

State of Alaska EMT 1 and 2 Transition to 2019 Scope of Practice: Medications, Administration Routes, and Special Procedures

Name: _____

Certification Number: _____

(See page 2 for Group Completion Verification)

AK Transition Course Number: _____

Instructor Name/Signature: _____

EMT-1 Medication Knowledge and Application [This may also be completed in DHSS Moodle Course(s)]	Instructor Signature (can also be verification of completion in Moodle)	Date
Bronchodilators/ Nebulized Meds		
Chemical Hazardous Materials Antidote (auto-injector)		
Opioid Antagonist		
OTC Medications: Pain and Fever		
Vaccination (must complete DHSS IM Injection Course which includes CDC Vaccination Administration) <input type="checkbox"/> Not applicable (I.e., not approved by medical director)		
EMT-1 Medication Administration Route (Psychomotor)	Instructor Signature	Date
Drawing up Medication- Ampoules		
Drawing up Medication- Vials		
Medication Administration- Intramuscular (IM)		
Medication Administration- Intranasal (IN) (either prepared or MAD)		
Medication Administration- Nebulized		
Medication Administration- Oral		
EMT-1 Cardiovascular/ Circulatory Monitoring Procedures (Psychomotor)	Instructor Signature	Date
12-lead Placement		
Telemetric Monitoring Devices/ Transmission of Clinical data, including Video Data <input type="checkbox"/> Not applicable (not used in department or service)		
EMT-1 Airway/ Ventilation/ Oxygenation Procedures (Psychomotor)	Instructor Signature	Date
Supraglottic Airway Device		
CO Monitoring <input type="checkbox"/> Not applicable (not used in department or service)		
Continuous Positive Airway Pressure (CPAP)		

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EMT-2 Medication Knowledge and Application [This may also be completed in DHSS Moodle Course(s)]	Instructor Signature	Date
Dextrose 10%		
Diphenhydramine		
Epinephrine 1mg/10ml – Cardiac Arrest		
Glucagon		
Lidocaine for IO pain		
Nitroglycerin		
Nitrous Oxide		
Ondansetron		
Tranexamic acid		
EMT-2 Medication Administration Route (Psychomotor)		
Intravenous infusion (TXA)		
EMT 2 Skills (Psychomotor)	Instructor Signature	Date
End-tidal CO ₂ monitoring and interpretation of waveform capnography		

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(Option- Use this page for Group Completion Submission)

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

Name: _____	Certification Number: _____	Date: _____
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AK Transition Course Number: _____

Instructor Name/Signature: _____