

Health Facilities and Emergency Medical Services Division**APPENDIX A****MEDICAL ACTS ALLOWED**

- A.1.1 In the prehospital setting, additions to these medical acts are not allowed unless a waiver has been granted as described in Section 12 of these rules. A waiver may not be granted for medical acts in the out-of-hospital or clinical settings.
- A.1.2 Not all medical acts allowed are included in initial education for various EMS provider levels. All medical directors subject to these rules shall ensure providers are appropriately trained as noted in Sections 5.1.8 and 5.1.9, Sections 18 (CIHCS) and 19 (Clinical Settings).
- A.1.3 In addition to the medical acts allowed in Appendix A, EMS providers may provide services allowable under the Community Assistance Referral and Education Services (CARES) Program, as set forth in Section 25-3.5-1203(3), C.R.S.

TABLE A.1 – AIRWAY/VENTILATION/OXYGEN

Skill	EMT	EMT-IV	AEMT	EMT-I	P
Airway – Supraglottic	Y	Y	Y	Y	Y
Airway – Nasal	Y	Y	Y	Y	Y
Airway – Oral	Y	Y	Y	Y	Y
Bag – Valve – Mask (BVM)	Y	Y	Y	Y	Y
Carbon Monoxide Monitoring	Y	Y	Y	Y	Y
Chest Decompression – Needle	N	N	N	Y	Y
Chest Tube Insertion	N	N	N	N	N
CPAP	Y	Y	Y	Y	Y
PEEP	Y	Y	Y	Y	Y
Cricoid Pressure – Sellick’s Maneuver	Y	Y	Y	Y	Y
Cricothyroidotomy – Needle	N	N	N	N	Y
Cricothyroidotomy – Surgical	N	N	N	N	Y
End Tidal CO2 Monitoring/Capnometry/ Capnography	Y	Y	Y	Y	Y
Flow Restrictive Oxygen Powered Ventilatory Device	Y	Y	Y	Y	Y
Gastric Decompression – NG/OG Tube Insertion	N	N	N	N	Y
Inspiratory Impedance Threshold Device	Y	Y	Y	Y	Y
Intubation – Digital	N	N	N	N	Y
Intubation – Bougie Style Introducer	N	N	N	Y	Y
Intubation – Lighted Stylet	N	N	N	Y	Y
Intubation – Medication Assisted (non-paralytic)	N	N	N	N	N
Intubation – Medication Assisted (paralytic) (RSI)	N	N	N	N	N
Intubation – Maintenance with paralytic	N	N	N	N	N
Intubation – Nasotracheal	N	N	N	N	Y
Intubation – Orotracheal	N	N	N	Y	Y
Intubation – Retrograde	N	N	N	N	N

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Extubation	N	N	N	Y	Y
Obstruction – Direct Laryngoscopy	N	N	N	Y	Y
Oxygen Therapy – Humidifiers	Y	Y	Y	Y	Y
Oxygen Therapy – Nasal Cannula	Y	Y	Y	Y	Y
Oxygen Therapy – Non-rebreather Mask	Y	Y	Y	Y	Y
Oxygen Therapy – Simple Face Mask	Y	Y	Y	Y	Y
Oxygen Therapy – Venturi Mask	Y	Y	Y	Y	Y
Peak Expiratory Flow Testing	N	N	N	Y	Y
Pulse Oximetry	Y	Y	Y	Y	Y
Suctioning – Tracheobronchial	N	N	Y	Y	Y
Suctioning – Upper Airway	Y	Y	Y	Y	Y
Skill	EMT	EMT-IV	AEMT	EMT-I	P
Tracheostomy Maintenance – Airway management only	Y	Y	Y	Y	Y
Tracheostomy Maintenance – Includes replacement	N	N	N	N	Y
Ventilators – Automated Transport (ATV) ¹	N	N	N	N	Y

¹ Use of automated transport ventilators (ATVs) is restricted to the manipulation of tidal volume (TV or VT), respiratory rate (RR), fraction of inspired oxygen (FIO₂), and positive end expiratory pressure (PEEP). Manipulation of any other parameters of mechanical ventilation devices by EMS providers requires a waiver to these rules.

