

Wisconsin EMS Scope of Practice Advanced Emergency Medical Technician

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)
Bag-Valve-Mask (BVM)
CO Monitoring**
CPAP**
Cricoid Pressure (Sellick)
End Tidal CO ₂ Monitoring**
Intubation – Endotracheal**
Manual Airway Maneuvers
Obstruction – Forceps & Laryngoscope (Direct Visual)
Obstruction - Manual
Oxygen Therapy – Nebulizer
Oxygen Therapy – Nasal Cannula
Oxygen Therapy – Non-rebreather Mask
Oxygen Therapy – Regulators
Pulse Oximetry*
Suctioning – Upper Airway (Soft & Rigid)
MEDICATION ADMINISTRATION- ROUTES
Aerosolized/Nebulizer
Auto-Injector
Intramuscular(IM)
Intranasal (IN)**
Intraosseous (IO)**
Intravenous (IV) Push
Oral
Subcutaneous (SQ)
Sub-Lingual (SL)

APPROVED MEDICATION BY PROTOCOL
Activated Charcoal*
Albuterol (Nebulized – Unit Dose)
Aspirin (ASA) for chest pain
Atrovent (Nebulized – Unit Dose)*
Dextrose 50%
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 – unit dose)**

IV INITIATION/MAINTENANCE/FLUIDS
IV Solutions- D5W, Normal Saline, Lactated Ringers
Maintenance – Non-Medicated IV Fluids (D5W, LR, NS)
Intraosseous initiation**
Peripheral Initiation

All skills are mandatory unless otherwise noted 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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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 (acquire but non-interpretive)**
Hemorrhage Control – Direct Pressure
Hemorrhage Control – Pressure Point
Hemorrhage Control - Tourniquet
Trendelenberg Positioning

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*

MEDICATIONS
HFS 111.04(4)(b)2 Administration of additional medications approved by the department based on recommendations of the emergency medical services board under s. 256.04, Stats., the EMS physician advisory committee under s. 256.04 (1), Stats., and the Wisconsin EMS program medical director under s. 256.12 (2m), Stats. with final approval by the State EMS office.

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

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