

VBEMS Prehospital Skills Delineation for Affiliated Providers

SKILL	EMT	AEMT	EMT-Intermediate	Paramedic	VBEMS Specific Protocol/Policy	VBEMS Device Specific Instruction(s) Required
AIRWAY						
King Airway		X	X	X		Yes
Endotracheal Intubation						
Oral > 12 y/o age			X	X		
Oral < 12 y/o age				X		
Nasal				X		
Magills Use		X	X	X		
Endotracheal Tube Introducer (Bougie)			X	X		Yes
Glidescope			X	X		Yes
Rapid Sequence Intubation (RSI)				X1		Yes
End Tidal Carbon Dioxide Detection	X	X	X	X		Yes
Wave-form Capnography	X	X	X	X		Yes
CPAP		X	X	X		Yes
Oxylator				X2		Yes
Needle Cricothyrotomy				X		
Surgical (kit) Cricothyrotomy				X1		Yes
Chest Decompression			X	X		
Gastric Decompression (OG/NG)			X	X		
CIRCULATORY SUPPORT						
Peripheral IV		X	X	X		
Intraosseous Cannulation						
Manual (Jamshidi)			X	X		
EZ-IO			X	X		Yes
External Jugular Cannulation			X	X		
Glucometry	X	X	X	X		
12-Lead EKG Acquisition	X	X	X	X		Yes
12-Lead EKG Interpretation			X	X		Yes
Defibrillation						
Automatic	X	X	X	X		Yes
Manual			X	X		Yes
Synchronized Cardioversion			X	X		Yes
Pacing			X	X		Yes
Lucas Device	X	X	X	X	Yes	Yes
Tourniquet (CAT)	X	X	X	X		Yes
Medications (Skill Only)						
Patient Assisted Medication (PAM)	X	X	X	X		
Inhalized Medication - Nebulizer	X	X	X	X		
Sublingual Medication	X	X	X	X		
Subcutaneous Medication		X	X	X		
PO Medication	X	X	X	X		
Transdermal Medication		X	X	X		
Intramuscular Medication		X	X	X		
Rectal Medication			X	X		
Intranasal Medication	X3	X	X	X		
Intravenous Infusions (Drips)		X4	X5	X		
Miscellaneous						
Cyanokit Administration			X	X	Yes	Yes
Autovent			X	X		Yes
Meconium Aspiration Neonate (ETT)				X		
Blood Chemistry Analysis				X		Yes
Air Ambulance					Yes	
Standby or launch prior to EMS arrival				X2		
Launch once on scene (AIC)	X	X	X	X		

X1 = Skill can be performed by VBEMS RSI trained and approved Paramedics

X2 = May be performed by an EMS Field Supervisor or higher

X3 = NARCAN Only

X4 = D10 only for AEMT and EMT-Intermediate on SO

X5 = Epinephrine and Levophed for EMT-Intermediate only on PO

Approved: 

Dr. Stewart Martin, OMD

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