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**POLICY & PROCEDURES**

Policy for Paramedic Practice

***Main Emergency Department/South Emergency Department***

Purpose

The purpose of this policy is to provide guidelines for paramedic practice in the Emergency Department setting.

Emergency Services Paramedics that also do ALS Transport have a different scope of practice when doing interfacility transports. This scope is defined by Dayton Children’s Transport Services and is not part of this policy.

# Policy

The paramedic in the emergency department (ED) functions under Dayton Children’s Emergency Department Paramedic job description and Ohio Public Safety Rule which provides a comprehensive job summary, job competencies, and job requirements for the paramedic. The following is a summary of procedures and responsibilities that are frequently performed in the emergency department and are listed to provide a reference for both paramedics and RNs regarding appropriate assignments and duties for the paramedic in the emergency department setting. According to Ohio Revised Code 4765.36, paramedics may perform emergency medical services, in the hospital, if the services are performed in accordance with both of the following conditions: (A) Only in the hospital’s emergency department or while moving a patient between the emergency department and another part of the hospital; (B) Only under the direction and supervision of one of the following: a physician; a physician assistant designated by a physician; a registered nurse designated by a physician.

# Procedure

ED Scope of Practice for Emergency Services Paramedic

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| **CAN PERFORM** | **CANNOT PERFORM** |
| **Assessments, Re-assessments and Protocols** |
| Can contribute to patient assessment and reassessment | Cannot initiate patient assessments, record chief complaint, perform initial triage assessment, assign a triage level, or initiate treatment protocols |
| Can contribute to patient discharge of level 3, 4 and 5 patients as long as instructions are within their scope of practice and may give discharge instructions for medications that are within their scope to administer in the ED (defined in this policy). May do MDI teaching and instructions on the administration of albuterol. During discharge, may identify questions for nursing and physician staff. | Cannot discharge a pt that has discharge instructions that are outside Dayton Children’s guidelines for paramedic scope of practice. (defined in this policy). |

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| **CAN PERFORM** | **CANNOT PERFORM** |
| **Assessments, Re-assessments and Protocols, continued**  |
| Can perform triage protocols when delegated to do so by the nurse. The process for this is: the nurse determines patient meets criteria for triage protocol, the nurse places the protocol order and delegates the task of carrying out the protocol to the paramedic.  | Cannot perform triage protocols that are outside Dayton Children’s guidelines for paramedic scope of practice (defined in this policy). |
| Can collect past medical history, history of present illness/injury, and medical/surgical history from EMS squad members | Cannot do initial assessments. |
| **Care and Transport of Patients outside of the Emergency Department** |
| Can transport patients who are going to the floor or testing areas. Can assist a nurse in transporting a pt going to PICU, NICU, or emergently to surgery. Can assist and provide care for patients outside of the hospital who are presenting for ED care (i.e., Caring for patients that need assistance getting out of car due to decreased level of consciousness or extremity injury). | Cannot independently transport a pt going to PICU, NICU, or emergently to surgery. Cannot perform services within the hospital but outside of the emergency department, other than transporting patients who are going to the floor or testing areas (i.e., cannot respond to code blue events outside of the ED, cannot perform care in medical imaging).  |
| **Procedures** |
| Can perform nasal aspiration (BBG or little suckers), NP, tracheal, and endotracheal suctioning and collect specimens as ordered. |  |
| Can initiate PIV | Cannot perform care of or infuse fluids through a Central Venous Line (CVL) or Peripherally Inserted Central Catheter (PICC). |
| Can place Intraosseous (IO) needles for vascular access | May not give IO fluids with KCL or other medications (other than lactated ringers). See medication management section of this policy for a list of medications that can be given via IO infusion. |
| May verify type of IV fluid being administered, examine PIV site, regulate PIV infusion, and discontinue peripheral IV. | May not give IV fluids with KCL or other medications (other than lactated ringers). See medication management section of this policy for a list of medications that can be given via IV infusion. |
| May give rapid bolus of normal saline or lactated ringers via rapid infuser or by using push-pull method. | May not administer or monitor the infusion of blood or blood products. |
| Can perform phlebotomy |  |

