

(b) Each base station physician shall provide medical command to mobile intensive care units in a timely fashion, without undue delay.

(c) In the event that a mobile intensive care unit not affiliated with the program should seek medical command from the base station physician, the physician shall provide medical control as if the unit was one of the program's own.

8:41-6.4 Protocols

Each program approved by the Department in accordance with this chapter shall develop and maintain written medical protocols that cover most common emergencies. These treatment protocols shall be kept at the base station immediately accessible to all physicians and shall be reviewed at least yearly. These protocols shall serve as a guide to the physicians, but shall not be deemed to restrict the treatment ordered in the best judgment of the physicians and within the scope of the practice of a prehospital ALS provider.

SUBCHAPTER 7. PROCEDURES; TREATMENTS; MODALITIES

8:41-7.1 Basic life support functions

Nothing in this chapter shall be construed to prohibit any prehospital advanced life support provider from providing any care or treatment that is construed to be a basic life support function. This shall include all skills and procedures incorporated in the USDOT Curriculum for Emergency Medical Technician—Basic or Emergency Medical Technician—Defibrillation as adopted by the Department in accordance with N.J.A.C. 8:40A and 41A. These functions may be performed prior to and without the order of a physician.

Amended by R.1998 d.433, effective August 17, 1998.
See: 30 N.J.R. 1549(a), 30 N.J.R. 3089(a).

Changed Emergency Medical Technician references, and substituted a reference to N.J.A.C. 8:40A and 41A for a reference to this chapter.

8:41-7.2 Approved skills and procedures

(a) The following skills and procedures are approved to be performed by prehospital advanced life support personnel, paramedic students and MICN candidates operating under this chapter:

1. Performance of history taking and physical examination of patients in order to obtain necessary information to permit the rendering of medical care in accordance with this chapter;
2. Venipuncture for the purpose of obtaining blood samples (excluding blood alcohol levels drawn solely for legal purposes);
3. Institution of intravenous therapy, either by direct infusion or by intravenous catheter plug;

4. Administration of any medication authorized by N.J.A.C. 8:41-8;

5. Endotracheal intubation (oral and nasal) and nasogastric tube insertion and aspiration;

6. Administration of oxygen therapy, including nebulizer treatments in accordance with N.J.A.C. 8:41-8, and the provision of ventilatory support, using approved equipment as specified in this chapter;

7. ECG monitoring, including taking of 12-lead ECG;

8. Cardiac defibrillation, synchronized cardioversion and transthoracic cardiac pacing;

9. Use of telemetry and proper radio procedures in the field, as defined by the Federal Communications Commission and good professional practice;

10. Intraosseous infusion and pleural chest decompression (needle thoracentesis); and

11. Any other procedure approved and promulgated by the Commissioner, provided that such procedure is published within six months of the approval date as part of these rules.

(b) In addition to the procedures in (a) above, a program's medical director may elect to have the following procedures performed on that program's MICUs, subject to approval by the Department:

1. The insertion of esophageal airways, laryngeal mask airways or other commercial airways of similar design and function;

2. Access of established central venous catheters; and

3. Access of AV fistulas or shunts.

Amended by R.1998 d.433, effective August 17, 1998.
See: 30 N.J.R. 1549(a), 30 N.J.R. 3089(a).

In (a), inserted a new 1, and recodified former 1 through 10 as 2 through 11; and in (b)1, added "laryngeal mask airways and other commercial airways of similar design and function" at the end.

8:41-7.3 Supervision of students, candidates and probationary personnel

(a) All students and candidates operating on a mobile intensive care vehicle licensed in accordance with this chapter may perform any of the skills permitted by this chapter, provided they are directly supervised by an approved preceptor in accordance with these rules (see N.J.A.C. 8:41-4.7). Student paramedics or MICN candidates shall not be utilized to meet the minimum staffing requirements specified in this chapter.

(b) Probationary prehospital advanced life support providers may perform any of the skills permitted by this chapter, provided they are under the direct supervision of a prehospital advanced life support provider authorized by this chapter.

8:41-7.4 Paramedics in the emergency department

(a) Currently certified paramedics who are operating on a licensed MICU vehicle may perform any of the approved skills authorized by N.J.A.C. 8:41-7, in the emergency department of any licensed hospital provided that:

1. The paramedic is performing under the direct order of a physician;
2. The paramedic records the treatment on the patient's chart and signs the chart in compliance with institutional policy; and
3. The skills provided do not exceed what is allowable for a paramedic to perform, in accordance with the provisions of this chapter.

(b) No hospital shall utilize a paramedic to perform duties routinely assigned to any other health care professionals, nor shall any hospital utilize any prehospital advanced life support provider in any manner regardless of capacity if such utilization would delay that provider's response to a dispatch.

(c) Notwithstanding any portion of these rules, a paramedic shall not be considered to meet any staffing requirement for in-hospital purposes as required by N.J.A.C. 8:43G.

