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Approval Process

Version	Date	Group/Committee	Approved (yes/no)	Notes
0.8	2016	Clinical Services Transformation	yes	
0.8	2016	Workforce Steering Group	yes	
0.8	2016	Workforce Operational Delivery Group	yes	
1.2	23/06/2017	Workforce Steering Group		

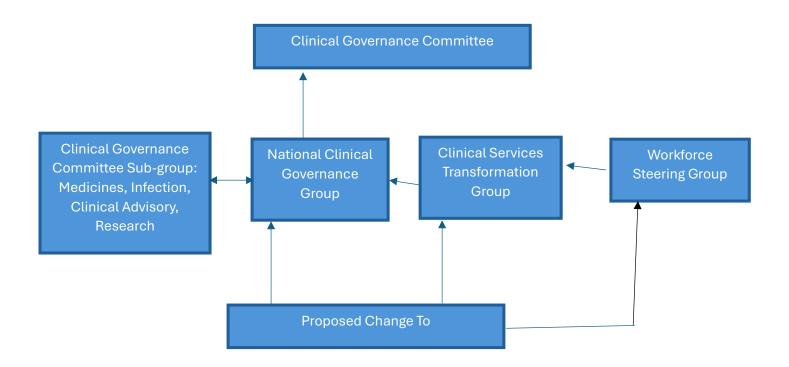
Version (Changes		
Version	Date	Changes	Name
1	08/05/2017	Draft status removed	
		Version Control sheet added, minor formatting	
1.1	08/05/2017	to Role Statement sheet	
1.2	22/06/2017	Approval Process tab added to document	
		Change approver from Workforce Steering to	
1.2	22/06/2017	National Clinical Governance Group	
		Change version number from 1.1 to 1.2 on SoP	
1.2	22/06/2017	Ambulance (no changes made to the SoP)	
		Change version number from 1.0 to 1.2 on SoP	
1.2	22/06/2017	Scotstar (no changes made to the SoP)	

The Scottish Ambulance Service Scope of Practice document has been developed to describe the clinical Scope of Practice of the various clinical roles within the service. These range from Community First Responder to Advanced Practitioner (including nursing roles).

The Scope of Practice document is a 'living' document that will be updated, by the Clinical Directorate, through the work of the: Workforce Operational Delivery Group and Clinical Services Transformation Group.

In early 2016 the service's 'Workforce Operational Delivery Group' identified the need to provide clarity in the definition of the clinical practice areas for frontline clinicians within the service. This was to support an understanding for both clinicians and managers of the differences in both well established and new clinical roles. It was agreed by the group to use a spreadsheet to provide a checklist format that would reduce ambiguity and be easy to use, avoiding the need for a lengthy written document. However, short written definitions are provided for each role.

A Clinical Governance Manager is responsible for maintaining the Scope of Practice Document. Updates will be considered and approved through the Clinical Governance Framework. Clinical changes directly in-line with projects aligned the 2020 Strategy will normally be progressed through the Clinical Services Transformation Group. Other clinical developments, e.g. updates to existing policy and practice, will progress through the National Clinical Governance Group and other appropriate sub-groups of the Clinical Governance Committee.



Your Scope of Practice

"Your scope of practice is the area or areas of your profession in which you have the knowledge, skills and experience to practise lawfully, safely and effectively, in a way that meets our standards and does not pose any danger to the public or to yourself. We recognise that a registrant's scope of practice will change over time and that the practice of experienced registrants often becomes more focused and specialised than that of newly registered colleagues. This might be because of specialisation in a certain area or with a particular client group, or a movement into

roles in management, education or research. Every time you renew your registration, you will be asked to sign a declaration that you continue to meet the standards of proficiency that apply to your scope of practice."

Health and Care Professions Council 2014, Standards of Proficiency, Paramedic. Page 4.

Ambulance Care Assistant

An Ambulance Care Assistant is a member of staff who has undertaken training in providing non emergency patient transport. They provide care to patients who need support to reach their healthcare appointment, or for their admission to and discharge from hospital, due to their medical/clinical needs. They work either single or double manned on a non emergency ambulance.

Student Technician VQ3

A student technician level 3 is a member of staff who is undertaking a Diploma in Emergency Care Support and can work under the supervision of a Qualified Ambulance Technician/Paramedic, to perform the skills required to support the clinician in the delivery of patient care. They respond to emergency and urgent calls as part of an accident and emergency crew, using skills and procedures that they have been trained and directed to do. They need to help move patients safely and observe patient vital signs - reporting any changes to the qualified clinician, and provide and take relevant information from carers or others at the scene. Student technician level 3 staff should be crewed with a qualified member of staff and not be planned as a single crew resource. Where this occurs due to unexpected illness every attempt should be made to establish the correct skills mix. Student technician level 3 staff are trained to respond to Immediately Life Threatening (ILT) calls as a first responder only if single crewed, and must be immediately backed up. Student technician level 3 staff should not be left unsupervised to provide clinical care for patients en-route to hospital.

