



2. Advanced pharmacological skills: Venipuncture/vascular access	
a. Crystalloid IV solutions	<p>I* A* C P</p> <p>This includes hypotonic, isotonic and hypertonic solutions as approved by the local EMS Director. This also includes combination solutions, such as D5NS. EMT-Is and AEMTs are limited to the initiation of crystalloid solutions that do not have added pharmacological agents.</p>
b. Administration of hypertonic dextrose solutions for hypoglycemia	<p>I A C P</p> <p>Hypertonic dextrose solutions may be given IV/IO.</p>
c. Administration of glucagon for hypoglycemia	<p>A C P</p> <p>Glucagon may be administered via IM, SC, IV, IO or intranasal routes as approved by the local EMS Medical Director.</p>
d. Administration of SL nitroglycerine to a patient experiencing chest pain of a suspected ischemic origin	<p>A C P</p> <p>Includes oral glucose for hypoglycemia and aspirin for chest pain of suspected ischemic origin.</p>
e. Parenteral administration of epinephrine for anaphylaxis	<p>E* I* A* C P</p> <p>EMTs and EMT-Is may only administer epinephrine via an auto-injector. AEMTs may prepare and administer epinephrine via IM or SC routes.</p>
f. Inhaled (nebulized) medications to patients with difficulty breathing or wheezing	<p>E* I* A C P</p> <p>Inhaled (nebulized) means atomization of the medication through an oxygen/air delivery device with a medication chamber or through the use of a metered-dose inhaler. EMTs and EMT-I may only administer pre-measured unit doses of nebulized medications.</p>
g. Administration of a narcotic antagonist to a patient of suspected narcotic overdose	<p>E* I* A C P</p> <p>EMTs and EMT-Is may only administer narcotic antagonists via auto-injector or intranasal routes.</p>
h. Administration of nitrous oxide (50% mixture) for pain relief	<p>A C P</p>

EMT **E** EMT-I **I** AEMT **A** CT **C** PMDC **P**