

State of Alaska EMT 1 Transition to 2019 Scope of Practice: Medications, Administration Routes, and Special Procedures

AK Transition Course Number: _____

Instructor Name/Signature: _____

| Medication | Instructor Signature |
|---|----------------------|
| Bronchodilators/ Nebulized Meds | |
| Epinephrine 1mg/1ml | |
| Specific vaccination approved by medical direction | |
| OTC Medications | |
| Pain and fever | |
| Opioid antagonist | |
| Chemical hazardous materials antidote (auto-injector) | |
| Med Administration Route | Instructor Signature |
| Aerosolized/ Nebulized | |
| Inhaled | |
| Intramuscular- autoinjector | |
| Intramuscular (IM) | |
| Intranasal- unit-dosed, premeasured | |
| Intranasal (IN) | |
| Oral | |
| Cardiovascular/ Circulatory Monitoring Procedures | Instructor Signature |
| 12 lead acquisition & transmission | |
| Telemetric monitoring devices and transmission of clinical data, including video data | |
| Airway/ Ventilation/ Oxygenation Procedures | Instructor Signature |
| Airway- supraglottic | |
| CO Monitoring | |
| Continuous Positive Airway Pressure (CPAP) | |

The following persons adequately demonstrated the above listed skills on the following date(s):

Name: _____ Certification Number: _____ Date: _____

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