Qualified Technician

Qualified Technicians deliver high quality pre-hospital care via the treatment and transportation of all types of patient. They deal with frontline accident and emergency duties, including responding to 999 calls and Doctors' urgent calls that occur when a doctor decides that the patient would be best treated in hospital. They can see, treat and refer patients under specific clinical pathways but can always access support when making clinical decisions, either from a senior colleague on scene or via a professional to professional conversation with a remote clinician.

NOTE: Student Technician VQ4 can undertake all the skills of a Qualified Technician but they have to be performed under the supervision of a qualified clinician.

Paramedic

Paramedics deliver high quality treatment and care to patients providing treatment and transportation of all types of patient. They deal with frontline accident and emergency duties, including responding to 999 calls and Doctors' urgent calls that occur when a doctor decides that the patient would be best treated in hospital. They can see, treat and refer patients using their clinical judgement but can access support when making clinical decisions, either from a

senior colleague or via a professional to professional conversation with a remote clinician. They provide members of the public with health advice as well as transportation to appropriate medical facilities, generally in working in emergency situations, using a range of paramedic skills.

Specialist Paramedic (Urgent and Emergency Care)

A Specialist Paramedic (Urgent and Emergency Care) is a Paramedic who has undertaken, or is working towards a Post-Graduate Certificate in a subject relevant to their practice. They will have acquired and continue to demonstrate an enhanced knowledge base, complex decision making skills, competence and judgement in their area of specialist practice. They will meet the Standards of Education for Specialist Paramedics that are set by the College of Paramedics in the Paramedic Postgraduate Curriculum Guidance. Specialist Paramedics provide assessment and treatment to patients in their home and can give care that may avoid admission of the patient to hospital. They may also work in other primary care environments such as GP surgeries, Out of Hours (OOH) services and Minor Injury Units (MIUs).

Advanced Paramedic (Urgent and Emergency Care)

An Advanced Paramedic (Urgent and Emergency Care) is an experienced paramedic who has undertaken, or is working towards a Master's Degree in a subject relevant to their practice. They will have acquired and continue to demonstrate an expert knowledge base, complex decision making skills, competence and judgement in their area of advanced practice. They will meet the Standards of Education for Advanced Paramedics that are set by the College of Paramedics in the Paramedic Postgraduate Curriculum Guidance.

NOTES

Staff should not deviate from their training, guidelines and scope of practice without taking professional clinical advice. All staff are expected to maintain their fitness to practice and undertake appropriate professional development to allow them to be fit for the role they are practicing in. This scope of practice should be used in conjunction with the services clinical guidelines, standard operating procedures and the Joint Royal College Ambulance Liaison Committee (JRCALC) clinical practice guidelines.

No.	Scottish Ambulance Service Scope of Practice for PTS/A&E Clinical Staff Version 1.2	First Responder	ACA	ACA (Low Acuity)	Student Technician VQ3	Qualified Technician	Paramedic	Specialist Paramedic (UEC)	Advanced Paramedic (UEC)	Air Ambulance Paramedic	Air Ambulance Critical	Specialist Practitioner	Advanced Practitioner
1	Responsibilities							•/	-				
A1.1	Work on PTS												
A1.2	Work on A&E duties on an ambulance												
A1.3	Work on A&E on a Paramedic Response Unit												
	Can act as a first responder to out of hospital cardiac arrests in												
A1.4	clearly defined circumstances												
A1.5	Can act as a first responder to ILT calls in clearly defined circumstances												
A1.6	Working in Minor Injury Units (MIUs) and Urgent Care Centres (UCC)												
A1.7	Working in GP practices												
A1.8	Working in Out of Hours (OOH) services												
A1.9	Working in an Accident and Emergency Department												
A1.1													
0 A1.1	Routine driving												
1	Blue light driving												
A1.1													
2	Working in critical care areas as ITU, anaesthetic departments												
A1.1 3	Work as part of critical care retrieval team on primary and secondary retrievals												
A1.1	Can act as lead clinician on primary and secondary retrievals												
2	Airway/Breathing/Circulation Skills												
A2.1	Head tilt, chin lift												
A2.2	Jaw thrust												
A2.3	Pocket mask												
A2.4	BVM												
A2.5	Recovery position												
A2.6	Oxygen therapy												
A2.7	OPA												
A2.8	NPA												
A2.9	Supraglottic Airway Device												
A2.1													
0	Intubation												
A2.1 1	Needle Thorococentesis												
A2.1 2	Needle cricothyroidotomy												
A2.1 3	Suction (manual and powered)												
A2.1 4	IV cannulation (including Jugular Vein Cannulation)												
A2.1 5	IO cannulation												
A2.1 6	Laryngoscopy utilising video laryngoscope												
A2.1 7	Arterial line insertion											D S	

