# Airway Management/Ventilation/Oxygenation

<table>
<thead>
<tr>
<th>SKILL/PROCEDURE</th>
<th>EMR</th>
<th>EMT</th>
<th>AEMT</th>
<th>PARAMEDIC</th>
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<tr>
<td>Airway: Nasal</td>
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<td>Airway: Oral</td>
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<td>Airway: Supraglottic</td>
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<tr>
<td>Airway Obstruction: Dislodgement by Direct Laryngoscopy with McGill Forceps</td>
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<td>Airway Obstruction: Manual Dislodgement Techniques</td>
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<td>Airway Obstruction: Percutaneous Cricothyrotomy</td>
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<tr>
<td>Airway Obstruction: Surgical Cricothyrotomy</td>
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<tr>
<td>Bag-Valve-Mask (BVM)</td>
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<td>BiPAP Administration And Management</td>
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<td>CPAP</td>
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<td>Carbon Monoxide Monitoring</td>
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<tr>
<td>Chest Decompression: Needle</td>
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<tr>
<td>Chest Tube Placement: Assist Only</td>
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<tr>
<td>Chest Tube: Monitoring and Management</td>
<td>✓</td>
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<tr>
<td>Chest tube/ thoracostomy: finger or tube</td>
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<tr>
<td>End Tidal CO₂: Monitoring and Interpretation of Wave Form Capnography</td>
<td>✓⁴</td>
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<td>Gastric Decompression: NG Tube</td>
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<td>Gastric Decompression: OG Tube</td>
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<td>Head Tilt-Chin Lift</td>
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<td>Endotracheal Intubation</td>
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<td>Jaw Thrust</td>
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<td>Medication Assisted Intubation</td>
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<tr>
<td>Mouth-to-BARRIER Devices</td>
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<td>Mouth-to-Mask</td>
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<td>Oxygen Therapy: High Flow Nasal Cannula</td>
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<td>Oxygen: Therapy: Humidifiers</td>
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<tr>
<td>Oxygen Therapy: Nasal Cannula</td>
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<tr>
<td>Oxygen Therapy: Non-Rebreather Mask</td>
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</table>
### Oxygen Therapy
- Partial-Rebreather mask: √
- Simple Face Mask: √
- Venturi Mask: √

### Suctioning
- Upper airway: √

### Positive Pressure Ventilation Devices
- (Manually Triggered Or Automatic Ventilators)

### Suctioning: Tracheobronchial of an Intubated Patient
- √

### Tracheostomy Maintenance
- √

### Tracheostomy Tube Replacement
- √

### Transport Ventilator (Manual Adjustments)
- √

### Cardiovascular/Circulation

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<thead>
<tr>
<th>Skill/Procedure</th>
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<td>Cardiac Monitoring: 12 lead ECG Acquisition and Transmission</td>
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<td>Cardiac Monitoring: 12 lead Electrocardiogram (interpretive)</td>
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<td>Cardioversion: Electrical</td>
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<tr>
<td>Defibrillation: Automated/Semi-Automated</td>
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<td>Defibrillation: Manual</td>
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<tr>
<td>EKG Rhythm Monitoring and Interpretation of EKG Strips</td>
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<td>Hemorrhage Control: Direct Pressure</td>
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<td>Hemorrhage Control: Tourniquet</td>
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<td>Hemorrhage Control: Wound Packing</td>
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<td>Transvenous Cardiac Pacing: Monitoring and Maintenance</td>
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<tr>
<td>Mechanical CPR Device</td>
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<tr>
<td>Telemetric Monitoring Devices and Transmission of Clinical Data, Including Video Data</td>
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<td>Transcutaneous Pacing</td>
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### Splinting, Spinal Motion Restriction (SMR), and Patient Restraint

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<td>Extremity Splinting</td>
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<td>Splint: Traction</td>
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<td>Mechanical Patient Restraint</td>
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<td>Emergency Moves for Endangered Patients</td>
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### Medication Administration Routes
(for Medications in the Approved Scope of Practice)

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<td>Inhaled</td>
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<td>Intramuscular: Auto-Injector</td>
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### Medical Director Approved Medications

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<td>Use of pre-packaged epinephrine kit for IM injection for Anaphylaxis (Supplied and Carried by the EMS Agency)</td>
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<td>Use of Epinephrine (Auto-Injector) for Anaphylaxis (Supplied and Carried by the EMS Agency)</td>
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<td>Use of Auto-Injector Antidotes for Chemical/Hazardous Material Exposures</td>
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<td>Use of Opioid Antagonist Auto Injector for Suspected Opioid Overdose</td>
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<td>Use of Nebulized Sodium Bicarbonate as an antidote for specific toxic inhalation at industrial sites</td>
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<td>Use of patient supplied prescribed medications for special conditions (Danny’s Dose)</td>
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<td>Immunizations</td>
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<td>Inhaled: Beta/Agonist Bronchodilator and Anticholinergic for Dyspnea and Wheezing</td>
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<td>Inhaled: Monitor Patient Administered (i.e. Nitrous Oxide)</td>
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<tr>
<td>Inhaled: Meter Dose Nebulizer for beta agonist bronchodilator and anticholinergic for Dyspnea/wheezing: Limited to Patients Own Prescribed Medication</td>
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<td>Inhaled: Opioid Antagonist for Suspected Opioid Overdose</td>
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<td>Intravenous</td>
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<tr>
<td>Maintain an Infusion of Blood or Blood Products</td>
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<tr>
<td>Initiation of Blood or Blood Products</td>
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<tr>
<td>Oral Aspirin for Chest Pain of Suspected Ischemic Origin</td>
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<td>Oral Glucose for Suspected Hypoglycemia</td>
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<td>OTC Medications, Oral and Topical</td>
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<td>Parenteral Analgesic for Pain</td>
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<tr>
<td>Sublingual Nitroglycerin for Chest Pain of Suspected Ischemic Origin: Limited to Patients Own Prescribed Medication</td>
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<td>Sublingual Nitroglycerin for Chest Pain of Suspected Ischemic Origin</td>
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<td>Thrombolytics</td>
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✓1 Limited to analgesia, anti-nausea/antiemetic, dextrose, epinephrine, glucagon, naloxone, and others defined by state/local protocol
**IV Initiation/Maintenance Fluids**