8:41-7.5 Pronouncement of death

(a) All pronouncements of death shall be made in accordance with rules promulgated by the State Board of Medical Examiners and with the physician's medical judgment.

(b) No paramedic shall act as an independent agent for the purpose of making pronouncements of death.

(c) All patients who are presented to the mobile intensive care unit and who appear dead shall be monitored for electrocardiac activity and given an examination, and then the advanced life support provider shall contact the base physician and relay all findings. These findings shall include a telemetered electrocardiogram sent when requested by the base station physician unless the condition of the patient precludes the application of ECG leads.

(d) No standing orders for the pronouncement of death shall be authorized. In the event of radio failure, no pronouncement shall be made.

(e) No mobile intensive care unit shall be taken out of service or be deemed unavailable for response to an emergency call for the purpose of performing a pronouncement of death.

8:41-7.6 Patient triaged to basic life support

(a) Patients with whom the prehospital advanced life support providers make physical or verbal contact shall be evaluated by the prehospital advanced life support staff to determine the nature of their illness and/or injury. This exam shall be detailed enough to provide:

1. At least one complete set of vital signs;
2. Documentation of chief complaint, past history and medications;
3. A clinical picture of the patient's status; and
4. Information enough to provide a brief narrative on the patient.

(b) For every patient who presents to the mobile intensive care unit staff, there shall be a medical record completed. This chart shall contain the same information that an advanced life support completed call would contain, including any basic life support treatment rendered by the unit or other responders.

(c) In the event the physician should order the patient released to BLS, the staff shall indicate that the physician had released the patient on the patient's medical record, and the physician shall affix his or her signature to that medical record.

(d) The program medical director shall review at least 10 percent of the calls triaged to BLS to ensure compliance with this chapter and to achieve quality assurance goals.

8:41-7.7 Blood alcohol levels for legal purposes

(a) No prehospital advanced life support provider operating on a licensed MICU shall draw a patient's blood for the purpose of determining blood alcohol levels to be solely used for legal purposes. No blood drawn by the MICU shall be provided to any law enforcement agency, except under the order of a court of competent jurisdiction.

(b) No prehospital ALS provider shall perform phlebotomy for the purpose of collecting a blood specimen to determine the alcohol content solely for legal purposes in the emergency department, nor shall any prehospital ALS provider draw any blood sample to be utilized for law enforcement purposes.

SUBCHAPTER 8. ADMINISTRATION OF MEDICATIONS**8:41-8.1 Medication and therapeutic agents**

(a) The following medications and therapeutic agents are approved for use by prehospital advanced life support providers. Each operating mobile intensive care unit shall carry the following medications and therapeutic agents in sufficient quantities to allow for the administration of therapeutic doses of the medication or agent:

Adenosine

Atropine Sulfate

Calcium Chloride
 Dextrose, 50 percent
 Dextrose, 5 percent in water
 Diazepam
 Diphenhydramine Hydrochloride
 Dopamine Hydrochloride
 Epinephrine 1:1000 solution
 Epinephrine 1:10000 solution
 Furosemide
 Lidocaine Hydrochloride
 Magnesium Sulfate
 Morphine Sulfate
 Naloxone Hydrochloride
 Nitroglycerin (excluding intravenous administration)
 Normal saline
 Oxygen
 Ringer's lactate
 Thiamine

(b) The following medications and therapeutic agents are approved for use by prehospital advanced life support providers. Each operating mobile intensive care unit shall carry the following medications as described in each category:

Category I: Bretylium tosylate and/or Procainamide Hydrochloride.

Category II: Dextrose, 10 percent in water and/or Dextrose, 25 percent in water.

Category III: at least one of the following:

Albuterol solution for inhalation
 Isoetharine solution for inhalation
 Metaproterenol solution for inhalation

(c) The following medications and therapeutic agents are approved for use by prehospital advanced life support providers. Each mobile intensive care program's medical director may choose to have the MICUs operating in the program carry any of the following medications. The mobile intensive care program shall initially notify OEMS as to which medications will be carried by the program's MICUs,

and also prior to changing medications carried by the program.

Activated charcoal
 Aminophylline
 Acetylsalicylic acid
 Bumetanide
 Dexamethasone sodium phosphate
 Dextrose, 5 percent in water and normal saline 0.45 percent
 Diltiazem hydrochloride
 Dobutamine hydrochloride
 Flumazenil
 Glucagon
 Haloperidol
 Heparin sodium
 Ipecac syrup
 Isoproterenol hydrochloride
 Lorazepam
 Metoprolol tartrate
 Methylprednisolone sodium succinate
 Midazolam hydrochloride
 Nalbuphine hydrochloride
 Nifedipine
 Norepinephrine bitartrate
 Pralidoxine chloride
 Sodium bicarbonate
 Terbutaline sulfate
 Verapamil hydrochloride