A2.1		1	I	1	I	1	I	i i	1	1		
AZ.1 8	Administration of blood products											
A2.1											D	
9	Thoracostomy with or without intercostal chest drain insertion										S	
A2.2												
0	Assist with emergency thoracotomy					 						
A2.2 1	Emergency surgical airway procedure											
A2.2	Initiation and management of non-invasive ventilation (CPAP,										D	
2	BiPAP)										S	
A2.2											D	
3	Initiation and management of mechanical ventilation					 					S	
A2.2 4	Emergency anaesthesia preparation and assistant role											
4 A2.2											D	
5	Transcutaneous cardiac pacing										S	
A2.2											D	
6	Chest x-ray interpretation										S	
A2.2	I above to religation interpretation										D	
7 A2.2	Laboratory investigation interpretation										S D	
9	Arterial blood gas interpretation										S	
A2.3											D	
0	Insertion of NG/ OG tubes										S	
3	Patient Assessment											
A3.1	Take a respiratory rate											
A3.2	Take a pulse											
A3.3	SpO2 monitoring											
A3.4	ETCO2 monitoring											
A3.5	Undertake a 3 lead ECG											
A3.6	Recognise 5 rhythms on an ECG											
A3.7	Interpret a 3 lead ECG											
A3.8	Undertake a 12 lead ECG											
A3.9	Interpret a 12 lead ECG (STEMI recognition)											
A3.1												
0	Interpret a 12 lead ECG (STEMI recognition and BBB)											
A3.1	Sand a 12 load ECC to DDCI control using Talematry											
1 A3.1	Send a 12 lead ECG to PPCI centre using Telemetry											
2	Peak flow											
A3.1												
3	Take a BP											
A3.1	Take a blood dugage lays!											
4 A3.1	Take a blood glucose level											
AS.1 5	Take a temperature											
A3.1	Perform a chest examination (inspection, palpation, auscultation,	1										
6	percussion)											
A3.1												
7 A3.1	Assess pupil reactions											
A3.1 8	Assess AVPU											
A3.1												
9	Assess GCS											
A3.2												
0	Assess FAST											
A3.2 1	Take a SAMPLE history											
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		i i	1	I	1	I				
A3.2	Assess minor injuries									
A3.2										
3	Assess minor illness									
A3.2										
4	Undertake a secondary survey									
A3.2 5	Assossment of the pandiatric patient (DAT)									
A3.2	Assessment of the paediatric patient (PAT)									
6	Assessment of the adult patient									
A3.2	· · · · · · · · · · · · · · · · · · ·									
7	Assessment of the elderly patient	_								
A3.2										
8 A3.2	Calculate a NEWS	+							 _	
9	Assess capillary refill									
A3.3										
0	Undertake a DRABC assessment									
A3.3	Understeller eiter te tee									
1 A3.3	Undertake a top-to-toe survey									
A3.3	Undertake an A-E assessment (medical patient)									
A3.3										
3	Undertake a PHTLS assessment (trauma patient)									
A3.3										
4	Neurological assessment								 	
A3.3 5	Assessment of hand, wrist, forearm and elbow injuries									
A3.3										
6	Assessment of foot and ankle injuries									
A3.3										
7	Assessment of eye injuries	_							 	
A3.3 8	Assessment of minor wounds including head and scalp wounds and pre-tibial lacerations									
A3.3		_								
9	X ray requesting and interpretation									
A3.4										
0	Recognising the deteriorating patient	_							 	
A3.4	Advanced accessment of the hadv systems									
1 A3.4	Advanced assessment of the body systems	-							_	
2	Use the medical model of clinical assessment									
A3.4									D	
3	Assessment and management of the critical care patient								 S	
4	Trauma Management									
A4.1	Apply direct pressure to control bleeding									
A4.2	Apply indirect pressure to control bleeding									
A4.3	Apply a dressing									
A4.4	Apply a CAT and haemostatic dressing				*					
A4.5	Assessing a burn (rule of 9s)									
A4.6	Managing a burn									
A4.7	Apply a sling									
A4.8	Apply a collar									
A4.9	Remove a crash helmet									
A4.1										
0	Log roll a patient	_								
A4.1 1	Immobilise a patient using a scoop stretcher									
<u>+</u>			1	I				1		

