

# 2018

## Chesterfield County

### Prehospital Patient Care Guidelines



# Section 8-10

**SECTION:** Administrative

**GUIDELINE TITLE:** Patient Owned Medications

**REVISED:** 06/2015

**OVERVIEW:**

EMS may encounter patients who have needs for medications which are not stocked in the drug box or allowed in other portions of the guidelines. Certain patients may have their own stock of medications (PO, IN, IM, or IV) for known treatable disorders. Some of these disorders include but are not limited to congenital adrenal hypoplasia and hereditary angioedema.

Patient Owned Medication	A	B	EN	I	P
1. Perform general patient management.	•	•	•	•	•
2. Identify patient's medication needs and confirm right medication, right dose, right route, and expiration date.		•	•	•	•
3. Determine if medication is within scope of practice for level of provider. If unknown, contact online medical control.				•	•
4. If within scope of practice and provide is comfortable with administration, administer medication.					
5. If within scope of practice but the provider uncomfortable with medication, clearly explain to the individual and all responsible parties that they are responsible for administration of medications. Allow individual or responsible party to administer medication.				•	•
6. If outside scope of practice, clearly explain to the individual and all responsible parties that they are responsible for administration of medications. Allow individual or responsible party to administer medication.				•	•
7. If needed, establish IV for medication administration				•	•
8. Complete an ePCR form, clearly documenting names, vitals, initial assessment findings, nature of injury/illness, treatment rendered, and the discussions with all involved parties regarding the medication administration.				•	•
9. Transport patient to hospital. If patient refuses, obtain refusal				•	•

**PEARLS:**

1. When in doubt on medications, contact online medical control
2. Virginia Formulary can be found at:  
[http://www.vdh.virginia.gov/OEMS/Files\\_page/Training/ScopeOfPractice-Formulary.pdf](http://www.vdh.virginia.gov/OEMS/Files_page/Training/ScopeOfPractice-Formulary.pdf)

March 17, 2022

To: Virginia licensed EMS Agencies, endorsed EMS Physicians, and certified EMS providers

From: R.D. Passmore, NRP, TS-C – Director – Regulation & Compliance Enforcement Division

RE: Guidance Document – Changes to Virginia EMS Scope of Practice (formulary & procedures) Documents

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Virginia Administrative Code – EMS Regulations §12VAC5-31-1050 – *Scope of Practice*, states – *EMS Personnel shall only perform those procedures, skills, or techniques for which he is currently licensed or certified, provided that he is acting in accordance with the local medical treatment protocols and medical direction provided by the OMD of the licensed EMS agency with which he is affiliated and within the scope of the EMS agency licenses as authorized in the Emergency Medical Services Procedures and Mediations Schedule as approved by the board.*

The updated Scope of Practice Documents were approved by the State EMS Advisory Board on March 11, 2022 and were subsequently posted on March 16, 2022. The changes to these documents (both procedures and formulary) include all levels of Virginia EMS certified providers.

While no skills or medications were removed from a provider's scope of practice, there has been a change to the color of dots utilized to denote if a procedure (skill) or formulary (medication) is within that provider's scope.

Black Dot = procedure or formulary is included in that certification levels standard scope of practice.

Red Dot = procedure or formulary is **NOT** included in that certification levels standard scope of practice.

- For a provider to have access to Red Dot(s) scope of practice; the following requirements **must be met**:
  1. Documentation of EMS agency (post-affiliation) training, specific to red dot skills and medications, must be present and maintained in the providers personnel file, **and**
  2. EMS agency Operational Medical Director must provide specific written authorization, to include and/or limit, red dot skills and medications, in the provider's scope of practice. Written authorization must be kept and maintained in the providers personnel file.

Compliance with red dot Scope of Practice requirements will be enforced on and after July 1, 2022. This affords all EMS agencies three (3) months to complete these training and documentation requirements.

The update Scope of Practice Documents are posted to the OEMS website. Follow this [link](#) to review.



Virginia Office of Emergency Medical Services  
Scope of Practice - Formulary for EMS Personnel

This SOP represents *practice maximums*.

CATEGORY	EMR	EMT	AEMT	I	P
Intravenous Fluids * See note below)	isotonic	●	●	●	●
	hypotonic	●	●	●	●
	hypertonic				
Neuromuscular Blockers	M = Maintenance I = initiate Crystalloid, +/- Dextrose/Lactate with Multi-vitamins with Thiamine	M	I/M	I/M	I/M
		M	M	M	M
		M	M	M	M
Respiratory	Anticholinergics	●	●	●	●
	Sympathomimetics Beta agonists Epinephrine (nebulized)	●	●	●	●
	Dosage and Concentration Calculation		●	●	●
M = Maintenance I = Initiate					
<p>Note: EMT's may administer medications within their scope of practice in addition to providing assistance in administration of those medications. EMT's may access a drug kit to access those medications.</p> <p>Note: Med-Math skills including dosage calculations and measurement of medication to be administered are outside EMT scope of practice. EMT's may draw epinephrine from vials or ampules for the treatment of acute allergic reactions using devices/systems using syringes with mechanical limiters or color-coded or other clearly marked indicators to facilitate accurate dose measurement.</p>					
EMT may transport patient with IV fluids not requiring titration or adjustment, and without additives including electrolytes (e.g. potassium, magnesium)					

\*Investigational medications and procedures which have been reviewed and approved by an Institutional Review Board (IRB) will be considered to be approved by the Medical Direction Committee solely within the context of the approved study. Investigators involved in IRB approved research are asked to present their study plans to the MDC for informational purposes so that the committee can maintain an awareness of on-going pre-hospital research in the Commonwealth. Those who desire to conduct non-IRB reviewed pilot projects, demonstration projects, or research are asked to present those proposals to the MDC prior to their implementation for review and approval by the MDC.

Use of medication not listed which is indicated by medical control and/or the operational medical director due to the use of a weapon of mass destruction is exempt from this list.