November 11, 2026

Re: Scope of Practice Changes - 2026

On the recommendation of the South Carolina EMS Advisory Council, Trauma Advisory Council, and State Medical Control Committee the Department has approved updates to the current scope of practice, including changes to both skills and formulary. This memorandum serves as authorization for Local Medical Control Physicians (MCPs) to incorporate these changes into their agency protocols, at their discretion, upon publication. The Department will release updated Clinical Operating Guidelines (COGs) reflecting these revisions in the coming months.

The approved changes are as follows:

- DuoNebs (Albuterol + Ipratropium Bromide) approved for all levels
  - Ipratropium Bromide (Nebulized) approved for AEMT Expanded Scope
- Rectal administration of Acetaminophen approved for all levels
- Ondansetron (Zofran) (ODT Only) approved for EMT
  - ODT/IM/IO/IV 4mg approved for AEMT Expanded Scope
- Cefepime or Ceftriaxone approved for AEMT Expanded Scope (IV Only / Adult)
- Epinephrine 1:10,000 (0.1 mg/mL) approved for AEMT Expanded Scope (IV Only)
  - First Dose Only for Cardiac Arrest
- Methylprednisolone (Solumedrol) approved for AEMT Expanded Scope
  - 125 mg slow IVP only
- Ketorolac (Toradol) approved for AEMT Expanded Scope (IM Only / Adult)
- Oral Sucrose 24% for Pediatric Pain Management approved for Critical Care Paramedics
- Dermabond approved for Paramedics
  - Local MCP required to provide follow-up wound care management instructions
- Nitroglycerine Paste 2% approved for EMT and AEMT
  - Only for patients with CHF and Pulmonary Edema with online MCP
- TXA initial dosage from 1gram to 1-2 gram IV Bolus
- Finger Thoracostomy approved for endorsed Critical Care and Tactical Paramedics
  - Traumatic Arrests Only

The Expanded Scope of Practice for Advanced EMT's was approved with the requirement of Advanced Cardiac Life Support (ACLS) certification and approved 8-hour mandatory training (posted separately), 100% QA/QI required for all calls using expanded scope, and special patient considerations for some of the approved medications as directed in the COG's.

The following medications have been added to the formulary and are currently approved only for endorsed Critical Care Paramedics working with endorsed Critical Care agencies. Dosage and route of administration are to be determined by the Local Medical Control Physician (MCP):

- Cisatracurium (Nimbex)
- Dexmedetomidine Hydrochloride (Precedex)
- Enoxprin (Lovenox)
- Esmolol (Brevibloc)
- Heliox
- Hydromorphone Hydrochloride (Dilaudid)
- Hypertonic Saline 3%
- Metoclopramide (Reglan)
- Milrinone (Primacor)
- Nitric Oxide (Inhaled)
- Octreotide (Sandostatin)
- Osmitrol (Mannitol)
- Phenylephrin
- Potassium Chloride
- Propofol (Diprovan)
- Vitamin K

The updated Skills and Formulary List has been published to reflect these changes. If there are any questions, please reach out to me directly at jonesjd@dph.sc.gov or 803-545-4240.

Respectfully,

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