A4.1		I	I	I				1		
A4.1 2	Immobilise a patient using an extrication board									
A4.1										
3	Apply a KED									
A4.1										
4 A4.1	Assessing a limb injury									
5	Extremity splinting (box, vacuum)									
A4.1										
6	Extremity splinting (traction)									
A4.1										
7 A4.1	Pelvic splinting									
8	Using a vacuum mattress									
A4.1										
9	Assessing a suspected neck injury									
A4.2										
0 A4.2	Assessment of PSM x 4									
A4.2	Wound closure using glue/steri strips									
A4.2										
2	Wound closure using sutures and stapling									
A4.2										
3 A4.2	Management of insect and animal bites (excluding human bites)									
4	Removal of a ring using a ring cutter									
A4.2	Assessment and referral of falls patients (with no major									
5	injury/loss of consciousness)									
5	Drug Administration									
A5.1	Assist a patient with the administration of their own medication									
A5.2	Safe management/storage of patients own medication									
A5.3	Administration of oxygen therapy as per patients own oxygen									
A5.4	Administration of oxygen therapy									
A5.5	Administer aspirin in the case of a suspected heart attack									
A5.6	Administer oral drugs									
A5.7	Administer nebulised drugs									
A5.8	Administer IM drugs by auto-injector									
A5.9	Administer IM drugs									
A5.1										
0 A5.1	Administer IV/IO drugs									
AJ.1 1	Administer PR drugs									
A5.1										
2	Fluid administration									
A5.1	Description of the state of the									
3 A5.1	Drawing up medication - excluding morphine									
4	Drawing up medication - including morphine									
A5.1										
5	Set up a giving set and fluids									
A5.1										
6 A5.1	Administer a range of Paramedic drugs under PGD									
A5.1 7	Administer/supply a range of drugs for minor illness under PGD									
A5.1										
8	Administer /supply a range of drugs for minor injury under PGD									
A5.1	Responsible for Controlled Drugs (CDs) management and									
9	administration									

0. Prescribe a range of drugs for minor illness/injury Image: Constraint of the second of the s	A5.2	I	I	1	1	I	I	1	I	1	1		· 1
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A7.7Administration of Misoprostol** <th< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></th<>													
A7.8Performing bimanual compression**<													
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A7.9Management of the critically ill obstetric patientImage: Constraint of the critically ill obst	A7.8	Performing bimanual compression	<u> </u>			*	*						
8 Skills Image: Skills Imag	A7 9	Management of the critically ill obstetric patient											
A8.1IM injectionsImage: Sector of the													
A8.2Undertake a PR examinationImage: ConsentImage: ConsentA8.3ConsentImage: ConsentImage: ConsentImage: Consent	_												
A8.3 Consent													
		Transport a patient to an A&E department under the direction of											
A8.4 a clinician	A8.4	a clinician											
A8.5 Make a decision to transport a patient to an A&E department	A8.5												
Transport a patient to an alternative facility (such as MIU) under	40.0												
A8.6 the direction of a clinician Make a decision to transport a patient to an alternative facility	A8.6		-										
A8.7 (such as MIU)	A8.7												
A8.8 Treat and refer (using specific See & Treat guidelines)													
		Treat and refer (using professional judgement and decision											
	A8.9	making)	1	1									.

		1		l	I					
A8.1 0	Professional to professional referral									
A8.1										
1	Referral into a pathway (such as PPCI or acute stroke pathway)									
A8.1										
2	Safety netting and giving advice									
A8.1	Discharging patients with professional to professional advice and									
3	follow up									
A8.1 4	Discharging patients without professional to professional advice									
4 A8.1	Refer patients using current primary care referral									
5	processes/routes									
A8.1	· · ·									
6	Referral for admission to social care									
A8.1										
7 A8.1	Referral for admission to secondary care									
A8.1 8	Authorise delayed conveyance									
A8.1										
9	Needle chest decompression									
A8.2										
0	Completion of ePRF (including medication usage)									
A8.2	Assist in completion of cDDE									
1 A8.2	Assist in completion of ePRF									
2	Audit of patient report forms									
A8.2										
3	Completing medical documentation									
A8.2	Apply the principles of good infection prevention and control									
4	during clinical care delivery								_	
A8.2 5	Urinary catheterisation								D S	
A8.2			 						 5	
6	Packaging of the critical care patient for transport									
A8.2										
7	Equipment preparation for invasive blood pressure monitoring									
A8.2	Equipment preparation for central line procedure (insertion and									
9 A8.3	monitoring)									
A0.5	Equipment preparation for chest drain procedure									
A8.3										
1	Equipment preparation for emergency thoracotomy									
A8.3									D	
2	Arterial blood gas sampling								S	
A8.3 3	Near patient testing such as USS and i-Stat									
A8.3	Oesophageal temperature probe insertion and invasive	-							D	
4	temperature monitoring								S	
A8.3		İ								
5	Utilise fluid warming device		_							
9	Minor Illness Management									
A9.1	Upper respiratory tract presentations									
A9.2	Ear, nose and throat presentations									
A9.3	Dermatological presentations									
A9.4	GI presentations									
A9.5	Urinary presentations (including retention and catheterisation)									
A9.6	Gynaecological presentations									
A9.7	Ophthalmic presentations									
A9.8	Management of fever									
	<u> </u>	i								

