



SCOPE OF PRACTICE DOCUMENTATION – PARAMEDIC RED DOT SKILLS

This letter serves as specific written authorization of the EMS provider listed below for use of the procedures and medications as described when operating on behalf of the agency and physician signing.

PROVIDER _____

CERTIFICATION LEVEL / NUMBER _____

Procedure / Medication	Authorized	Date of Training
Anesthetics/Sedatives: Initiate	YES / NO	
Anesthetics/Sedatives: Maintenance Intubated Patient	YES / NO	
Anesthetics/Sedatives: Sedation for Violent/Aggressive Patient	YES / NO	
Neuromuscular Blockade	YES / NO	
Intubation: Rapid Sequence/Delayed Sequence	YES / NO	
Intubation: Pediatric Intubation	YES / NO	
Non-Invasive Positive Pressure Ventilation	YES / NO	
Jet Insufflation	YES / NO	
Mechanical Ventilation: Initiate / Manage	YES / NO	
Meconium Aspiration via Endotracheal Tube	YES / NO	
Ultrasonography	YES / NO	
Patient restraint, Medication	YES / NO	
Umbilical Catheter Insertion / Management	YES / NO	

Agency OMD

Date

Agency Representative / Agency

Date