

SCOPE OF PRACTICE GUIDELINES
DEPARTMENT OF EMERGENCY MEDICINE
EMERGENCY MEDICAL SERVICES

LAST UPDATED 7 March 2014

RESIDENTS ROTATING IN EMERGENCY MEDICINE

Residents will have an assessment of their level of training and proficiency from the Residency Director on file with the DEM Education Coordinator.

2. Residents may assist in supervision and teaching of medical students, physician assistant students, EMT-B and EMT-P students, 68-series Soldiers, nursing students, Family Medicine interns, Oral & Maxillofacial Surgery residents, and Podiatry residents.
3. All patient care provided by EM residents will be performed under the direct supervision of an individually credentialed staff physician. It is the responsibility of the staff physician to countersign all charts with a note of concurrence or nonconcurrence, and (if applicable) sign the AHLTA encounter. It is the staff physician's responsibility to ensure residents maintain compliance with appropriate regulatory guidance.
4. EM residents may manage the following conditions:

- Altered levels of consciousness
- Eye trauma or illness
- Dermatologic problems with or without systemic involvement
- Acute respiratory illnesses including acute respiratory failure
- Acute cardiac emergencies including cardiac failure, myocardial infarction, and cardiac arrhythmias
- Acute abdominal disorders or injury
- Gastrointestinal illness
- Poisoning
- Caustic ingestions
- Chemical or nuclear exposure or injury
- Electrical injury
- Near drowning
- Obstetrical emergencies
- Gynecologic emergencies including gravid patients
- Management of the rape or sexual assault victim
- Acute psychiatric illness, including suicidal patients
- Alcohol and drug overdose and withdrawal syndromes
- Abscesses, thrombosed hemorrhoids, and infected ingrown nails
- Lacerations to include those involving more than one layer of closure
- Animal and human bites
- Musculoskeletal injury or trauma
- Suspected cervical spine injury
- Severe head and neck trauma

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Multiple trauma
Thermal injuries and/or inhalation injury
Burns, including critical burns
Gunshot wounds or stab wounds
Pneumothorax (with or without tension)
Acute compartment syndrome
Supervision of prehospital care
Routine administrative matters

5. EM residents may perform the following procedures:

Appropriate diagnostic testing
X-ray and EKG interpretation
Peripheral intravenous access
Central venous catheter placement
Arterial puncture
Arterial catheter placement
Cardioversion
Lumbar Puncture
Pericardiocentesis
Paracentesis
Thoracentesis
Arthrocentesis
Gastric Lavage
Peritoneal Lavage
Use of MAST device
Airway maintenance including emergency cricothyroidotomy, nasotracheal, and endotracheal intubation
Thoracostomy
Ventilator management
Reduction and splinting/casting of fractures or dislocations
Transvenous or transthoracic temporary cardiac pacemaker placement
Ultrasound to include:
 Focused abdominal sonography in trauma
 Limited transvaginal and transabdominal ultrasound in pregnancy
 Limited biliary ultrasound
 Limited aortic ultrasound
 Limited echocardiography
 Limited procedural (e.g. venous access) ultrasound
 Limited thoracic ultrasound
 Limited ocular ultrasound
Sedation and analgesia
Rapid sequence induction

Student

Date

SCOPE OF PRACTICE GUIDELINES



DEPARTMENT OF THE ARMY
WOMACK ARMY MEDICAL CENTER
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REPLY TO
ATTENTION OF:
MCXC-DPC-EM

7 March 2014

MEMORANDUM FOR RECORD

SUBJECT: SOP x-xx TRAINEE SCOPE OF PRACTICE IN DEM

1. Application: This SOP applies to all students participating in clinical rotations in the Emergency Department area of the Department of Emergency Medicine. Separate documentation addresses the Scope of Practice for students performing clinical rotations in the EMS section.
2. Additional guidance for 18-D Students is provided in MOAs between Womack and USA Special Warfare School.
3. Additional guidance for Fayetteville Technical Community College students participating in clinical rotations in DEM with on-site supervision is provided in MOAs between Womack and FTCC.
4. In all cases, the preceptor must be privileged by Womack to perform the skill or task prior to supervising a trainee. In all cases, the preceptor is responsible for assessing the skill and educational level of a trainee, and assuring that skills and procedures are performed in an appropriate manner.
5. This SOP serves as the basis for those sections of the MEDCEN Scope of Practice which address trainees in DEM.

PETER J. BUCKLEY
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