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Addendum to Medical Supervision Plan for Optional Modules

Click Here For On-line OM Instructions

EMS Agency Name _____ Date _____

Optional modules (OMs) are skills identified by the EMS Physician Commission that exceed the floor level Scope of Practice for EMS personnel and may be adopted by the agency medical director. Instructions and requirements to add optional modules to agency personnel are available on the Idaho EMS web site www.idahoems.org or click on the link tile. This form may be submitted as an OM Addendum for Bureau approval when signed by the medical director. Please check the box next to each OM for the level of provider that will be trained and credentialed for this agency. Proof of credentialing by the agency medical director must be submitted to the EMS Bureau prior to individuals practicing the optional module skills.

BLS or higher agency license

EMR-FR95

☐ C-Collar	2,OM	☐ Epinephrine (Adrenaline)	2,4,OM
☐ Epinephrine Auto-injector	2,4,OM	☐ Extremity Splinting	2,OM
☐ Hemorrhage Control Tourniquet	2,OM	☐ Intramuscular (IM)	2,OM
☐ Jaw Thrust - Modified (Trauma)	OM	☐ Spinal Immobilization Long Board	2,OM
☐ Spinal Immobilization Seated	2,OM	☐ Taser Barb Removal	OM
☐ Vaccine Administration	5,OM		

EMR-2011

☐ C-Collar	2,OM	☐ Epinephrine (Adrenaline)	2,4,OM
☐ Epinephrine Auto-injector	2,4,OM	☐ Extremity Splinting	2,OM
☐ Intramuscular (IM)	2,OM	☐ Jaw Thrust - Modified (Trauma)	OM
☐ Spinal Immobilization Long Board	2,OM	☐ Spinal Immobilization Seated	2,OM
☐ Vaccine Administration	5,OM	☐ Taser Barb Removal	OM

EMTB-94

☐ 12-lead EKG Data Acquisition	2,OM	☐ Acetylsalicylic acid (Aspirin) for suspected cardiac chest pain only	OM
☐ Blood Glucose Monitoring	2,4,OM	☐ CO Oximetry	2,4,OM
☐ Epinephrine (Adrenaline)	2,4,OM	☐ Epinephrine Auto-injector	2,4,OM
☐ Glucagon	2,4,OM	☐ Impedance Threshold Device	OM
☐ Intramuscular (IM)	2,OM	☐ Pelvic Immobilization Device	OM
☐ Pulse Oximetry	2,OM	☐ Subcutaneous Injection	2,OM
☐ Taser Barb Removal	OM	☐ Vaccine Administration	5,OM

EMT-2011

☐ 12-lead EKG Data Acquisition	2,OM	☐ Adult Intraosseous	2,4,OM
☐ Advanced airway devices not intended to be inserted in the trachea (Adult)	2,3,OM	☐ Blood Glucose Monitoring	2,4,OM
☐ CO Oximetry	2,4,OM	☐ End Tidal CO2 Monitoring/Capnography	2,3,OM
☐ Epinephrine (Adrenaline)	2,4,OM	☐ Glucagon	2,4,OM
☐ Impedance Threshold Device	OM	☐ Intramuscular (IM)	2,OM
☐ IV Fluid infusion - Non -medicated	2,OM	☐ Lidocaine Administration-IO adjunct only	4,OM
☐ Pediatric Intraosseous	2,4,OM	☐ Pelvic Immobilization Device	OM
☐ Periferal IV Initiation (includes EJ)	2,OM	☐ Subcutaneous Injection	2,OM
☐ Suctioning - Tracheal via advanced airway	2,OM	☐ Taser Barb Removal	OM
☐ Vaccine Administration	5,OM	☐ Venous Blood Sampling	2,OM

As Medical Director for this EMS agency, I have approved the checked OMs for training, credentialing and practice.