A9.9	MSK presentations (including back pain)							
A9.1								
0 A9.1	Management of renal and biliary colic	 						
1	Neurological presentations (Headache)							
10	Pain Management							
A10.								
1 A10.	Use of Entonox (under supervision)							
A10. 2	Use of Entonox							
A10.								
3	Use of oral pain relief (paracetamol and ibuprofen)							
A10. 4	Use of morphine							
A10.								
5	Use of pain relief for chronic/breakthrough pain	 						
A10. 6	Ongoing management of chronic pain							
A10.		 						
7	Local anaesthesia and ring block (for fingers and toes)							
A10. 8	Supply of pain relief under PGD for ongoing pain management							
8 A10.	Supply of pain relief under PGD for ongoing pain management							
9	Prescription of pain relief medication for ongoing management							
11	Supervision							
A11.	Act as the patients advocate and raise concerns with appropriate							
1 A11.	person							
2	Can supervise a Student Technician VQ3							
A11.								
3 A11.	Can supervise a Technician							
4	Supervision of a Paramedic							
A11.								
5	Supervision of a Specialist Paramedic							
A11. 6	Duty of candour							
A11.		 						
7	Displays clinical leadership			*				
A11. 8	Supervision of a Retrieval Practitioner							
A11.								
9	Supervision of designated observers							
12	Manual Handling							
A12. 1	Undertake patient handling using manual handling aids available on a PTS vehicle							
A12.								
2	Wheelchair clamping							
A12. 3	Undertake patient handling using manual handling aids available on an A&E vehicle							
A12.								
4	Patient positioning for comfort and treatment							
A12.								
5 A12.	Use bariatric manual handling equipment Risk assess and plan for the movement of a bariatric patient in							_
6	scheduled care situations							
A12.	Risk assess and plan for the movement of a bariatric patient in							
7 A12.	emergency care situations Assist to transfer a patient from a stretcher to a hospital trolley							
A12. 8	or bed							

A12.		1		l	1			l	1				
9	Transfer a patient from stretcher to aircraft stretcher/ lift devices												
13	Capacity, Consent, Mental III Health and Patient Centeredness												
A13.													
1	Can gain consent for undertaking procedures												
A13.	Can assess mental capacity (under supervision)												
A13.													
3	Can assess mental capacity												
A13.													
4	Can assess and manage a range of mental ill health conditions												
A13. 5	Can recognise abuse and knows the appropriate mechanisms for reporting concerns												
A13.	Be able to implement person-centred thinking to deliver												
6	personalised services												
A13.	Understands the importance of diversity, equality, inclusion and												
7	avoiding discrimination												
14	Major Incidents												
A14.	Training as grow first on scane												
1 A14.	Training as crew first on scene Manage multi casulty incidents in accordance with agreed												
2	national policy												
A14.	Have an overview of major incident plans at local and national												
3	level												
A14.	Understand the role of the National Risk and Resilience												
4 A14.	Department												
5	Be able to maintain accurate incident logs and records												
A14.													
6	Bronze Commander training												
A14.	Transporting patients at a major incident (under the supervision												
7 A14.	of a clinician)												
8	Transporting patients at a major incident												
A14.	Support A&E services with the transport of patients at a major												
9	incident												
A14.													
10 A14.	Act as a clinician in a casualty clearing station at a major incident												
A14. 11	Multi-agency major incident training												
A14.													
12	Contribute to debriefings												
A14.	Perform appropriate functions during a major incident as tasked												
12	or required												
A14. 13	Undertake tactical and medical team roles as required at major incidents												
15	Specialist non-clinical roles												
	Delivery of multi disciplinary teaching including remote & rural												
	clinical support												
	Clinical audit and research												
	Lead on creating and managing clinical governance systems												
	Independent service development projects including business												
	cases and procurement								<u> </u>				
	Contribute to the organisation of the annual UK retrieval conference												
	Identify major trauma and task most appropriate specialist												
	resource (Trauma desk within ACC)												
		-	-	-	-	_	-		-	-	_	_	-

