EMT-Basic (EMT)

Medications

Assists with self-administration of patient’s medications:

- Diazepam rectal gel
- Epinephrine by auto-injector
- Albuterol metered dose inhalers
- Nitroglycerin-oral

May administer:

- Activated Charcoal - oral
- Aspirin - oral
- Nerve antidote kits (Mark 1, Atropine, Pralidoxime, or Duodote)
- Glucose - oral

- Adult and child
- Adult only
Skills

Airway Procedures
- Pulse oximetry
- Bag valve mask ventilation
- Nasopharyngeal airway
- Oropharyngeal airway
- Supraglottic airway
- Oral suctioning
- Oxygen administration via nasal cannula and mask
- Tracheostomy ventilation and maintenance

Immobilization
- Advanced spinal assessment
- Cervical and spinal immobilization
- Stabilize and immobilize fractures

Vascular Access
- Blood glucose analysis

Cardiac Management
- CPR
- Automatic External Defibrillator (AED)
- Application of 3- or 4-Lead ECG
- Application of 12-Lead ECG

Immobilization
- Advanced spinal assessment
- Cervical and spinal immobilization
- Stabilize and immobilize fractures

Other Skills
- Vital signs
- Emergency childbirth
- Stroke scale assessment
- Body temperature assessment
- Vagal nerve stimulator activation
- Wound management / burn care

Other Skills
- Vital signs
- Emergency childbirth
- Stroke scale assessment

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Other Skills
- Vital signs
- Emergency childbirth
- Stroke scale assessment
EMT-Intermediate (Advanced)

Medications

Can provide all medications that an EMT-Basic can provide plus:

♦ Epinephrine
♦ Glucagon
■ Hydrocortisone (Solu-Cortef)
♦ Hydroxocobalamin (Cyanokit)
♦ Ipratropium bromide (Atrovent)
♦ Naloxone (Narcan)
♦ Nitroglycerin (Tridil, Nitrobid, Nitrostat)
♦ Nitrous oxide premixed with oxygen (Nitronox)
♦ Crystalloid infusion
■ Dextrose

Medication Administration Routes:

♦ Inhalation
♦ Intramuscular
● Intraosseous needle
♦ Intravenous
▲ Intravenous pump
♦ Intranasal
♦ Subcutaneous
■ Sublingual

■ Adult and child
♦ Adult only
● Adult cardiac arrest and shock only
▲ During interfacility adult transfers only
Skills

Can provide all skills that an EMT-Basic can provide plus:

Airway Procedures

- Capnography
  - CPAP
  - Laryngeal mask airway
  - Nebulizer Treatment

Cardiac Management

- Manual defibrillation
- Interpretation of 3- or 4-lead ECG (V-Fib/V-Tach, Asystole, PEA)

Vascular Access

- Blood draw
- Commercial intraosseous needle
- Peripheral venous access - extremities

EMT-I (ADVANCED)

- Adult and child
- Adult only
- Adult cardiac and shock only
Paramedic

Medications

Can provide all medications that an EMT-Basic and EMT-I (Advanced) can provide plus:

- Acetaminophen (Tylenol)
- Adenosine (Adenocard)
- Amiodarone (Cordarone)
- Atropine
- Bumetanide (Bumex)
- Calcium Chloride
- Diazepam (Valium)
- Diphenhydramine (Benadryl)
- Dolasetron (Anzemet)
- Dopamine
- Etomidate (Amidate)
- Fentanyl (Sublimaze)
- Flumazenil (Romazicon)
- Furosemide (Lasix)
- Granisetron (Kytril)
- Haloperidol (Haldol)
- Heparin
- Ibuprofen (Motrin)
- Ketorolac (Toradol)
- Levalbuterol (Xopenex)
- Lidocaine
- Lorazepam (Ativan)
- Magnesium sulfate
- Methylprednisolone (Solumedrol)
- Metoclopramide (Reglan)
- Metoprolol (Lopressor)
- Midazolam (Versed)
- Morphine
- Norepinephrine (Levophed)
- Ondansetron (Zofran)
- Oxytocin (Pitocin)
- Phenylephrine (Neo-Synephrine)
- Pralidoxime (2-Pam, Protopam Chloride)
- Prochlorperazine (Compazine)
- Proparacaine (Alcaine)
- Rocuronium (Zemuron)
- Sodium bicarbonate
- Succinylcholine (Anectine)
- Tetracaine
- Vasopressin
- Vecuronium (Norcuron)
- Verapamil (Calan)

Medication Administration Routes:

- Endotracheal
- Intraosseous
- Intravenous pump
- Rectal
- Transdermal

Adult and child
Adult only
Additional training required; Skill may vary by EMS agency
Skills