TABLE A.2 – CARDIOVASCULAR/CIRCULATORY SUPPORT

Skill	EMT	EMT-IV	AEMT	EMT-I	P
Cardiac Monitoring – Application of electrodes and data transmission	Y	Y	Y	Y	Y
Cardiac Monitoring – Rhythm and diagnostic EKG interpretation	N	N	N	Y	Y
Cardiopulmonary Resuscitation (CPR)	Y	Y	Y	Y	Y
Cardioversion – Electrical	N	N	N	N	Y
Carotid Massage	N	N	N	N	Y
Defibrillation – Automated/Semi-Automated (AED)	Y	Y	Y	Y	Y
Defibrillation – Manual	N	N	N	Y	Y
External Pelvic Compression	Y	Y	Y	Y	Y
Hemorrhage Control – Direct Pressure	Y	Y	Y	Y	Y
Hemorrhage Control – Pressure Point	Y	Y	Y	Y	Y
Hemorrhage Control – Tourniquet	Y	Y	Y	Y	Y
Implantable cardioverter/defibrillator magnet use	N	N	N	N	N
Mechanical CPR Device	Y	Y	Y	Y	Y
Transcutaneous Pacing	N	N	N	Y	Y
Transvenous Pacing – Maintenance	N	N	N	N	N
Targeted Temperature Management ²	N	N	N	VO	Y
Arterial Blood Pressure Indwelling Catheter – Maintenance	N	N	N	N	N
Invasive Intracardiac Catheters – Maintenance	N	N	N	N	N
Central Venous Catheter Insertion	N	N	N	N	N

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Central Venous Catheter Maintenance/Patency/Use	N	N	N	Y	Y
Percutaneous Pericardiocentesis	N	N	N	N	N

² Targeted Temperature Management (TTM)

1. Approved methods of cooling include:
 - a. Surface cooling methods including ice packs, evaporative cooling, and surface cooling blankets or surface heat-exchange devices.
 - b. Internal cooling with the intravenous administration of cold crystalloids (4°C / 39°F)
2. Esophageal temperature probe allowed for monitoring core temperatures in patients undergoing TTM.
3. The medical director should work with the hospital systems to which their agencies transport in setting up a "systems" approach to the institution of TTM. Medical directors should not institute TTM without having receiving facilities that also have TTM programs to which to transport these patients.

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Skill	EMT	EMT-IV	AEMT	EMT-I	P
Spinal Immobilization – Cervical Collar	Y	Y	Y	Y	Y
Spinal Immobilization – Long Board	Y	Y	Y	Y	Y
Spinal Immobilization – Manual Stabilization	Y	Y	Y	Y	Y
Spinal Immobilization – Seated Patient	Y	Y	Y	Y	Y
Splinting – Manual	Y	Y	Y	Y	Y
Splinting – Rigid	Y	Y	Y	Y	Y
Splinting – Soft	Y	Y	Y	Y	Y
Splinting – Traction	Y	Y	Y	Y	Y
Splinting – Vacuum	Y	Y	Y	Y	Y

TABLE A.4 – INTRAVENOUS CANNULATION / FLUID ADMINISTRATION / FLUID MAINTENANCE

Skill	EMT	EMT-IV	AEMT	EMT-I	P
Blood/Blood By-Products Initiation (out of facility initiation)	N	N	N	N	N
Colloids – (Albumin, Dextran) – Initiation	N	N	N	N	N
Crystalloids (D5W, LR, NS) – Initiation/Maintenance	N	Y	Y	Y	Y
Intraosseous – Initiation	N	N	Y	Y	Y
Intraosseous Initiation – In Extremis	N	Y	Y	Y	Y
Medicated IV Fluids Maintenance – As Authorized in Appendix B	N	N	N	Y	Y
Peripheral – Excluding External Jugular – Initiation	N	Y	Y	Y	Y
Peripheral – Including External Jugular – Initiation	N	N	Y	Y	Y
Use of Peripheral indwelling Catheter for IV medications (Does not include PICC)	N	Y	Y	Y	Y

TABLE A.5 – MEDICATION ADMINISTRATION ROUTES

Skill	EMT	EMT-IV	AEMT	EMT-I	P
Aerosolized	Y	Y	Y	Y	Y
Atomized	Y	Y	Y	Y	Y
Auto-Injector	Y	Y	Y	Y	Y
Buccal	Y	Y	Y	Y	Y
Endotracheal Tube (ET)	N	N	N	Y	Y
Extra-abdominal umbilical vein	N	N	N	Y	Y
Intradermal	N	N	N	Y	Y
Intramuscular (IM)	Y	Y	Y	Y	Y
Intranasal (IN)	Y	Y	Y	Y	Y
Intraosseous	N	Y	Y	Y	Y
Intravenous (IV) Piggyback	N	N	N	Y	Y
Intravenous (IV) Push	N	Y	Y	Y	Y
Nasogastric	N	N	N	N	Y
Nebulized	Y	Y	Y	Y	Y
Ophthalmic	N	N	N	Y	Y

