

A06.4 - EMS WORK SCOPE (ESTABLISHED INFUSIONS)

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EMR / PCP / ICP / ACP

ALL AGES

INFUSION		EMR	PCP	ICP
Amiodarone		No	No	Yes
Antibiotics (first dose in hospital)		Yes ³	Yes	Yes
Crystalloid solution, with added electrolytes (potassium, magnesium, calcium, phosphate)		No	Yes	Yes
Crystalloid solution, no added electrolytes		Yes ³	Yes	Yes
Dextrose	10% or less	Yes ³	Yes	Yes
	25% or greater	No	Yes	Yes
Diltiazem		No	Yes	Yes ³
Fosphenytoin		No	Yes	Yes
Glucagon		No	Yes	Yes
Heparin		Yes ³	Yes	Yes
Insulin (with titration as ordered)		No	Yes ³	Yes ³
Ketamine		No	No	Yes ³
Labetalol		No	No	Yes ³
Lidocaine		No	No	Yes
Magnesium sulfate		No	Yes	Yes
N-acetylcysteine		Yes ³	Yes	Yes
Naloxone		No	Yes	Yes
Nitroglycerin		No	No	Yes ³
Octreotide		Yes ³	Yes	Yes
Oxytocin		Yes ³	Yes	Yes
Pantoprazole		Yes ³	Yes	Yes

Potassium chloride	No	No	Yes
Remdesevir	No	Yes	Yes
Sodium bicarbonate	No	No	Yes
Tolicizumab	No	Yes	Yes
Total parenteral nutrition (TPN)	No	Yes ³	Yes ³

NOTES

- 1. The table above lists the medication infusions alphabetically, while appendixes A through C group them by work scope.
- 2. A paramedic may be required to manage a medication infusion established by another health care provider during an interfacility transfer (IFT) when the transport cannot be delayed and the infusion cannot be delayed or interrupted.
 - A paramedic with the advanced work scope (ACP) may continue and maintain any infusion, including for the transfusion of a blood or blood product.
 - A paramedic with the basic, primary or intermediate work scope may continue and maintain any infusion listed in table A.
- 3. Where noted, ERS does require additional employer-based training and/or proof of initial competency and/or verification of maintenance of competency to manage the medication infusion.
 - ERS reserves the right to apply this requirement to any medication infusion, regardless of an individual's employment level with ERS, or CPMB registration level.
- 4. Paramedics with PCP, ICP, or ACP work scope must be competent manage the following potential complications of the intravenous infusion.
 - Interstitial fluid extravasation
 - Pulmonary fluid overload
 - Inadvertent catheter displacement / removal
 - Blocked intravenous line
 - Pump malfunction

Paramedics with the EMR work scope must be competent to recognize these, and must call the Virtual Emergency Care & Transport Resource Service (VECTRS) to consult on-line medical support (OLMS) for management direction should any occur.

5. A signed order from the prescribing physician is required, a copy which must accompany the patient and be appended to the patient care record.

LINKS

• A06.1 - Work Scope: Overview

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VERSION CHANGES (refer to X01 for change tracking)

- Renumbered
- Addition of advanced work scope
- Addition of magnesium sulfate, potassium chloride, and sodium bicarbonate
- Minor revision to notes for greater clarity
- Addition of requirement to recognize / manage complications

APPENDIX A - BASIC WORK SCOPE

- Antibiotics³
- Crystalloid solution, no added electrolytes³
- Heparin³
- N-acetylcysteine³
- Octreotide ³
- Oxytocin³
- Pantoprazole³

APPENDIX B - PRIMARY WORK SCOPE

- Antibiotics
- Crystalloid solution, with added electrolytes (potassium, magnesium, calcium, phosphate) ²
- Crystalloid solution, no added electrolytes
- Diltiazem
- Glucagon
- Heparin
- Insulin
- N-acetylcysteine
- Naloxone
- Octreotide
- Oxytocin
- Pantoprazole
- Remdesevir
- Tocilizumab
- Total parenteral nutrition (TPN) ³

APPENDIX C - INTERMEDIATE WORK SCOPE

- Amiodarone
- Antibiotics
- Crystalloid solution, with added electrolytes (potassium, magnesium, calcium, phosphate)²
- Crystalloid solution, no added electrolytes
- Diltiazem
- Glucagon
- Heparin
- Insulin
- Ketamine
- Labetalol
- Lidocaine
- N-acetylcysteine
- Naloxone
- Nitroglycerin
- Octreotide
- Oxytocin
- Pantoprazole
- Remdesevir
- Tocilizumab
- Total parenteral nutrition (TPN)³