Medical Director Signature _____ Date _____

ILS or higher agency license

AEMT-85

☐ 12-lead EKG Data Acquisition	2,OM	☐ Acetylsalicylic acid (Aspirin) for suspected cardiac chest pain only	OM
☐ Adult Intraosseous	2,4,OM	☐ CO Oximetry	2,4,OM
☐ CPAP	2,OM	☐ End Tidal CO2 Monitoring/Capnography	2,OM
☐ Epinephrine (Adrenaline)	2,4,OM	☐ Epinephrine Auto-injector	2,4,OM
☐ Glucagon	2,4,OM	☐ Impedance Threshold Device	OM
☐ Intramuscular (IM)	2,OM	☐ Lidocaine Administration-IO adjunct only	4,OM
☐ Pediatric Intraosseous	2,4,OM	☐ Pelvic Immobilization Device	OM
☐ Pulse Oximetry	2,OM	☐ Subcutaneous Injection	2,OM
☐ Taser Barb Removal	OM	☐ Vaccine Administration	5,OM

AEMT-2011

☐ 12-lead EKG Data Acquisition	2,OM	☐ CO Oximetry	2,4,OM
☐ CPAP	2,OM	☐ End Tidal CO2 Monitoring/Capnography	2,OM
☐ Impedance Threshold Device	OM	☐ Lidocaine Administration-IO adjunct only	4,OM
☐ Nitroglycerin Paste	OM	☐ Pelvic Immobilization Device	OM
☐ Taser Barb Removal	OM	☐ Topical Medication Administration	OM
☐ Venous Blood Sampling	OM		

As Medical Director for this EMS agency, I have approved the checked OMs for training, credentialing and practice.

Medical Director Signature _____ Date _____

ALS or higher agency license

Paramedic-98

☐ CO Oximetry	OM	☐ CPAP	OM
☐ Impedance Threshold Device	OM	☐ Intubation- Medication Assisted (RSI, paralytics)	2,3,OM
☐ Pelvic Immobilization Device	OM	☐ Taser Barb Removal	OM

Paramedic-2011

☐ CO Oximetry	OM	☐ Impedance Threshold Device	OM
☐ Intubation- Medication Assisted (RSI, paralytics)	2,3,OM	☐ Pelvic Immobilization Device	OM
☐ Taser Barb Removal	OM		

CC Paramedic-98

☐ Arterial Line Monitoring and Access Only	2,OM	☐ BiPAP	2,OM
☐ Blood Chemistry Analysis	2,OM	☐ Blood Products Administration	2,OM
☐ Chest Tube Placement	2,OM	☐ IABP Monitoring & Management	2,OM
☐ ICP Monitoring	2,OM	☐ Invasive Hemodynamic Monitoring	2,OM
☐ IV Programmable Volume Infusion Device	2,OM	☐ Maintenance of Blood Administration	2,OM
☐ Pacing-Transvenous & Epicardial	2,OM	☐ PEEP- Therapeutic (>6cm H2O pressure)	2,OM
☐ Pericardiocentesis	2,OM	☐ Plasma Volume Expander Administration	2,OM
☐ Ventilators, Automated- Enhanced Assessment & Management	2,OM		

CC Paramedic-2011

☐ Arterial Line Monitoring and Access Only	2,OM	☐ Blood Products Administration	2,OM
☐ Central Line Placement	2,OM	☐ Chest Tube Placement	2,OM
☐ Cricothyrotomy-Surgical	2,OM	☐ IABP Monitoring & Management	2,OM
☐ ICP Monitoring	2,OM	☐ Invasive Hemodynamic Monitoring	2,OM
☐ IV Programmable Volume Infusion Device	2,OM	☐ Pacing Permanent/ICD	2,OM
☐ Pacing-Transvenous & Epicardial	2,OM	☐ Pericardiocentesis	2,OM
☐ Plasma Volume Expander Administration	2,OM	☐ Umbilical Initiation	2,OM
☐ Urinary Catheterization	2,OM	☐ Ventilators, Automated- Enhanced Assessment & Management	2,OM

2,OM requires training approved by the Bureau
3,OM requires additional standards approved by the EMSPC
4,OM requires EMSPC protocol use
5,OM Just In Time Training
Note - OMs that require examination as a floor skill at a higher level will require examination at the OM skill level.

Received	Processed	Verification checks
		- MD Signature - Agency license level - PERCS Compliance

As Medical Director for this EMS agency, I have approved the checked OMs for training, credentialing and practice.

Medical Director Signature _____ Date _____