

6.0

Medical Director Options

The following conditions must be met in order for your service to provide any of the following optional treatments as listed in this section:

1. Your service has a written policy adopting use of the procedure, in accordance with the terms of this Protocol section, and such policy is signed by the service's affiliate hospital medical director.
2. Your service's affiliate hospital medical director must have authorized you as an EMT to utilize the procedures in this section, based on your level of certification.
3. You must be trained to use the procedure, and be approved by the affiliate hospital medical director.

BLS:

- a. Albuterol Administration via Nebulizer (Service Option), see advisory of 4/9/10, at OEMS website and 6.1 BLS/ILS Albuterol.
- b. Glucometry, see AR 5-520, at OEMS website.
- c. Selective Spinal Assessment (Service Option), replacing cervical spinal assessment/precaution procedures of 4.8 Spinal Column/Cord Injuries.
- d. Cardiocerebral Resuscitation/High-performance CPR, see 6.2.

ALS:

- a. Needle Cricothyrotomy, see 6.3.
- b. Selective Spinal Assessment (Service Option), see 6.4 replacing cervical spinal assessment/precaution procedures of 4.8 Spinal Column/Cord Injuries
- c. Urban Search and Rescue (USAR) Medical Specialist, see 6.5.
- d. Tranexamic Acid, see 6.6.