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Oral	Y	Y	Y	Y	Y
Rectal	N	N	N ¹	Y	Y
Subcutaneous	N	N	Y	Y	Y
Sublingual	Y	Y	Y	Y	Y
Sublingual (nitroglycerin)	Y	Y	Y	Y	Y
Topical	Y	Y	Y	Y	Y
Use of Mechanical Infusion Pumps	N	N	N	Y	Y

TABLE A.6 MISCELLANEOUS

Skill	EMT	EMT-IV	AEMT	EMT-I	P
Aortic Balloon Pump Monitoring	N	N	N	N	N
Assisted Delivery	Y	Y	Y	Y	Y
Capillary Blood Sampling	Y	Y	Y	Y	Y
Diagnostic Interpretation – Blood Glucose ⁴	Y	Y	Y	Y	Y
Diagnostic Interpretation – Blood Lactate ⁴	N	N	Y	Y	Y
Dressing/Bandaging	Y	Y	Y	Y	Y
Esophageal Temperature Probe for TTM	N	N	N	VO	Y
Eye Irrigation Noninvasive	Y	Y	Y	Y	Y
Eye Irrigation Morgan Lens	N	N	N	Y	Y
Maintenance of Intracranial Monitoring Lines	N	N	N	N	N
Physical examination	Y	Y	Y	Y	Y
Public Health Related-Oral/Nasal Swab Sample Collection	Y	Y	Y	Y	Y
Restraints – Verbal	Y	Y	Y	Y	Y
Restraints – Physical	Y	Y	Y	Y	Y
Restraints – Chemical	N	N	N	Y	Y
Urinary Catheterization – Initiation	N	N	N	N	Y
Urinary Catheterization – Maintenance	Y	Y	Y	Y	Y
Venous Blood Sampling – Obtaining	N	Y	Y	Y	Y

⁴ See also Section 11.4

APPENDIX B

FORMULARY OF MEDICATIONS ALLOWED

B.1.1 In prehospital settings, additions to this medication formulary are not allowed unless a waiver has been granted as described in Section 12 of these rules.

B.1.2 Not all medical acts allowed are included in initial education for various EMS provider levels. All medical directors subject to these rules shall ensure providers are appropriately trained as noted

¹ AEMTs may not employ the rectal administration route in any situation except for the one exception set out in Table B.10, "Benzodiazepine –Diazepam rectal administration."

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in Sections 5.1.8 and 5.1.9 (Prehospital), 18.3.6 (CIHCS), 19.3.7, 19.3.8, and 19.3.9 (Clinical Setting).

TABLE B.1 – GENERAL

Medications	EMT	EMT-IV	AEMT	EMT-I	P
Over-the-counter-medications	Y	Y	Y	Y	Y
Oxygen	Y	Y	Y	Y	Y
Specialized prescription medications to address acute crisis ¹	VO	VO	VO	VO	VO

¹ EMS providers may assist with the administration of, or may directly administer, specialized medications prescribed to the patient for the purposes of alleviating an acute medical crisis event provided the route of administration is within the provider's scope as listed in Appendix A.

TABLE B.2 ANTIDOTES

Medications	EMT	EMT-IV	AEMT	EMT-I	P
Atropine	N	N	N	VO	Y
Calcium salt – Calcium chloride	N	N	N	N	Y
Calcium salt – Calcium gluconate	N	N	N	N	Y
Cyanide antidote	N	N	N	Y	Y
Glucagon	N	N	VO	VO	Y
Naloxone	Y	Y	Y	Y	Y
Nerve agent antidote	Y	Y	Y	Y	Y
Pralidoxime	N	N	N	N	Y
Sodium bicarbonate	N	N	N	N	Y

TABLE B.3 – BEHAVIORAL MANAGEMENT

Medications	EMT	EMT-IV	AEMT	EMT-I	P
Anti-Psychotic – Droperidol	N	N	N	VO	Y
Anti-Psychotic – Haloperidol	N	N	N	VO	Y
Anti-Psychotic – Olanzapine	N	N	N	VO	Y
Anti-Psychotic – Ziprasidone	N	N	N	VO	Y
Benzodiazepine – Diazepam	N	N	N	Y	Y
Benzodiazepine – Lorazepam	N	N	N	Y	Y
Benzodiazepine – Midazolam	N	N	N	Y	Y
Diphenhydramine	N	N	N	VO	Y
Ketamine (Ketalar)	N	N	N	N	N

