



WISCONSIN EMS SCOPE OF PRACTICE INTERMEDIATE TECHNICIAN/ADVANCED EMT



This level of EMS provider has successfully completed a program of training based upon the WI Advanced EMT 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.

AIRWAY / VENTILATION / OXYGENATION
Airway – Lumen (Non-Visualized)
Airway – Nasal (Nasopharyngeal)
Airway – Oral (Oropharyngeal)
SALT Airway – Intubation only**
Bag Valve Mask (BVM)
CO Monitoring**
CPAP**
Cricoid Pressure (Sellick)
Capnography – (non-interpretive) **
End Tidal CO ₂ Monitoring**
Gastric Decompression – For Non-Visualized Airway with Gastric Access**
Intubation – Endotracheal**
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 – Upper Airway (Soft & Rigid)
Ventilator – Automated Transport
Ventilator – CPR ONLY**

CARDIOVASCULAR / CIRCULATION
Cardiocerebral Resuscitation (CCR)**
Cardiopulmonary Resuscitation (CPR)
CPR Mechanical Device **
Defibrillation – Automated / Semi-Automated (AED)
Defibrillation – Manual **
ECG Monitor * (non-interpretive)
12-lead ECG – (non-interpretive)**
Hemorrhage Control–Direct Pressure
Hemorrhage Control–Pressure Point
Hemorrhage Control–Tourniquet**
Hemorrhage Control–Hemostatic Agents**
ITD or Impedance Threshold Device**

IMMOBILIZATION
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/Nebulizer
Auto-Injector
Intramuscular(IM)
Intranasal (IN)**
Intraosseous (IO)**
Intravenous (IV) Push
Oral (PO)
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 – No External Jugular
Saline Lock

APPROVED MEDICATION BY PROTOCOL
Activated Charcoal*
Albuterol (nebulized)
Aspirin
Atrovent (nebulized)*
Dextrose
Epinephrine Auto-Injector or Manually** Drawn 1:1000
Glucagon*
Mark I (or equivalent) Auto-Injector (For Self & Crew)**
Narcan
Nitroglycerin (SL only)
Oral Glucose
Other Short-Acting Beta Agonist for Asthma (nebulized)**

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

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- *Documentation of additional training*

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