	Scottish Ambulance Service Scope of Practice for ScotSTAR Neonatal/Paediatric Clinical Staff Version 1.2	Neonatal Nurse (Band 6)	Paediatric Nurse (Band 6)	Neonatal Nurse (Band 7)	Paediatric Nurse (Band 7)	Adavnced Neonatal Nurse Practitioner	Adavnced Nurse Practitioner
No.							_
1	Responsibilities						
N1.1	Work on Neonatal Transport/retrieval						
N1.2	Work on Paediatric Retrieval						
N1.3	Practice at all times within the NMC code of conduct						
N1.4	Have practical knowledge of all policies, guidelines and SOP's related to area of work						
N1.4							
1NT.2	Assist medical /clinical lead with the stabilisation of the patient prior to transport Plan, implement and evaluate the needs of the patient during the transport						
N1.6	episode						
N1.7	Ensure safe working practices are maintained for patients and staff						
N1.8	Maintain accurate and contemperous notes throughout the transport episode						
N1.9	Ensure the episodes are recorded on the national data base						
N1.1	Maintain records of all daily checks on equipment including calibrations and						
0	quality control of near patient testing equipment						
2	Airway/Breathing/Circulation Skills						
N2.1	Head tilt, chin lift, or neutral position						
N2.2	Jaw thrust						
N2.3	neopuff. T-piece						
N2.4	BVM						
N2.5	Developmental positioning of age group / condition						
N2.6	Oxygen therapy						
N2.7	OPA						
N2.8	NPA						
N2.9	Supraglottic Airway Device						
N2.1							
0	Intubation						
N2.1	Needle Thorococentesis						
1 N2.1							
2	Suction (manual and powered)						
N2.1	Central line cannulation (including Jugular Vein Cannulation, femoral, umbilical						
3	and IV long lines)						
N2.1							
4	IO cannulation						
N2.1							
5	Peripheral Cannulation						
3	Patient Assessment						
N3.1	Take a respiratory rate						
N3.2	Take a pulse / heart rate						
N3.3	SpO2						

N3.4	Undertake a 3 lead ECG			
N3.5	Recognise 5 rhythms on an ECG			
N3.6	Take a BP non invasive			
N3.7	Take a BP invasive			
N3.8	Take a blood glucose level		 	
N3.9	Take a temperature peripheral /central		 	
N3.1				
0	Perform a chest examination (inspection, palpation, auscultation, percussion)			
N3.1				
1	Conduct a full examination			
N3.1				
2	Assess pupil reactions			
N3.1				
3	Assess AVPU			
N3.1				
4 N3.1	Assess GCS			
5	Take a clinical history			
N3.1				
6	Undertake a secondary survey			
N3.1				
7	Assess capillary refill			
N3.1				
8	Neurological assessment			
N3.1				
9 N2 2	X ray requesting and interpretation			
N3.2 0	Recognising the deteriorating patient			
N3.2				
1	Advanced assessment of the body systems			
N3.2	, ,			
2	Use the medical model of clinical assessment			
N3.2				
3	Undertake CBG sampling		 	
N3.2				
4	Undertake ABG sampling			
N3.2 5	Interpret ABG/CBG and take appropriate action			
N3.2				
6	Assess skin Integrity			
N3.2				
7	perform and interpret cranial ultrasound			
N3.2				
8	interpret other blood investigations and take appropriate action			
4	Managing Grief and Bereavement			
N4.1	facilitate sensitive discussion between parents and senior medical staff			
N4.2	care of the critically ill or dying patient			
N4.3	know about procedures and protocols regarding death in transit			
N4.4	recognise the need for staff debrief following difficult and challenging situations			
5	Drug Administration			
N5.1	Administration of oxygen therapy			
N5.2	Administer oral drugs			
N5.3	Administer nebulised drugs			
N5.4	Administer IM drugs by auto-injector			