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TABLE B.4 – CARDIOVASCULAR

Medications	EMT	EMT-IV	AEMT	EMT-I	P
Adenosine	N	N	N	VO	Y
Amiodarone	N	N	N	VO	Y
Aspirin	Y	Y	Y	Y	Y
Atropine	N	N	N	VO	Y
Calcium salt – Calcium chloride	N	N	N	N	Y
Calcium salt – Calcium gluconate	N	N	N	N	Y
Diltiazem – bolus infusion only	N	N	N	N	Y
Dopamine	N	N	N	N	Y
Epinephrine	N	N	N	VO	Y
Lidocaine	N	N	N	VO	Y
Magnesium sulfate – bolus infusion only	N	N	N	N	Y
Nitroglycerin – sublingual (patient assisted)	VO	VO	Y	Y	Y
Nitroglycerin – sublingual (tablet or spray)	N	N	Y	Y	Y
Nitroglycerin – topical paste	N	N	VO	VO	Y
Norepinephrine	N	N	N	N	Y
Sodium bicarbonate	N	N	N	VO	Y
Vasopressin	N	N	N	VO	Y
Verapamil – bolus infusion only	N	N	N	N	Y

TABLE B.5 – DIURETICS

Medications	EMT	EMT-IV	AEMT	EMT-I	P
Bumetanide	N	N	N	N	Y
Furosemide	N	N	N	VO	Y
Mannitol (trauma use only)	N	N	N	N	Y

TABLE B.6 ENDOCRINE AND METABOLISM

Medications	EMT	EMT-IV	AEMT	EMT-I	P
IV Dextrose	N	Y	Y	Y	Y
Glucagon	N	N	Y	Y	Y
Oral glucose	Y	Y	Y	Y	Y
Thiamine	N	N	N	N	Y
Corticosteroid	N	N	N	Y	Y

TABLE B.7 – GASTROINTESTINAL MEDICATIONS

Medications	EMT	EMT-IV	AEMT	EMT-I	P
Anti-nausea – Droperidol	N	N	N	VO	Y
Anti-nausea – Metoclopramide	N	N	N	VO	Y
Anti-nausea – Ondansetron ODT	Y	Y	Y	Y	Y
Anti-nausea – Ondansetron IM/IVP	N	Y	Y	Y	Y
Anti-nausea – Prochlorperazine	N	N	N	N	Y

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Anti-nausea – Promethazine	N	N	N	VO	Y
Decontaminant – Activated charcoal	Y	Y	Y	Y	Y
Decontaminant – Sorbitol	Y	Y	Y	Y	Y

TABLE B.8 – PAIN MANAGEMENT

Medications	EMT	EMT-IV	AEMT	EMT-I	P
Acetaminophen (Tylenol) IV	N	N	Y	Y	Y
Anesthetic – Lidocaine (for intraosseous needle insertion)	N	N	Y	Y	Y
Benzodiazepine – Diazepam	N	N	N	Y	Y
Benzodiazepine – Lorazepam	N	N	N	Y	Y
Benzodiazepine – Midazolam	N	N	N	Y	Y
General – Nitrous oxide	N	N	Y	Y	Y
Ketorolac (Toradol)	N	N	N	N	Y
Narcotic Analgesic – Fentanyl	N	N	VO	Y	Y
Narcotic Analgesic – Hydromorphone	N	N	N	N	Y
Narcotic Analgesic – Morphine sulfate	N	N	VO	Y	Y
Ophthalmic anesthetic-Ophthaine	N	N	N	Y	Y
Ophthalmic anesthetic-Tetracaine	N	N	N	Y	Y
Topical Anesthetic – Benzocaine spray	N	N	N	N	Y
Topical Anesthetic – Lidocaine jelly	N	N	N	N	Y

TABLE B.9 – RESPIRATORY AND ALLERGIC REACTION MEDICATIONS

Medications	EMT	EMT-IV	AEMT	EMT-I	P
Antihistamine – Diphenhydramine	N	N	Y	Y	Y
Bronchodilator – Anticholinergic – Atropine (aerosol/nebulized)	N	N	N	VO	Y
Bronchodilator – Anticholinergic – Ipratropium	Y	Y	Y	Y	Y
Bronchodilator – Beta agonist – Albuterol	Y	Y	Y	Y	Y
Bronchodilator – Beta agonist – L-Albuterol	Y	Y	Y	Y	Y
Bronchodilator – Beta agonist – Metaproterenol	N	N	N	VO	Y
Bronchodilator – Beta agonist – Terbutaline	N	N	N	N	Y
Corticosteroid – Dexamethasone	N	N	N	Y	Y
Corticosteroid – Hydrocortisone	N	N	N	Y	Y
Corticosteroid – Methylprednisolone	N	N	N	Y	Y
Corticosteroid – Prednisone	N	N	N	Y	Y
Epinephrine 1:1,000 IM or SQ Only	Y	Y	Y	Y	Y
Epinephrine IV Only	N	N	N	VO	Y
Epinephrine Auto-Injector	Y	Y	Y	Y	Y
Magnesium Sulfate – bolus infusion only	N	N	N	N	Y

