



Virginia Office of Emergency Medical Services
Scope of Practice - Formulary for EMS Personnel

This SOP represents *practice maximums*.

CATEGORY		EMR	EMT	AEMT	I	P
Analgesics						
	Oral analgesics					
	Acetaminophen		●	●	●	●
	Nonsteroidal anti-inflammatory		●	●	●	●
	Parenteral non-opioid analgesics					
	Acetaminophen, ketorolac			●	●	●
	Opiates			●	●	●
	Dissociative analgesics					
	Ketamine 0.5 mg/kg or less IV/IN/IM				●	●
Anesthetics/Sedatives						
	Topical/Otic/Occular		●	●	●	●
	Inhaled-self administered		●	●	●	●
	Local (infiltration, intraosseus)			●	●	●
	General - initiate					●
	General - maintain infusion intubated patient				●	●
	Sedation for the violent/aggressive patient					
	Benzodiazepine/antipsychotic combination				●	●
	Ketamine greater than 0.5 mg/kg IV/IM					●
	Antipsychotics				●	●
	Benzodiazepines (for sedation)				●	●
Anticonvulsants	Includes benzodiazepines and anti-epileptic drugs			●	●	●
Glucose Altering Agents						
	Glucose elevating agents		●	●	●	●
	Glucose lowering agents					
	Insulin SQ/IV/infusion				●	●
Antidotes						
	Anticholinergic Antagonists				●	●
	Anticholinesterase Antagonists	●	●	●	●	●
	Benzodiazepine Antagonists					
	Narcotic Antagonists	●	●	●	●	●
	Nondepolarizing Muscle Relaxant Antagonist					
	Beta/Calcium Channel Blocker Antidote				●	●
	Tricyclic Antidepressant Overdose				●	●

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	Cyanide Antidote - hydroxycobalamin			●	●	●	Added per MDC 4/2023
	Cholinesterase Reactivator	●	●	●	●	●	
	Combination antidotes, e.g. DuoDote	●	●	●	●	●	
Antihistamines & Combinations			●	●	●	●	
Biologicals							
	Vaccines						
	Vaccines all ages			●	●	●	
	Vaccines to age < 18 years				●	●	
	Antibiotics		●	●	●	●	
Blood/Blood products							
	Initiate					●	
	Maintain				●	●	
Blood Modifiers							
	Anticoagulants				●	●	
	Antiplatelet agents		●	●	●	●	
	Hemostatic agents		●	●	●	●	
	Thrombolytics					●	
	Anti-fibrinolytics (eg tranexamic acid)			●	●	●	
Cardiovascular Agents							
	Alpha adrenergic blockers				●	●	
	Adrenergic stimulants				●	●	
	Antiarrhythmics				●	●	
	Beta adrenergic blockers				●	●	
	Calcium channel blockers				●	●	
	Diuretics				●	●	
	Inotropic agents				●	●	

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	Vasodilatory Agents		●	●	●	●		
	Vasopressors							
	Includes infusions and push dose pressors				●	●		
	Epinephrine IV/IO for cardiac arrest			●	●	●	Epinephrine at the AEMT level added by MDC 7/7/2022	
	Epinephrine IM for allergic reaction		●	●	●	●		
	Epinephrine administration systems for allergic reaction (See note below)		●	●	●	●		
Central Nervous System	Antipsychotic				●	●		
Dietary Supplements/Electrolyte	Vitamins							
	Minerals - start at a health care facility	See section: Intravenous Fluids						
	Salts - start at a health care facility	See section: Intravenous Fluids						
	Electrolytes Solutions - started at a health care facility	See section: Intravenous Fluids						
	Hypertonic Saline				●	●		
Gas	Oxygen	●	●	●	●	●		
	Heliox				●	●		
Gastrointestinal	Antacids			●	●	●		
	OTC			●	●	●		
	Antidiarrheals		●	●	●	●		
	Antiemetics		●	●	●	●		
	EMT SL/PO route only		●	●	●	●		
	H2 blockers							
	PO		●	●	●	●		
	IV				●	●		
Hormones	Corticosteroids, Mineralocorticoids			●	●	●		
	Other Hormones							
	pitocin, octreotide, prostaglandins					●		
Intravenous Fluids	isotonic		●	●	●	●	EMT may transport patient with IV fluids not requiring titration or adjustment, and without additives including electrolytes (e.g. potassium, magnesium)	
* See note below)	hypotonic		●	●	●	●		

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	hypertonic				●	●
	M = Maintenance I = Initiate					
	Crystalloid, +/- Dextrose/Lactate		M	I/M	I/M	I/M
	with Multi=vitamins		M	M	M	M
	with Thiamine		M	M	M	M
Neuromuscular Blockers						●
Respiratory	Anticholinergics		●	●	●	●
	Sympathomimetics					
	Beta agonists		●	●	●	●
	Epinephrine (nebulized)		●	●	●	●
Dosage and Concentration Calculation				●	●	●
M = Maintenance						
I = Initiate						
	Note: EMT's may administer medications within their scope of practice in addition to providing assistance in administration of those medications. EMT's may access a drug kit to access those medications.					
	Note: Med-Math skills including dosage calculations and measurement of medication to be administered are outside EMT scope of practice. EMT's may draw epinephrine from vials or ampules for the treatment of acute allergic reactions using devices/systems using syringes with mechanical limiters or color-coded or other clearly marked indicators to facilitate accurate dose measurement.					
	EMT's may transport patients with IV fluids not requiring titration or adjustment, and without additives including electrolytes (e.g. potassium, magnesium)					

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