(d) An approved program's medical director may request permission to carry a drug(s) in addition to those specified in (a), (b) and (c) above. Such request shall be directed to the Office of Emergency Medical Services, PO Box 360, Trenton, New Jersey 08625-0360, and shall include: the specific drug(s) to be added, the public health considerations supporting the addition of the drug(s), the specific period of time the additional drug(s) is to be carried, not to

exceed six months, and any other supporting information the approved program's medical director believes shall be useful to the Department in making its determination. Any permission granted by the Department under this subsection shall include specific conditions determined by the Department to be necessary in the interest of safety. The Department shall respond to any request under this subsection within 60 days after the receipt of the request. Should the public health considerations cited in the application which resulted in the initial approval extend beyond the six months approved under this subsection and if rulemaking has not been finalized, the program's medical director may apply for an additional six month period, and approval of the extension shall not be unreasonably denied.

Amended by R.1990 d.473, effective September 17, 1990.

See: 22 N.J.R. 1980(a), 22 N.J.R. 3013(a).

Added acetylsalicylic acid, albuterol, magnesium sulfate, nifedipine; deleted nalbuphine HCL.

Amended by R.1991 d.12, effective January 7, 1991.

See: 22 N.J.R. 3104(a), 23 N.J.R. 61(b).

Adenosine added to (a).

Amended by R.1992 d.113, effective March 16, 1992.

See: 23 N.J.R. 3734(a), 24 N.J.R. 938(a).

Any form nitroglycerine allowed; any concentration dextrose in water also allowed.

Repeal and New Rule, R.1995 d.392, effective July 17, 1995.

See: 27 N.J.R. 808(a), 27 N.J.R. 2744(a).

Formerly "Approved drug list for mobile intensive care units".

Amended by R.1998 d.433, effective August 17, 1998.

See: 30 N.J.R. 1549(a), 30 N.J.R. 3089(a).

In (a), deleted a reference to Nifedipine; in (c), inserted references to Midazolam hydrochloride, Nalbuphine hydrochloride, Nifedipine and Pralidoxine chloride; and added (d).

8:41-8.2 Applicability of laws and regulations

(a) Mobile intensive care programs and prehospital advanced life support providers shall be subject to all applicable laws, rules and regulations regarding the control and administration of medications, controlled dangerous substances, syringes, needles and medical waste.

(b) Policies and procedures regarding the storage, use, and disposition of hypodermic needles and syringes shall be in accordance with the New Jersey State Board of Pharmacy rules, N.J.A.C. 8:43G, N.J.A.C. 8:65 and the Controlled Dangerous Substances Act and amendments thereto.

8:41-8.3 Medication controls, inventory, and recordkeeping required

(a) Each designated mobile intensive care program shall devise a plan for maintaining inventory control over medications, including all substances in Schedule II and III of the Controlled Dangerous Substances Act and amendments thereto, and syringes used in the program. The following information shall be recorded:

1. Name of the patient receiving the medication;
2. Name of the prescribing physician;
3. Name and strength of the drug;

4. Date the mobile intensive care unit received the drug for each Schedule I through V (inclusive) drug received by the MICU program;

5. Date the drug was administered;

6. Dosage administered;

7. Method of administration;

8. Signature of the paramedic or mobile intensive care nurse administering the drug;

9. Amount of medication wasted, if any; and

10. The co-signature of the prehospital ALS provider witnessing the waste.

(b) A verifiable record system shall be maintained of the acquisition, storage, and disposal of hypodermic needles and syringes in accordance with the rules of the New Jersey Board of Pharmacy, N.J.A.C. 8:43G and institutional policy.

(c) Medical records on the administration of any therapeutic agent shall be maintained by the paramedic or mobile intensive care nurse on a written log, setting forth the date, time, drugs or therapeutic agents administered, directions for administering, quantity and strengths to be indicated where appropriate. All entries shall be typewritten or written in ink, legible, dated and signed by the paramedic or mobile intensive care nurse. All orders are to be countersigned and dated by the physician who directed the call in accordance with institutional policy, but no later than 30 days after providing medical command, as specified in N.J.A.C. 8:41-6.2.

(d) All medications, syringes and needles are to be kept in a locked storage box or compartment when not under the direct control of a prehospital advanced life support provider as defined by this chapter. All substances in Schedules I through V, inclusive, of the Controlled Dangerous Substances Act, and amendments thereto, shall be kept under a double lock system that requires two separate keys for access, except when under the direct control of a prehospital advanced life support provider responsible for their custody. Medications for external use are to be kept in a separate section from medications for internal use. Keys to the medications box or compartment shall be available only to authorized prehospital advanced life support providers or as allowed by law.

(e) Student paramedics and MICN candidates shall have access to any narcotic or drug listed in Schedule I through V, inclusive, only while in the presence of an authorized prehospital advanced life support provider. All student/candidate signatures shall be countersigned by an authorized prehospital advanced life support provider.