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Medications	EMT	EMT-IV	AEMT	EMT-I	P
Racemic Epinephrine	N	N	N	Y	Y
Short Acting Bronchodilator meter dose inhalers (MDI) (Patient assisted)	VO	VO	VO	Y	Y
Short Acting Bronchodilator meter dose inhalers (MDI)	Y	Y	Y	Y	Y

TABLE B.10 – SEIZURE MANAGEMENT

Medications	EMT	EMT-IV	AEMT	EMT-I	P
Benzodiazepine – Diazepam	N	N	N	Y	Y
Benzodiazepine – Diazepam – rectal administration	N	N	Y	Y	Y
Benzodiazepine – Lorazepam	N	N	N	Y	Y
Benzodiazepine – Midazolam	N	N	N	Y	Y
Benzodiazepine – Midazolam – intranasal administration	N	N	Y	Y	Y
OB – associated – Magnesium sulfate – bolus infusion only	N	N	N	Y	Y

TABLE B.11 – VACCINES

Medications	EMT	EMT-IV	AEMT	EMT-I	P
Post-exposure, employment, or pre-employment related – Hepatitis A	N	N	N	N	Y
Post-exposure, employment, or pre-employment related – Hepatitis B	N	N	N	N	Y
Post-exposure, employment, or pre-employment related – Tetanus	N	N	N	N	Y
Post-exposure, employment, or pre-employment related – Influenza	N	N	N	N	Y
Post-exposure, employment, or pre-employment related – PPD placement & interpretation	N	N	N	N	Y
Public Health Related – Vaccine administration in conjunction with county public health departments and local EMS medical direction, after demonstration of proper training, will be authorized for public health vaccination efforts and pandemic planning exercises.	N	N	Y	Y	Y

TABLE B.12 – MISCELLANEOUS

Medications	EMT	EMT-IV	AEMT	EMT-I	P
Analgesic Sedative – Etomidate	N	N	N	N	N
Benzodiazepine – Midazolam for TIH	N	N	N	VO	Y
Topical hemostatic agents	Y	Y	Y	Y	Y

SECTION 16 – Interfacility Transport

- 16.1 The EMS agency medical director shall have protocols in place to ensure the appropriate level of care is available during interfacility transport.
- 16.2 The transporting EMS provider may decline to transport any patient he or she believes requires a level of care beyond his or her capabilities.
- 16.3 The interfacility transport typically involves three types of patients:

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- 16.3.1 Those patients whose safe transport can be accomplished by ambulance, under the care of an EMT, EMT-IV, AEMT, EMT-I, or Paramedic, within the medical acts allowed under these rules.
- 16.3.2 Those patients whose safe transport can be accomplished by ambulance, under the care of a Paramedic, but may require medical acts that are outside the medical acts allowed under these rules, but which acts have been approved through waiver granted by the Department.
- 16.3.3 Those patients whose safe transport requires the skills and expertise of a Critical Care transport team under the care of an experienced Critical Care practitioner.
- 16.4 The hemodynamically unstable patient or patient who may require Intensive Care Unit level of treatment, regardless if coming from an Intensive Care Unit, who requires special monitoring (e.g. central venous pressure, intracranial pressure), multiple cardioactive/vasoactive medications, or specialized critical care equipment (i.e. intra-aortic balloon pump) should remain under the care of an experienced Critical Care practitioner, and every attempt should be made to transport that patient while maintaining the appropriate level of care. The capabilities of the institution, the capabilities of the transporting agency and, most importantly, the safety of the patient should be considered when making transport decisions.
- 16.5 Unless otherwise noted, the following Appendices C and D indicate hospital/facility initiated interventions and/or medications.
- 16.5.1 Additions to these medical acts are not allowed unless a waiver has been granted as described in Section 12 of these rules.
- 16.5.2 The following medical acts are approved for interfacility transport of patients, with the requirements that the medical acts allowed must have been initiated in a medical facility under the direct order and supervision of licensed medical providers and are not authorized for field initiation. EMS continuation and monitoring of these interventions is to be allowed with any alterations in the therapy requiring direct verbal order. The EMS provider should continue the same medical standards of care with regard to patient monitoring that were initiated in the facility.
- 16.5.3 It is understood that these medical acts may not be addressed in the National EMS Education Standards for EMT, AEMT, EMT-I, or Paramedic. As such, it is the joint responsibility of the EMS agency medical director and individuals performing these medical acts to obtain appropriate additional training needed to safely and effectively utilize and monitor these interventions in the interfacility transport environment.
- 16.6 Any of the medical acts and medications allowed in interfacility transport in Appendices C and D may be performed in the clinical setting under the medical direction of a clinical medical director and under medical supervision.

