

## Wisconsin EMS Scope of Practice Change Request Worksheet

### Use:

- To provide information which supports any proposed change in the psychomotor skills, types of medical devices, or list of medications allowed under the State of Wisconsin EMS Scope of Practice.

### Objective:

- A comprehensive and standard review of proposed Scope of Practice changes will help ensure the safe and effective delivery of out-of-hospital care.

### Please address the following statements as best possible (citing and attaching references when applicable):

- Provide a specific and detailed description of the skill, type of device, or medication you are proposing.  
\_\_\_ **Peep adjustment for paramedics is approved with disposable peep adaptor but cannot adjust ventilator settings for peep unless critical care.** \_\_\_ **Currently they are only allowed AC/rate/volume at the paramedic level unless I am interpreting this wrong.**  
\_\_\_\_\_  
\_\_\_\_\_

- What intended clinical applications are you proposing for use (complaint, condition, ages, parameters)?  
\_\_\_ **Using a ventilator to adjust peep is safer and better for all ages.**  
\_\_\_\_\_  
\_\_\_\_\_

- What EMS provider levels do you feel should have access through their scope of practice, and why?  
\_\_\_\_\_ **Paramedic and above.**  
\_\_\_\_\_  
\_\_\_\_\_

- List any examples of current usage in a patient care setting, both in and out of the hospital.  
\_\_\_\_\_  
\_\_\_\_\_

- Summarize the current evidence, concerning the proposed change, both for and against it, including benefits and improved effectiveness of patient care.  
\_\_\_\_\_ **Improved patient care with patients requiring as needed. Will increase transport options for rural patients.**  
\_\_\_\_\_  
\_\_\_\_\_

- Do know of any current barriers or hesitations for use (laws/regulations, risks, costs, training)? How can these be addressed to allow for safe practice?  
\_\_\_\_\_ **None other than current scope.**\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Describe the training you feel would be appropriate to properly implement this change.

\_\_\_\_\_ **No further training needed other than manufacture settings on vent.** \_\_\_\_\_  
\_\_\_\_\_

- How do you plan to track usage and monitor patient care outcomes and patient safety events?

\_\_\_\_\_ **Typical QAQI** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Please cite the references used to support your responses and attach as PDFs.

\_\_\_\_\_  
\_\_\_\_\_

Name of person completing request for State of Wisconsin Scope of Practice change:

\_\_Chris Eberlein\_\_\_\_\_

\_\_\_\_\_  
Name

Signature/Date

Medical Director attestation of involvement and support for requested State of Wisconsin Scope of Practice change:

\_\_Chris Eberlein\_\_\_\_\_

\_\_\_\_\_  
Name

Signature/Date

*All requests for change in State of Wisconsin Scope of Practice will be addressed by the EMS Office via a thorough decision-making framework. Interested parties are welcome to attend open EMS Board and Committee meetings to hear discussion on the proposed change. Proposals will be handled in the order of greatest perceived importance to WI EMS.*