Paramedic Local Optional Scope of Practice

Category 1

Agency	AMIOD ARONE	ET PEDS	I.O.	**KCL <40	MAG SUL	MAST	NG INTUB GASSUC	NASO INTUB	OXY TOCIN	PRO CNMD	VRPML	Ondan-Setron
Alameda	X	X	X	X								X
Contra Costa	X	X	X	X	X							X
El Dorado	X	X	X		X		X	X				X
Imperial				X	X						X	X
Kern	X	X	X	X	X	X	X	X	X	X	X	X
Los Angeles	X		X	X	X	X						X
Marin	X	X	X									X
Merced		X	X				X	X	X			
Monterey		X			X	X			X			X
Napa	X	X	X	X								X
Orange	X		X		X		X*					X
Riverside	X		X	X	X			X			X	X
Sacramento	X	X	X					X				X
San Benito		X	X			X			X			X
San Diego	X	X	X				X				X	X
San Francisco	X		X	X				X				X
San Joaquin		X	X		X		X	X				
San Luis Obispo		X		X				X				X
San Mateo		X	X					X				X
Santa Barbara		X	X		X			X				X
Santa Clara	X***	X	X	X	X							
Santa Cruz		X				X			X			X
Solano		X	X									X
Tuolumne	X***	X	X	X***	X***	X	X	X	X	X	X	X
Ventura	X	X	X	X	X							X
Central California		X	X		X		X		X		X	
Coastal Valleys	X	X	X	X		X	X	X	X		X	X
Inland Counties		X	X	X	X		X	X	X	X	X	X
Mountain-Valley		X	X					X		X	X	X
Norcal		X	X	X	X		X	X	X	X	X	X
North Coast		X	X	X	X		X	X	X	X		
Sierra-Sac Valley	X	X	X		X			X				X
TOTALS 32	17	27	28	16	18	7	12	17	11	6	10	27
	54.8%	87.1%	90.3%	51.6%	58.1%	22.6%	38.7%	54.8%	35.5%	19.4%	32.3%	87.1%

*Pediatrics only

**If in higher concentrations, be limited to 10 mEq. (e.g., smaller IV bag known as a "rider").

As of 03-21-12

Paramedic Local Optional Scope of Practice (continued)

Category II

Agency	ATRO VENT	BLD & BLD PRODS for IFT	ECP	IV HEP	IV NITRO	GLYCO PROTEIN for IFT	LORAZA PAM	MNTL	NTRS OX	SOD THIO	TERB SULF	TPN for IFT	AMYL NI-TRITE	Res Q POD	Hemo Static Agent	Hydroxo Cobalamin
Alameda	X	X	X	X	X	X				X		X		X		
Contra Costa	X	X	X	X	X	X				X		X	X	X		
El Dorado	X		X						X							
Imperial			X	X	X											
Kern		X	X	X	X								X			
Los Angeles			X						X*				X			
Marin	X		X											X		
Merced			X													
Monterey	X		X								X					
Napa	X		X											X	X	
Orange		X	X							X			X			
Riverside	X		X	X	X											
Sacramento			X													
San Benito															X	
San Diego	X		X							X			X			X
San Francisco		X	X	X	X	X	X			X		X				
San Joaquin	X		X	X	X											
San Luis Obispo								X								
San Mateo			X				X									
Santa Barbara			X							X						
Santa Clara		X	X	X	X	X	X			X		X	X			
Santa Cruz								X		X					X	
Solano			X													
Tuolumne			X	X	X											
Ventura			X	X	X					X						
Central California			X													
Coastal Valleys	X		X	X**	X**			X								
Inland Counties	X		X													
Mountain-Valley			X	X	X				X							
Norcal		X	X	X	X		X			X			X			
North Coast			X	X	X		X									
Sierra-Sac Valley		X	X	X	X											
TOTALS 32	11	8	29	15	15	4	5	3	3	10	1	4	7	4	3	1
	35.5%	25.8%	93.5%	48.4%	48.4%	12.9%	16.1%	9.7%	9.7%	32.3%	3.2%	12.9%	22.6%	12.9%	9.7%	3.2%

*only used by one EMS provider agency in Los Angeles County

**excluding Napa County

***Monitoring for interfacility transfer.

As of 3-21-12

EMT-II LOCAL OPTIONAL SCOPE OF PRACTICE

Agency	ACT CHAR	ALBU-TEROL	ASA	BETA AGON	DIPHEN HCL	GLU-CAGON		VAL	LORAZA PAM
Alameda									
Contra Costa									
El Dorado									
Imperial	X		X	X		X			
Kern									
Los Angeles									
Marin									
Merced									
Monterey									
Napa									
Orange									
Riverside									
Sacramento									
San Benito									
San Diego									
San Francisco									
San Joaquin									
San Luis Obispo									
San Mateo									
Santa Barbara									
Santa Clara									
Santa Cruz									
Solano									
Tuolumne									
Ventura									
Central California		X	X		X			X	X
Coastal Valleys				X					
Inland Counties									
Mountain-Valley									
Norcal	X		X	X	X	X		X	
North Coast			X	X				X	
Sierra-Sac Valley									
TOTALS 32	2	1	4	4	2	2		3	1
	6.5%	3.2%	12.9%	12.9%	6.5%	6.5%		9.7%	3.2%

As of 9-20-11

DEFINITIONS

ACT CHAR	ACTIVATED CHARCOAL
ALBUTEROL	ALBUTEROL
AMIODARONE	AMIODARONE (CORDARONE)
ASA	ASPIRIN
ATROVENT	ATROVENT
BETA AGON	AGONIST (any drug)
BLD & BLD PRDS	BLOOD & BLOOD PRODUCTS (for interfacility transfer)
DIPHEN HCL	DIPHENHYDRAMINE HYDROCHLORIDE
ECP	EXTERNAL CARDIAC PACING
ET PEDS	ENDOTRACHEAL INTUBATION for PEDIATRICS
GLYCOPROTEIN	GLYCOPROTEIN IIb/IIIa RECEPTOR INHIBITORS (for interfacility transfer)
I.O.	INTRAOSSEUS INFUSION
IV HEP	INTRAVENOUS HEPARIN (for interfacility transfer)
IV NITRO	INTRAVENOUS NITROGLYCERIN (for interfacility transfer)
KCL < 40	POTASSIUM CHLORIDE (less than or equal to 40 miliequivalents per liter for interfacility transfer)
MAG SULF	MAGNESIUM SULFATE
MAST	PNEUMATIC ANTISHOCK TROUSERS
MNTL	MANNITOL
NASO INTUB GAS SUC	NASOGASTRIC INTUBATION and GASTRIC SUCTION
NASO INTUB GAS SUC	NASOTRACHEAL INTUBATION
NITRS OX	NITROUS OXIDE
ONDANESTRON	ONDANSETRON HYDROCHLORIDE (Zofran)
OXYTOCIN	OXYTOCIN
PRO CNMD	PROCANIMIDE
ResQPOD	ResQPOD Impedance Threshold Device
SOD THIO	SODIUM THIOSULFATE
TERB SULF	TERBUTALINE SULFATE
TPN	TOTAL PARENTERAL NUTRITION (for interfacility transfer)
VAL	VALIUM (DIAZEPAM)
VRPML	VERAPAMIL