Health Facilities and Emergency Medical Services Division**APPENDIX C****INTERFACILITY TRANSPORT****MEDICAL ACTS ALLOWED****TABLE C.1 – AIRWAY/VENTILATION/OXYGEN**

Skill	EMT	EMT-IV	AEMT	EMT-I	P
Ventilators – Automated Transport (ATV) ¹	N	N	N	N	Y

¹ Use of automated transport ventilators (ATVs) is restricted to the manipulation of tidal volume (TV or VT), respiratory rate (RR), fraction of inspired oxygen (FIO₂), and positive end expiratory pressure (PEEP). Manipulation of any other parameters of mechanical ventilation devices by EMS providers requires a waiver to these rules.

TABLE C.2 – CARDIOVASCULAR/CIRCULATORY SUPPORT

Skill	EMT	EMT-IV	AEMT	EMT-I	P
Aortic Balloon Pump Monitoring	N	N	N	N	N
Chest Tube Monitoring	N	N	N	N	Y
Central Venous Pressure Monitor Interpretation	N	N	N	N	N

APPENDIX D**FORMULARY OF MEDICATIONS ALLOWED – INTERFACILITY TRANSPORT****TABLE D.1 – CARDIOVASCULAR**

Medications	EMT	EMT-IV	AEMT	EMT-I	P
Anti-arrhythmic – Amiodarone – continuous infusion	N	N	N	Y	Y
Anti-arrhythmic – Lidocaine – continuous infusion	N	N	N	Y	Y
Anticoagulant – Glycoprotein inhibitors	N	N	N	N	Y
Anticoagulant – Heparin (unfractionated)	N	N	N	N	Y
Anticoagulant – Low Molecular Weight Heparin (LMWH)	N	N	N	N	Y
Diltiazem	N	N	N	N	Y
Dobutamine	N	N	N	N	N
Dopamine – Monitoring and Maintenance	N	N	N	N	Y
Epinephrine – infusion	N	N	N	N	Y
Nicardipine	N	N	N	N	Y
Nitroglycerin, intravenous	N	N	N	N	Y
Norepinephrine	N	N	N	N	Y
Thrombolytics – Monitoring and Maintenance	N	N	N	N	Y

TABLE D.2 – HIGH RISK OBSTETRICAL PATIENTS

Medications	EMT	EMT-IV	AEMT	EMT-I	P
Magnesium sulfate	N	N	N	N	Y
Oxytocin – infusion	N	N	N	N	Y

Health Facilities and Emergency Medical Services Division**TABLE D.3 – INTRAVENOUS SOLUTIONS**

Medications	EMT	EMT-IV	AEMT	EMT-I	P
Monitoring and maintenance of hospital/medical facility initiated crystalloids	N	Y	Y	Y	Y
Monitoring and maintenance of hospital/medical facility initiated colloids (non-blood component) infusions	N	N	N	Y	Y
Monitoring and maintenance of hospital/medical facility initiated blood component infusion	N	N	N	N	Y
Initiate hospital/medical facility supplied blood component infusions	N	N	N	N	Y
Total parenteral nutrition (TPN) and/or vitamins	N	N	N	Y	Y

TABLE D.4 – MISCELLANEOUS

Medications	EMT	EMT-IV	AEMT	EMT-I	P
Antibiotic infusions	N	N	N	Y	Y
Antidote infusion – Sodium bicarbonate infusion	N	N	N	N	Y
Antiviral infusion	N	N	N	Y	Y
Electrolyte infusion – Magnesium sulfate	N	N	N	N	Y
Electrolyte infusion – Potassium chloride	N	N	N	N	Y
Insulin	N	N	N	N	Y
Mannitol	N	N	N	N	Y
Methylprednisolone – infusion	N	N	N	N	Y
Octreotide	N	N	N	N	Y
Pantoprazole	N	N	N	N	Y

SECTION 17 – Critical Care

17.1 In addition to the medical acts within the scope of practice of a Paramedic contained within Appendices A, B, C, and D, a P-CC may perform the medical acts contained within this section, Appendices E and F, under the authorization of an EMS agency medical director or clinical medical director.