<table>
<thead>
<tr>
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<th>EMT</th>
<th>AEMT</th>
<th>PARAMEDIC</th>
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<tbody>
<tr>
<td>Access Indwelling Catheters and Implanted Central IV Ports</td>
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<tr>
<td>Central Line: Monitoring</td>
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<td>Intraosseous: Initiation, Peds or Adult</td>
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<tr>
<td>Intravenous Access</td>
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<td>Intravenous Initiation: Peripheral</td>
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<td>Intravenous Initiation: External Jugular</td>
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<tr>
<td>Intravenous: Maintenance of Non-Medicated IV Fluids</td>
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<td>Intravenous: Maintenance of Medicated IV Fluids</td>
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<td>Umbilical Venous Access</td>
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**Miscellaneous**

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<td>Assisted Complicated Delivery (Childbirth)</td>
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<td>Blood Pressure: Automated</td>
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<td>Blood Pressure: Manual</td>
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<td>Eye Irrigation</td>
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<td>Eye Irrigation: Hands Free Irrigation Using Sterile Eye Irrigation Device</td>
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<tr>
<td>Patient Transport</td>
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<tr>
<td>Venous Blood Sampling</td>
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**Louisiana Other Skills and Procedures**

<table>
<thead>
<tr>
<th>SKILL/PROCEDURE</th>
<th>EMR</th>
<th>EMT</th>
<th>AEMT</th>
<th>PARAMEDIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Taser Barb Removal</td>
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<tr>
<td>Urinary Catheter Maintenance and Troubleshooting</td>
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<tr>
<td>Digital Nerve Block</td>
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<tr>
<td>ICP Monitoring</td>
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Louisiana Bureau of Emergency Medical Services
Scope of Practice Matrix

<table>
<thead>
<tr>
<th>SKILL/PROCEDURE</th>
<th>EMR</th>
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<th>PARAMEDIC</th>
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</thead>
<tbody>
<tr>
<td>Pericardiocentesis</td>
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<tr>
<td>Extremity Wound Closure (Suturing/Stapling)</td>
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<tr>
<td>Urinary Catheter Insertion</td>
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<tr>
<td>Point of Care Ultrasound use and interpretation</td>
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Community Wellness, Health Promotion, Prevention, Mobile Integrated Healthcare

<table>
<thead>
<tr>
<th>SKILL/PROCEDURE</th>
<th>EMR</th>
<th>EMT</th>
<th>AEMT</th>
<th>PARAMEDIC</th>
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<tbody>
<tr>
<td>Determination of Alternate Transport Location</td>
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<tr>
<td>Fall Prevention Assessment</td>
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<tr>
<td>Injury Risk Assessment/Home Safety Assessment</td>
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<tr>
<td>Treat and Release Protocol Implementation</td>
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<td>Care Plan Follow-Up</td>
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<tr>
<td>Comprehensive Physical Exam</td>
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<td>Ear, Nose, and Throat (ENT) Assessment (Advanced)</td>
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<td>Hospital Discharge Follow-Up</td>
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<td>Medication Compliance Monitoring</td>
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<td>Mental Health Assessment (Advanced)</td>
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<td>Oral Health Assessment (Advanced)</td>
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<td>Social Evaluation (Advanced)</td>
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<td>Physician Extension Under Direct Tele-Medicine Supervision in Accordance with LRS 37:1271</td>
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Notes on Scope of Practice
EMS Practitioners must be licensed by the Louisiana Bureau of EMS and affiliated with a medical director.

All skills/procedures/interventions must be included in agency specific protocols approved by a medical director.

Procedures with a “√*” are approved as optional modules. Agencies utilizing these skills must maintain documentation demonstrating all individuals authorized by the agency’s Medical Director to perform these skill(s)/procedure(s) have attended an agency specific training module. Agency documentation of competency validation is required every 24 months.

AEMT IV medications are limited to analgesia, anti-nausea/antiemetic, dextrose, epinephrine, glucagon, naloxone, and others defined by state/local protocol. Agencies utilizing these medications must maintain documentation demonstrating all individuals authorized by the agency’s Medical Director to administer these medications have attended an agency specific training module. Agency documentation of competency validation is required every 24 months.
Employers and/or agency specific medical directors may limit, but not expand the scope of practice. A licensed Louisiana EMS Practitioner may be licensed/credentialed/certified by the other recognized credentialing boards. It is the responsibility of both the employee and the employer to clearly delineate if/when the individual is functioning as an EMS Practitioner or under a separate license/credential.