Arbonister IV/IO drugs Image: Section of the sectin of the section of the section of the sectio	N5.5	Administer IM drugs			
NS.7 Administer ET drugs (surfactant) Image: Surfactant) Image: Surfactantant) Image:					
NS.8Administer ET drugs (surfactant)IIIIINS.9Fluid administrationIII <tdi< td="">II</tdi<>					
NS.1 Image: Controlled drugs Image:		· · · · · · · · · · · · · · · · · · ·			
NS.1 Drawing up medication - including controlled drugs Image: Controlled Drugs (CDS) management and administration Image: Controlled Drugs (CDS) management and administr					
ODrawing up medication - including controlled drugsIII					
NS.1 Set up a giving set, infusion pump and fluids Image: Set up a giving set, infusion pump and fluids Image: Set up a giving set, infusion pump and fluids NS.1 Responsible for Controlled Drugs (CDs) management and administration Image: Set up and use of drugs appropriate to diagnosis Image: Set up and use of factors Image: Set up and us		Drawing up medication - including controlled drugs			
1 Set up a giving set, infusion pump and fluids Image: Set up and up and fluids Image: Set		brawing up medication - medican's controlled drugs			
NS.1 Prescribe a range of drugs appropriate to diagnosis Image: Controlled Drugs (CDs) management and administration NS.1 Prescribe a range of drugs appropriate to diagnosis Image: Controlled Drugs (CDs) management and administration NS.1 Prescribe and administer blood products Image: Controlled Drugs (CDs) management Image: Controlled Drugs (CDs) management and administration Image: Controled Drugs (CDs) management and administration Image:		Set up a giving set, infusion pump and fluids			
NS.1 Prescribe a range of drugs appropriate to diagnosis Image: Constraint of the second of the					
3 Prescribe a range of drugs appropriate to diagnosis Image: Section of Contracts	2	Responsible for Controlled Drugs (CDs) management and administration			
NS.1 administer blood products Image: Constant of the second of the	N5.1				l
4 prescribe and administer blood products Image: Comparison of the section of th	3	Prescribe a range of drugs appropriate to diagnosis			
N5.1 administer blood products Image: Comparison of the support Image: Comparison of the support </td <td>N5.1</td> <td></td> <td></td> <td></td> <td></td>	N5.1				
5 administer blood products I<		prescribe and administer blood products			
6 Cardiac Arrest Management Imagement Imageme					
N6.1 Perform basic life support Image: Section 1 and the support (intubation) Image: Section 2 and the section 2 and					
No.2Perform intermediate life supportImage: Sector of the support (intubation)Image: Sector of the supp					
N6.3 Perform advanced life support (intubation) I <td< td=""><td></td><td></td><td></td><td></td><td> </td></td<>					
N6.4Assist the clinician in performing ALS/NLS/SNRCIII		••			
N6.5 Manual defibrillation (under the supervision of a clinician) I <t< td=""><td></td><td></td><td></td><td></td><td></td></t<>					
N6.6 Manual defibrillation Image: Sector Secto	N6.4				
N6.7 Perform resuscitation when indicated Image: Constraint of the second of the	N6.5	Manual defibrillation (under the supervision of a clinician)			
EquipmentImage: constraint of the set of	N6.6	Manual defibrillation			
N7.1 Set up and use of Incubators (road and air) Image: Comparison of Comparison	N6.7	Perform resuscitation when indicated			
N7.2 set up and use of paediatric trolley Image: Constraint of the set up and use of Paediatric trolley Image: Constraint of the set up and use of Paediatric trolley Image: Constraint of the set up and use of Paediatric trolley Image: Constraint of the set up and use of Paediatric trolley Image: Constraint of the set up and use of Paediatric trolley Image: Constraint of the set up and use of Paediatric trolley Image: Constraint of the set up and use of Paediatric trolley Image: Constraint of the set up and use of Paediatric trolley Image: Constraint of the set up and use of Oxylog Ventilator Image: Constraint of the set up and use of Oxylog Ventilator Image: Constraint of the set up and use of Oxylog Ventilator Image: Constraint of the set up and use of Oxylog Ventilator Image: Constraint of the set up and use of Oxylog Ventilator Image: Constraint of the set up and use of Oxylog Ventilator Image: Constraint of the set up and use of Inovent nitric system and gas cylinder Image: Constraint of the set up and use of printernox Image: Constraint of the set up and use of printernox Image: Constraint of the set up and use of printernox Image: Constraint of the set up and use of propaq Monitor Image: Constraint of the set up and use of suction machine Image: Constraint of the set up and use of Vac mattress Image: Constraint of the set up and use of Vac mattress Image: Constraint of the set up and use of Vac mattress Image: Constraint of the set up and use of babypod Image: Constraint of the set up and use of babypod Image: Constraint of the set up and use of Vac mattress Imag	7	Equipment			
N7.3 set up and use of Tecotherm I <	N7.1	Set up and use of Incubators (road and air)			
N7.4 Set up and use of Braun Pumps Image: Constraint of Constratint of Constraint of Constraint of Constraint	N7.2	set up and use of paediatric trolley			
N7.5set up and use of Fabian VentilatorImage: Constraint of Constr	N7.3	set up and use of Tecotherm			
N7.6 set up and use of Babylog Ventilator Image: Constraint of Cons	N7.4	Set up and use of Braun Pumps			
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N7.1	N7.1				
	7	set up and use of babypod			
8 Calculate gas requirements for a transfer					
	8	Calculate gas requirements for a transfer			