17.1.1 Additions to these medical acts in a prehospital setting are not allowed unless a waiver has been granted as described in Section 12 of these rules.

17.1.2 It is understood that these medical acts may not be addressed in the National EMS Education Standards for Paramedics. As such, it is the joint responsibility of the applicable medical director and individuals performing these medical acts to obtain appropriate additional training needed to safely and effectively utilize and monitor these interventions in the critical care environment.

17.2 A P-CC may decline transport of any patient that requires a level of care outside of their defined scope of practice or that the P-CC believes is beyond their capabilities.

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17.3 In addition to the duties of an EMS agency medical director or clinical medical director outlined in Sections 5 and 19 of these rules, the duties of such a medical director responsible for authorization of a P-CC shall include:

17.3.1 Be qualified, by education, training, and experience in the medical acts for which the applicable medical director is authorizing the P-CC to practice.

17.3.2 Have protocols in place clearly defining which medical acts, from Appendices E and F, the applicable medical director is authorizing the P-CC to perform.

17.3.3 Have protocols in place to ensure the appropriate level of care is available during critical care transport. The capabilities of the transporting agency and the safety of the patient should be considered when making transport decisions.

Appendix E – MEDICAL ACTS ALLOWED**TABLE E.1**

Skill	P-CC
Manual Transport Ventilators	Y
Blood Chemistry Interpretation	Y
Rapid Sequence Intubation – Adult (age 13 & over)	Y
Transvenous Pacing – Monitoring and Maintenance	Y

Appendix F – FORMULARY OF MEDICATIONS ALLOWED**TABLE F.1 – CRITICAL CARE FORMULARY**

Medications	P-CC
Acetylcysteine (Mucomyst)	Y
Antibiotics	Y
Bilvalirudin (Angiomax)	Y
Blood Products	Y
Dobutamine (Dobutamine)	Y
Esmolol (Brevibloc)	Y
Etomidate (Amidate)	Y
Fosphenytoin (Cerebyx)	Y
Ketamine (Ketalar)	Y (may only be used for analgesia, rapid sequence induction (RSI), and post-intubation management)
Labetalol (Normodyne)	Y
Levetiracetam (Keppra)	Y
Metoprolol (Lopressor)	Y
Phenytoin (Dilantin)	Y
Propofol (Diprivan)	Y
Rocuronium (Zemuron)	Y
Succinylcholine (Anectine)	Y
tPA infusion	Y
Tranexamic acid (TXA)	Y
Vecuronium (Norcuron)	Y

Health Facilities and Emergency Medical Services Division**SECTION 18 – Community Paramedic**

- 18.1 In addition to the medical acts within the scope of practice of a Paramedic contained within Appendices A, B, C, and D, a P-CP may perform the out-of-hospital medical services contained within this section and Appendix G, under the authorization of a CIHCS Agency medical director while providing community integrated health care services. A P-CP may also provide those medical acts that are out-of-hospital medical services contained in this Section, Appendix G, and Section 19 under the authorization of a clinical medical director and under the medical supervision of a medical supervisor.
- 18.1.1 A waiver cannot be granted to expand the out-of-hospital medical services that a P-CP may perform in a CIHCS setting.
- 18.1.2 It is understood that these out-of-hospital medical services may not be addressed in the National EMS Education Standards for Paramedics. As such, it is the joint responsibility of the applicable medical director and P-CPs performing these services to obtain appropriate additional training needed to safely and effectively utilize and monitor these interventions in the out-of-hospital and clinical setting environments.
- 18.2 A CIHCS Agency or clinical medical director may limit the scope of a P-CP. A P-CP may decline to provide out-of-hospital medical services to any individual that requires a level of care outside of their defined scope of practice or that the P-CP believes is beyond their capabilities.
- 18.3 The duties of a CIHCS Agency medical director responsible for supervision and authorization of a P-CP, in addition to those located at 6 CCR 1011-3, Section 5.2, shall include:
- 18.3.1 Be actively involved in the provision of community integrated health care services in the community served by the CIHCS Agency. Involvement does not require that a physician have such experience prior to becoming a medical director but does require such involvement during the time that he or she acts as a CIHCS medical director. Active involvement in the community could include, by way of example and not limitation, those inherent, reasonable, and appropriate responsibilities of a medical director to interact and as needed collaborate with the community served by the CIHCS Agency, the hospital community, the public safety agencies, home care, hospice, and the medical community. Active involvement should include other aspects of liaison oversight and communication normally expected in the supervision of CIHCS providers.
- 18.3.2 Be actively involved on a regular basis with the P-CP being supervised. Involvement does not require that a physician have such experience prior to becoming a medical director, but it does require such involvement during the time that he or she acts as a medical director. Involvement could include, by way of example and not limitation, involvement in continuing education, audits, and protocol development. Passive or negligible involvement with the CIHCS Agency and supervised P-CP does not meet this requirement.
- 18.3.3 In conjunction with the CIHCS Agency administrator, develop and implement a quality management policy for the CIHCS Agency and P-CP that includes consumer chart reviews in order to determine that appropriate assessments, referrals, documentation, and communication are occurring between the consumer's care providers, P-CPs, and the consumer.