Can provide all skills that an EMT-Basic and EMT-I (Advanced) can provide plus:

Airway Procedures
- Capnography
- Foreign body removal in obstructed airway
- Endotracheal intubation and Suctioning
- Nasotracheal intubation
- Nasogastric tube
- Tracheal tube replacement through stomas
- Resuscitation ventilator operation
- Needle decompression
- Laryngeal mask airway
- Supraglottic airway
- Nebulizer Treatment
- Rapid sequence intubation

Vascular Access
- Central line access
- Peripheral venous access - external jugular
- Intraosseous
- Umbilical vein
- Blood draw

Cardiac Management
- Interpretation of 12-lead ECG
- Interpretation of 3- or 4-lead ECG
- Synchronized cardioversion
- Transcutaneous pacing

Other Skills
- Eye irrigation
- Immunization
- Restraint – pharmacological

- Adult and child
  ♦ Adult only
  ▼ Additional training required:
  - Skill may vary by EMS agency
  ♥ Emergent care only
Paramedic: Inter-facility Transfers

Paramedic for Inter-facility Transfers (PIFT)

Paramedic for Critical Care Transport (CCT)

PIFT Paramedics and CCT Paramedics have skills and may provide medications over and above all other levels of providers, particularly during inter-facility transport of critically injured and ill persons. Any medication or blood product ordered and initiated in a health care facility or home health care setting may be continued during transport staffed by a PIFT or CCT Paramedic. Advanced skills of PIFT Paramedics and CCT Paramedics are listed in Transfer Patient Acuity Levels and Minimum Staffing Requirements.

All paramedics staffing the transfer of a critically ill patient must be credentialed at a minimum of PIFT level. A small number of patients will have a level of acuity and/or complexity requiring the higher CCT level. If a credentialed CCT Crew is not available, it is acceptable to supplement the PIFT crew with hospital staff qualified to provide the level of care required by the patient. These include critical care or emergency registered nurse, physician assistant, nurse practitioner, physician, or a CCT Paramedic. Two advanced care providers must be in the patient compartment during transport.

NOTE: A neonatal or pediatric patient may require expertise and equipment provided by a dedicated pediatric transport service.
Transfer Patient Acuity Levels and Minimum Staffing Requirements

**Stable patient with virtually NO risk of deterioration**
1 EMT-Basic and 1 First Responder (driver)
- No IV infusions
- Oxygen for stable patient permitted
- Previously inserted Foley catheter, suprapubic tube, feeding tube (NG, PEG, J-tube not connected to infusion or suction)
- Saline lock permitted

**Stable patient with LOW risk of deterioration**
1 EMT-Intermediate and 1 First Responder (driver)
- IV crystalloids
- No ongoing meds administered or anticipated
- PCA pump
- IV pump for non-pharmacological agents
- Established feeding tube

**Stable patient with MEDIUM risk of deterioration**
1 PIFT Paramedic and 1 EMT (driver)
- Transcutaneous pacing
- Stable patient on ventilator discharged to long term care facility
- Intubated/ventilated patient with non-complex settings (i.e. no pressure support, PEEP ≤10)∗

∗MUST have a second provider in the patient compartment

**UNSTABLE patient or stable with HIGH risk of deterioration**
CCT Crew or 1 PIFT Paramedic, 1 advanced care provider (hospital-based) and 1 EMT (driver)
- Multiple vasoactive medication drips
- Uncorrected shock
- Invasive monitoring
- Balloon pump
- Transvenous pacing
- Intubated/ventilated patients with advanced or complex vent settings (such as pressure support PEEP >10, etc.)∗
- Procedures consistent with provider licensure, scope of practice, and training

∗Non CCT Crews MUST ALSO have respiratory care practitioner in patient compartment. This is in addition to PIFT Paramedic and hospital-based advanced health care provider.
Transfer Staffing Requirements

Is Patient Unstable or Stable With High Risk For Deterioration?

YES

CCT CREW

NO

Is Patient Stable with Medium Risk For Deterioration?

YES

PIFT PARAMEDIC

NO

Is Patient Stable with Low Risk For Deterioration?

YES

EMT-INTERMEDIATE or PARAMEDIC

NO

Is Patient Stable With Virtually No Risk For Deterioration?

YES

EMT-BASIC

NO

With gratitude, we acknowledge the Utah Department of Health and EMSC program for creating the original concept and for granting permission to New Hampshire to modify Utah’s Quick Reference Guide.

This publication was made possible though a grant from the EMS Program, US Department of Health and Human Services, Health Resources and Services Administration, Maternal and Health Bureau. (Project no. H33MC06727)