Mini-survey on CPAP at EMT level – July 2014

We’re going to discuss moving CPAP to the EMT level in NH. I’m curious what others think and if any other states have had success with this? My initial thought was “No” but perhaps it’s an important intervention for rural areas with a lack of ALS?

Jim Souzzi

Thinking about it in MA, but people are worried about whether basics have the ability to recognize those who should NOT get it...
Jon Burstein

We haven't really discussed this in Alabama but it is an interesting question.
Sarah Nafziger

We have approved it on our state scope of practice at the EMT level – the thought was that areas with limited ALS coverage would have something to add for the respiratory distress patients. I haven’t heard of issues/concerns.

George Lindbeck, MD, FACEP
Virginia State EMS and Trauma Systems Medical Director

We have expanded the EMT scope of practice to include non-invasive positive pressure delivery device in Oregon. We do not have a state wide database to assess benefit/harm but no reports have come to our attention that would cause me to believe it has had an adverse effect.

David Lehrfeld, MD
Oregon Health Authority
Medical Director
EMS & Trauma Systems

CT expanded the scope of the EMT to include cpap.

I was a supporter.

Simply from the intervention perspective, aside from the patient with altered mental status, vomiting, and pneumothorax (presumed by dyspnea after trauma?) who should not get it? I think an EMT is capable of identifying the contraindications as well as a paramedic and aside from the ability of needling the chest for ptx is capable of dealing with the complications by simply stopping the intervention.
It has been done at the EMT level elsewhere (successfully) so not breaking new ground.

I understand the concerns for scope creep, etc - one of the only good things about living in a home rule/sponsor hospital state is that the intervention can be applied on a service to service basis so training and testing issues are a bit less onerous.

Rich Kamin
Connecticut

In PA, we added this to EMT scope as an option with special training and medical director approval.

We did this about 8yrs ago after I saw an MASEMSO MDC presentation about Wisconsin’s program and following a successful regional pilot. We did this before the new AEMT scope was added at national level.

I always worry about scope creep. I would rather see the interested EMTs move up to AEMT. Each of these sensible additions can be done by EMTs trained with a simple module, but the piecemeal approach seems detrimental to me.

Doug
Douglas F Kupas, MD, EMT-P
Commonwealth EMS Medical Director
Bureau of EMS
PA Department of Health

Jim,

In the state of Ohio, we expanded the Ohio EMS scope of practice to permit the use of CPAP by EMTs years ago. Since then, we have had no adverse events or reports related to this filed at the state level.

Interestingly enough, the decision was supported by a study conducted at Aultman Hospital in Canton, Ohio. At the time this study was conducted, it enrolled the largest number of patients for a study on CPAP in the world, and it demonstrated the ability of EMTs to perform CPAP in the prehospital setting as well as its impact upon patient outcome (reduced rates of intubation, complications, ICU admissions, and ICU days of stay). The authors of the study, Mark Marchetta and Mark Resanovich, were invited to present the results of their study on national and international platforms including NAEMSP.


http://www.docstoc.com/docs/520364/Prehospital-CPAP-Reduces-Need-For-Intubation-In-Respiratory-Emergencies

Ciao,
Carol

RI discussed this a few years ago and decided against it for now -- basis was not technical ability to apply CPAP, but judgement regarding need for CPAP and monitoring of patients in respiratory distress.

Best,
Ken

Jim,

Delaware: BLS CPAP after a pilot program for several years is now an optional skill and company standing order with OEMS approval. Results have been good without any adverse issues experienced during our pilot or since it is now widely used in our system.

Ross Megargel
Delaware

We have been using this in New Mexico at the basic level for quite a while without any issues that I'm aware of.

Good luck,

Brian Moore, MD FAAP
NM EMS State Medical Director

Same in Wisconsin. Over 10 years as optional at EMT level. Have seen no concerns.

Chuck

Charles E. Cady, MD, FAAEM
Associate Professor of Emergency Medicine Section of Emergency Medical Services and Disaster Medicine

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Maryland,
CPAP has been an ALS intervention which has dramatically reduced the number of intubations and ICU admissions for COPD, CHF and Asthma related respiratory difficulty patients. The EMT/EMT-B do not have this CPAP in Maryland. Maryland is also blessed to have ALS in every EMS Operational Program.

Dr. Alcorta

In Alaska CPAP for EMTs requires Expanded Scope. Currently we have 3 levels of EMTs - EMT-1, EMT-2 and EMT-3. EMT-3 is the closest to AEMT. EMT-2 can do most airway interventions. I’m not aware of CPAP at EMT-1 level, which is the closest equivalent to EMT-Basic. We have many rural areas without ALS. I’m not aware of any problems that have arisen.

Ken

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Clinical Associate Professor - Division of Emergency Medicine
Stanford University Medical Center - Stanford, CA USA
Staff Emergency Physician - Alaska Native Medical Center - Anchorage, AK USA

Vermont has CPAP at the AEMT level. Vermont has a high proportion of AEMTs so has not considered moving CPAP to the basic level.

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