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- 18.3.4 Ensure that all issued protocols are appropriate for the skill level of each authorized P-CP to whom the performance of medical acts is delegated and are compliant with accepted standards of medical practice.
- 18.3.5 Develop, implement, and annually review protocols, guidelines, and standing orders regarding medical supervision, consultation requirements, and follow up care by other medical professionals. CIHCS Agency medical directors will ensure that P-CPs have adequate clinical knowledge of, and are competent in, out-of-hospital medical services performed on behalf of the CIHCS Agency. These duties and operations may be delegated to other physicians or other qualified health care professionals designated by the medical director. However, the CIHCS Agency medical director shall retain ultimate authority and responsibility for the monitoring and supervision, for establishing protocols and standing orders and for the competency of the performance of authorized medical acts of P-CP providers.
- 18.3.6 Oversee the ongoing training and education programs for P-CP personnel for the provision of out-of-hospital medical services. Ensure the competence of the P-CP under his or her supervision in all skills, procedures, and medications authorized.
- 18.3.7 Notify the Department within fourteen business days of the cessation of duties as the CIHCS Agency's medical director;
- 18.3.8 In collaboration with the CIHCS Agency administrator, designate through policy when the CIHCS Agency medical director is unavailable, a backup for medical direction in accordance with the requirements of 6 CCR 1011-3, Section 5.2.
- 18.3.9 Ensure that medical direction is available at all appropriate times as determined by the CIHCS Agency policy.
- 18.3.10 Provide evaluation, treatment, and transportation guidelines and protocols for non-urgent CIHCS Agency consumers.
- 18.3.11 In conjunction with the CIHCS consumer's care provider, if applicable, develop, monitor, and evaluate consumer service plans.
- 18.3.12 In conjunction with the CIHCS consumer's care provider(s), if applicable, and the P-CP, develop and implement a discharge summary as part of each consumer's service plan.
- 18.3.13 Physicians acting as medical directors for a Community Integrated Health Care Service agency pursuant to Section 25-3.5-1303(1)(a), C.R.S. that are responsible for the supervision and authorization of a P-CP shall have training and experience in the acts and skills for which they are providing supervision and authorization.
- 18.4 A clinical medical director's responsibilities for authorizing a P-CP in a clinical setting shall include those located in Section 19.3 of these rules.

Appendix G – OUT-OF-HOSPITAL MEDICAL SERVICES ALLOWED

- G.1 An initial assessment of the patient and any subsequent assessments, care coordination, resource navigation, as needed, in an out-of-hospital setting over one or more visits.
- G.2 Patient education that may include, but is not limited to, a patient's family or caregiver.

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G.3 Provide allowable services as an employee or contractor of a Community Assistance Referral and Education Services (CARES) Program, as set forth in Section 25-3.5-1203(3), C.R.S. G.4 Medical interventions, as set forth in a patient service plan:

Table G.1

Intervention	P-CP
Access central lines, indwelling venous ports, peritoneal dialysis catheters, or percutaneous tubes	Y
Assist with home mechanical ventilators	Y
Complex wound closure (suturing, steri-strips, adhesive glue, staples)	N
Ostomy care	Y
Simple wound closure (limited to dressings, bandages, butterfly closures)	Y
Simple wound care (monitor progress, simple dressing change, wet-to-dry dressing change, suture removal)	Y
Ultrasound - assist procedures	Y
Ultrasound – diagnosis	N

G.5 Assist with the inventory, compliance, and administration of, or may directly administer, specialized medications prescribed to the individual by a prescribing physician under a care plan. The route of administration must be within the provider’s scope as listed in Appendix A and this Appendix G.

G.6 Gather laboratory and diagnostic data for POCT

Table G.2

Sites	P-CP
Indwelling ports or drains	Y
Nasal	Y
Oral	Y
Skin	Y
Urine	Y
Stool	Y

G.7 Vaccinations as part of a consumer service plan.