



# WISCONSIN EMS SCOPE OF PRACTICE INTERMEDIATE



This level of EMS provider has successfully completed a program of training based upon the WI Intermediate Curriculum, and has successfully completed the department's testing requirements. Individuals must hold a valid WI license with an approved EMS Service to practice at this level.

<b>AIRWAY / VENTILATION / OXYGENATION</b>
Airway – Lumen (Non-Visualized)
Airway – Nasal (Nasopharyngeal)
Airway – Oral (Oropharyngeal)
Airway – SALT*
Bag-Valve-Mask (BVM)
Chest Decompression – Needle
CO Monitoring**
CPAP **
Cricoid Pressure (Sellick)
End Tidal CO <sub>2</sub> Monitoring/Capnometry*
Gastric Decompression – For Non-Visualized Airway with Gastric Access**
Intubation- Endotracheal
Intubation- Nasotracheal
Manual Airway Maneuvers
Obstruction – Forceps & Laryngoscope (direct visual)
Obstruction – Manual
Oxygen Therapy – Nebulizer
Oxygen Therapy – Nasal Cannula
Oxygen Therapy – Non-Rebreather Mask
Pulse Oximetry*
Suctioning – Tracheobronchial
Suctioning – Upper Airway (Soft & Rigid)

<b>CARDIOVASCULAR/ CIRCULATION</b>
Cardiocerebral Resuscitation (CCR)**
Cardiopulmonary Resuscitation (CPR)
Cardioversion (Unstable Patients only)
CPR Mechanical Device**
Defibrillation – Automated / Semi-Automated(AED)
Defibrillation – Manual*
ECG Monitor
12 Lead ECG*
Hemorrhage Control–Direct Pressure
Hemorrhage Control–Pressure Point
Hemorrhage Control–Tourniquet**
Hemorrhage Control–Hemostatic Agents**
ITD or Impedance Threshold Device**
Transcutaneous Pacing (Unstable Patients only)
Valsalva Manuever

<b>IMMOBILIZATION</b>
Selective Spinal Immobilization **
Spinal Immobilization – Cervical Collar
Spinal Immobilization – Long Board
Spinal Immobilization – Manual Stabilization
Spinal Immobilization – Seated Patient (KED, etc.)
Splinting – Manual
Splinting – Pelvic Wrap/PASG*
Splinting – Rigid
Splinting – Soft
Splinting – Traction
Splinting – Vacuum*

*All skills are mandatory unless otherwise indicated and requires an approved protocol.*

\* *Optional use by service*

\*\* *Optional use by service and requires:*

- *Prior written approval of the Operational Plan by the State EMS office and*
- *Medical Director approval and*
- *Documentation of additional training*

**REMINDER: Personnel must be trained & competent in all equipment that is used by the service**

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MEDICATIONS
DHS 110.12 limits the administration of medications to those specified in the Scope of Practice to which an individual is licensed, certified or credentialed.
DHS 110.35(2)(b) identifies a formulary list of medications the EMS provider will use as an addendum to the service provider Operational Plan.

MEDICATION ADMINISTRATION - ROUTES
Aerosolized/Nebulized
Auto-Injector
Endotracheal Tube (ET)
Intramuscular (IM)
Intranasal (IN)**
Intraosseous (IO)
Intravenous (IV) Push
Oral (PO)
Rectal
Subcutaneous (SQ)
Sub-Lingual (SL)

INITIATION / MAINTENANCE / FLUIDS
Non-Medicated IV Solutions – D5W, D10W, Normal Saline, Lactated Ringers
IV Pump – For above Non-Medicated IV Fluids**
Intraosseous**
Peripheral
Saline Lock

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APPROVED MEDICATIONS BY PROTOCOL
Activated Charcoal*
Adenosine
Albuterol (nebulized)
Amiodarone (bolus only)
Aspirin
Ativan, Valium, Versed – <b>CHOOSE 1</b> for Seizures only
Atropine
Atrovent (nebulized)
Dextrose
Epinephrine Auto-Injector or Manually Drawn 1:1000
Epinephrine 1:10,000
Glucagon*
Lasix
Lidocaine (bolus only)
Mark I (or equivalent) Auto-Injector (For Self & Crew)*
Morphine or Fentanyl – <b>CHOOSE 1</b>
Narcan
Nitroglycerin (SL only)
Oral Glucose
Other Short-Acting Beta Agonist for Asthma (nebulized)**
Vasopressin

MISCELLANEOUS
Assisted Delivery (childbirth)
Blood Glucose Monitoring
Blood Pressure – Automated *
Eye Irrigation
Immunizations**
Patient Physical Restraint Application
Venous Blood Sampling – Obtaining**
Vital Signs

***Unstable cardiac patients are defined by the AHA under ACLS guidelines***

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