level of care the IV fluids are spelled out without abbreviation. **The Wisconsin EMS Association suggests that abbreviations not be used and the terms be consistently applied throughout the document. However, if abbreviations are to be used, LR should be consistently used throughout the document to denote lactated ringers IV solution – not RL.**

Medications at the Paramedic Level Throughout the document, reference is made to allowable medications for each level. While it is understood that additional latitude is made at the paramedic level, the absence of any list whatsoever is of concern. The lack of any list or language allows for the assumption that any medication is permissible at the EMT-Paramedic level. **The Wisconsin EMS Association suggests that a baseline list of medications be created and listed at the EMT-Paramedic level, or that language be created to inform readers as to the method for approval of various medications and what, if any, parameters are placed within such a list.**

