Approved Insitu Devices & Medications Matrix

Green = within scope allowing for intervention to occur if required Yellow = suitable for license if NO intervention required (it is acceptable to turn-off medication/infusion if necessary)

Red = higher license paramedic care or physician/nurse escort required

Note: (s.2) refers to EMA Regulation Schedule 2 License Endorsement

<u>Device</u>	<u>EMR</u>	<u>PCP</u>	<u>ACP</u>	<u>Comments</u>	
Venous / Arterial Access					
Intravenous - capped	Yellow	Green	Green		
Intravenous - running	Yellow	Green	Green		
IV Infusions on pump	Yellow	Yellow	Green		
Central Line (IJ/SC/Fem)				Sending MD approval, Post-insertion X-ray	
Capped and Secured	Yellow	Yellow	Green	checked.	
Central Line (IJ/SC) Running	Yellow	Yellow	Green	Post insertion X-Ray checked	
Venous Access Devices	Yellow	Yellow	Green	Sending MD Approval if device checked	
PICC Line	Yellow	Yellow	Green	Post insertion X-Ray checked	
Arterial Line (Monitored)	Red	Red	Yellow	Green for ACP(s.2)	
Arterial Line (Capped)	Yellow	Yellow	Green		
Respiratory					
Non Self-Administered Supplemental Oxygen	Green	Green	Green		
Endotracheal Tube	Red	Red	Green	Green for PCP(s.2)	
Extraglottic Devices	Red	Green	Green		
Mechanical Ventilation	Red	Red	Green	Green for ACP (s.2)	
Chest Tube (with Heimlich valve)	Yellow	Yellow	Green		
Chest tube with under water drainage	Yellow	Yellow	Green		
Cardiac					
Electrocardiogram Monitoring	Yellow	Yellow	Green	Green for PCP (s.2)	
Ventricular Assist Device	Yellow	Yellow	Yellow		
Transthoracic Pacemaker	Red	Red	Green		
Transvenous Pacemaker	Red	Red	Yellow	Green for ACP (s.2)	
Neurologic					
ICP monitor	Red	Red	Yellow		
Psychiatric					
Certified under the MHA	Green	Green	Green		
Physically or chemically restrained prior to	*Yellow	*Yellow	Green	*Policy change forthcoming	
departure from hospital	1 0.1011	1 6.10 11	G. CC	1 oney change for the coming	
Other					
Nasogastric Tube (no suction)	Yellow	Yellow	Green		
Feeding Tube	Yellow	Yellow	Yellow		
Post-op Drains	Yellow	Yellow	Yellow		
Foley Catheter	Yellow	Yellow	Green		
Non Self-Administered Blood Glucose Monitoring	Green	Green	Green		
Medications					
Assistance with Self-Administered Medications	*Yellow	*Yellow	*Yellow	*Only when the medication is within the paramedic's own scope of practice	
Self-administered narcotic pumps	Yellow	Yellow	Yellow		
Narcotics prior to transport	Yellow	Yellow	Green		
Treatment Guideline approved medications during	Green	Green	Green		
transport in accordance with scope of practice	0.3011	C. 3011	C. 30.1		
Other medications by any route during transport	Red	Red	Red	Green for ACP (s.2)	