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)
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
Oxygen Therapy – Regulators
Pulse Oximetry*
Suctioning – Upper Airway (Soft & Rigid)
Suctioning – Tracheobronchial

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
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)**

INITIATION / MAINTENANCE / FLUIDS
IV Solutions – D5W, Normal Saline, Lactated Ringers
Maintenance – Non-Medicated IV Fluids (D5W, LR, NS)
IV Pump – For above Non-Medicated IV Fluids**
Intraosseous initiation**
Peripheral Initiation–No External Jugular
Saline Lock

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*

Wisconsin EMS Scope of Practice
Intermediate Technician/Advanced EMT

CARDIOVASCULAR / CIRCULATION

Cardiocerebral resuscitation (CCR)**
Cardiopulmonary Resuscitation (CPR)
CPR Mechanical Device **
ITD or Impedance Threshold 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
Hemorrhage Control–Hemostatic Agents
Trendelenberg Positioning

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.

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*

MISCELLANEOUS

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

All skills are mandatory unless otherwise noted and requires an approved protocol

* *Optional use by service*

***Optional use by service and requires:*

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- *Medical Director approval and*
- *Documentation of additional training*

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