8	Skills			
N8.1	IM injections			
N8.2	Consent (verbal)			
N8.3	Make a decision to transport a patient to an A&E department			
N8.4	Transport a patient to an A&E department under the direction of a clinician			
	Make a decision to transport a patient to an alternative facility (such as a cardiac			
N8.5	centre)			
N8.6	Treat and refer (using professional judgement and decision making)			
N8.7	Safety netting and giving advice			
N8.8	Audit / review of patient report forms			
N8.9	Completing transport documentation			
N8.1	Apply the principles of good infection prevention and control during clinical care			
0	delivery			
	Illness Management			
N9.1	Respiratory tract presentations			
N9.2	monitor respiratory function and interpret trends			
N9.3	recognised abnormal respiratory function			
N9.4	administer nitric oxide therapy			
N9.5	monitor cardiovascular function and interpret trends			
N9.6	recognise abnormal cardiovascular function			
N9.7	manage cardiovascular compromise			
N9.8	care for a patient receiving prostin			
N9.9	care for a patient receiving inotropic support			
N9.1				
0	awareness of the physiological changes that can occur during transport			
N9.1	awareness of fluid balance and identify problems in association with clinical			
1	condition and environment			
N9.1				
2	assess enternal nutritional needs of patient			
N9.1	awareness of the changes that maybe needed for transport			
3 N9.1	awareness of the changes that maybe needed for transport		 	
4	know causes/investigations/treatment required for hyperbilirubinaemia			
N9.1				
5	identify situations and use of blood products			
N9.1				
6	procedures for transfer of patients requiring blood products in transport			
N9.1				
7	nursing strategies to maintain appropriate body temperature			
N9.1				
8	monitor body temperature and use of toe/core monitoring		 	
N9.2	anticipate temperature deviations and take appropriate action			
0 N9.2	anticipate temperature deviations and take appropriate action			
1 1	Ear nose and throat presentations			
N9.2	awareness and ability to nurse a patient with airway difficulties including			
2	positioning of patient airway adjuncts			
N9.2				
3	Dermatological presentations			
N9.2				
4	awareness of damage to skin integrity/iatrogenic injury			
N9.2				
5	Use strategies to minimise risk of infection			

N9.2				
6	Recognise GI presentations provide appropriate care			
N9.2				
7	Cardiac presentations			
N9.2				
8	Ophthalmic presentations			
N9.2				
9	Management of sepsis			
N9.3				
0	Management of renal/urinary tract presentations			
N9.3				
1	Neurological presentations			
10	Pain Management		 	
N10.	Use of evel as in valies (nerve starse) and its use for success)			
1 N10.	Use of oral pain relief (paracetamol and ibuprofen, sucrose)		 	
2	Use of controlled drugs			
N10.				
3	Ongoing management of chronic pain			
N10.				
4	Local anaesthesia			
N10.				
5	Prescription of pain relief medication for ongoing management			
11	Supervision			
N11.				
1	Act as the patients advocate and raise concerns with appropriate person			
N11.				
2	Can mentor a new member of staff / observer/student			
N11.				
3	Duty of candour		 	
N11.				
4	Displays clinical leadership			
12 N112	Manual Handling			
N12. 1	Undertake patient handling using manual handling aids available			
л N12.	onder take patient handling using manual handling alus available			
2	Patient positioning for comfort and treatment			
1N2.				
3	Transfer a patient from a stretcher to a hospital trolley or bed			
N12.				
4	Transfer a patient from incubator to hospital incubator/cot			
N12.				
5	Load and unload transport trolley/incubator from dedicated ambulance			
N12.				
6	Load and unload transport trolley /incubator from front line ambulance			
N12.				
7	Load and unload transport trolley/incubator from fixed wing aircraft			
N12.				
8	Load and unload transport trolley/incubator from rotary wing aircraft			
13	Capacity, Consent and Patient Centeredness			
N13.	Can gain concent for undertaking procedures where indicated			
1 N12	Can gain consent for undertaking procedures where indicated Can recognise abuse and knows the appropriate mechanisms for reporting			
N13. 2	concerns			
۷	concerns			

SCOPE of PRACTICE – SORT

1. Hazardous Area Response Team (HART)

Provides medical care to patients in hazardous or 'hot' environments. They utilise special vehicles and equipment. HARTs originated from a 2004 report on the feasibility of paramedics working in the inner cordon or 'hot zone' of major incidents. They are activated to situations such as explosions, building collapses and chemical incidents.

2. Chemical, Biological, Radiological and Nuclear (CBRN)

Protective measures must be taken in situations in which any of these four hazards are present. To account for improvised devices, the term CBRNe ('e' for explosives) is used. CBRN defence consists of CBRN passive protection, contamination avoidance and CBRN mitigation. HARTs have been developed to provide specialist responses to these threats.