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| **CAN PERFORM** | **CANNOT PERFORM** |
| **Procedures, continued**  |
| Can apply sterile/non-sterile dressings |  |
| Can initiate both violent and non-violent restraints |  |
| Can perform and document Q15 minute violent and non-violent restraint checks  |  |
| Can be a medical chaperone |  |
| Can be a constant attendant  |  |
| Can apply splints |  |
| Can apply cardiorespiratory monitor |  |
| Can assist with chest tube placement and set-up |  |
| Can place and discontinue nasogastric or orogastric tubes | May not administer feedings or medications via nasogastric or orogastric tubes |
| Can operate defibrillator with physician order in an emergency situation. |  |
| Can apply heat or cold to include use of disposable cold packs, ice, chemical warming mattress, warm air blanket, Blanketrol, and overbed infant warmer |  |
| Can perform ear irrigations |  |
| Can perform visual acuity |  |
| Can exchange EMS drug bags with pharmacy |  |
| Can obtain stool sample from diaper or from collected sample |  |
| Can collect throat swab for strep test/culture. |  |
| Can perform eye irrigations with or without Morgan lens. | Cannot administer Alcaine drops. When the paramedic is performing eye irrigation with a Morgan Lens, the nurse administers the Alcaine drops prior to irrigation. |
| **Staffing/Flow** |
| Can function as adjunct staff to hallways, be part of procedure team and staff special care and trauma rooms | Cannot function as the primary caregiver of a patient |

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| **CAN PERFORM** | **CANNOT PERFORM** |
| **Medication Management Processes** |
| May verify the dose (perform double check with a nurse) for high-risk medications that that are within their scope of practice to administer, at Dayton Children’s. These include morphine, midazolam and fentanyl.The double check is required prior to administration by either the paramedic or nurse. The paramedic will request the double check by a nurse prior to his/her administration. The paramedic can serve as the double checker when requested to do so by the nurse (see house wide policy, *Medication Management Process*). |  |
| May verify and document waste of controlled substances, that are within their scope of practice to administer, at Dayton Children’s (see house wide policy, *Controlled Substances*). |  |
| May accept reports of critical values and document them in Epic |  |
| **Medications that Emergency Services Paramedics can Administer in the ED** |
| **Medications-IV/IO Solutions** |
| May initiate standard IV fluids – those with saline, lactated ringers, and dextrose. May give intraosseous infusion of saline or lactated ringers.  | Cannot initiate IV fluids that contain KCL or other medications (other than lactated ringers). |
| **Medications for Codes and/or Critical Care Situations** |
| Epinephrine IV, IO |  |
| Epinephrine IM (vial, Epi Pen or Epi Jr. Pen) |  |
| Naloxone (Narcan) IV, IO or IN |  |
| Sodium Bicarbonate IV |  |
| Atropine IV |  |
| Aspirin PO |  |
| Nitroglycerin PO |  |
| Dextrose IV |  |
| **Medications for Fever** |
| Acetaminophen PO, PR, G-tube | Cannot administer IV acetaminophen. Cannot administer acetaminophen via NG/OG. |
| Ibuprofen PO, G-tube | Cannot administer ibuprofen via NG/OG. |
| **Medications for Pain-Systemic** |
| Acetaminophen PO, PR, G-tube | Cannot administer IV acetaminophen. Cannot administer acetaminophen via NG/OG. |
| Ibuprofen PO, G-tube | Cannot administer ibuprofen via NG/OG. |
| Morphine IV |  |
| Fentanyl IV, IN |  |

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| **CAN PERFORM** | **CANNOT PERFORM** |
| **Medications for Pain-Systemic, continued**  |
| Lidocaine IO prior to IO infusions for infusion pain for conscious, hemodynamically stable patients |  |
| **Medications for Pain-Topical Anesthetics** |
| Pain Ease topical |  |
| Synera topical |  |
| Zingo topical |  |
| EMLA topical |  |
| LET gel topically to lacerations |  |
| **Medication-Benzodiazepine (for anxiety, seizures)** |
| Midazolam (versed) PO, IV, IN | Cannot administer medications for sedation |
| **Medications for Breathing Problems** |
| Albuterol inhalation |  |
| Ipatropium inhalation |  |
| Racemic epinephrine inhalation |  |
| Oxygen via non-rebreather, venti-mask, blow-by or nasal cannula |  |
| **Medications for Nausea/Vomiting** |
| Ondansetron (Zofran) PO, IV, G-tube |  |
| **Medications-antihistamine** |
| Diphenhydramine (Benadryl) PO, IV, G-tube |  |

Key for medication route: IV=intravenous

 IO=intraosseous

 IM=intramuscular

 IN=intranasal

 PO=by mouth

 PR=per rectum

 G-tube=via gastrostomy tube

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Date Revised: 3/08; 4/12; 4/13; 2/14; 11/16; 2/19; 3/2022