



# EMTP to Paramedic

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## Transition Course for NREMT Paramedics

*EMS Education Standards update for Paramedic level. This is not a requirement for Michigan Paramedic licensure, but is for those wishing to renew their NREMT Paramedic certification in the 2015 and 2016 renewal cycle.*

State Of Michigan  
Department of Community Health  
Bureau of Legal Affairs  
EMS and Trauma Systems Division  
EMS Section  
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5/16/2013

# ***Paramedic Transition Course for National Registry Paramedics***

Upon completion of this 15 hour transition course, the NR Paramedic will receive a certificate of completion with the following information:

- NREMT-Paramedic's name
- transition course completion date
- the following statement: "[*your name*] has completed a State approved EMT-Paramedic to Paramedic transition course"
- the name of the sponsoring agency and course approval number
- signature of the individual responsible for the training

Michigan licensed Paramedics, who are not Nationally Registered, may attend this course and receive 15 continuing education credits. Students must attend all 15 hours.

To provide this Paramedic transition course, the IC must submit BHPPA-EMS 202, course schedule, copy of course evaluation, and a copy of course completion certificate that will be distributed for this course. The BHPPA-EMS 202 must be submitted at least 30 days prior to course start date. This may be emailed to [MDCHEMSCONTINUINGED@michigan.gov](mailto:MDCHEMSCONTINUINGED@michigan.gov)

If you would like to increase the hours of this course, you may do so, but must submit additional lesson plans.

Any questions may be directed to:

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## Preparatory

1.5 hours

### *EMS Systems*

- 1: Detailed discussion on patient safety issues  
Emphasis on the difference between BSI and PPE  
Discuss bariatric issues, neonatal isolettes and medical restraint
- 2: Strategies to decrease medical errors
- 3: Research: evidence based decisions  
***Interpreting research is gone from curriculum***
- 4: Workforce Safety and Wellness  
CISM no longer mentioned. More focus on stress management issues.
- 5: Documentation  
HIPAA is now in the curriculum and must be reviewed
- 6: Communications  
EMS System communication review  
Increased depth of cultural competence issues.  
Principles of communicating with patients in a manner that achieves a positive relationship  
Interviewing techniques

### *Medical/Legal/Ethics*

- HIPAA discussions*
- Advanced directives*
- Consents and refusals of care*
- End of life issues*
- Ethical Principles/moral obligations*
- Ethical tests and decision making*

### *Anatomy/Physiology*

- More comprehensive pathophysiology than provided in 1998 NSC.*
- Deeper knowledge of cardiovascular, respiratory and neurological systems.*
- Life Span Developments*

### *Public Health*

- Public Health Issues- emergencies, health promotion, illness and injury prevention*

## Pharmacology

1.5 hours

### *Principles of Pharmacology*

*Evaluate program to see how much upgrade they need to reach a comprehensive and complex understanding.*

*Medication safety, legislation, naming, classifications, schedules, pharmacokinetics, storage and security, autonomic pharmacology, metabolism and excretion, mechanism of action, phases of medication activity, medication response relationships, medication interactions, toxicity*

### *Medication Administration*

*Routes of administrations*

*Scope of practice*

### *Emergency Medications*

*Includes list of medications (NSC did not have a list)*

*This list is a minimum list that all paramedics should know. Programs must add those state approved medications that may not be in the IG*

## **Airway**

**1.5 hours**

### Anatomy and Physiology

- Clarify the difference between oxygenation, ventilation and respiration
- Research shows that EMS can make a difference in the importance of artificial ventilation

### Airway Management

- Greater emphasis on ventilation and respirations and the importance of artificial ventilation
- Scope of practice; airway anatomy, airway assessment, techniques of assuring a patent airway
- Age related airways

### Respiration

- Physiology of respiration, pathophysiology of respiration
- Age related variations in Pediatric and Geriatric patients

### Artificial Ventilation

- Comprehensive ventilation assessments

## **Patient Assessment**

**1 hour**

### Scene Size Up

- Re-emphasis on the need for scene safety for all who are present

### Primary Assessment

- New terminology that mimics other health care professionals

### History Taking

- New terminology that mimics other health care professionals
- Ingratiating therapeutic communication techniques

### Secondary Assessment

- New terminology that mimics other health care professionals, more thorough than previous Education Standards

### Monitoring Devices

- Capnography, chemistry analysis, ABG interpretation, 12 Lead interpretations

### Reassessment

- New terminology that more closely mimics other health care professionals, more thorough than previous Education Standards

## **Medical**

**6 hours**

### Medical Overview

- New assessment terminology with emphasis on pathophysiology
- Updated destination decisions for some medical conditions
- Forming a field impression

### Neurology

- Demyelinating
- More detailed information on stroke assessment and management

### Abdominal and Gastrointestinal

- New section on mesenteric ischemia, rectal foreign body obstructions, and rectal abscess
- Specific injuries/illness: causes, assessment findings and management for each condition

### Immunology

- Terminology: Anaphylactoid is added
- Transplant related problems and collagen vascular disease added

## Infectious Diseases

Updated infectious disease information

Methicillin-resistant *Staphylococcus aureus*, hepatitis, and AIDS update

Discussion on cleaning and sterilizing equipment and decontaminating the ambulance

Transport decisions including special infection control procedures

## Endocrine Disorders

Long term effects of diabetes and how the disease impacts other medical conditions.

Pathophysiology, causes, incidence, morbidity, mortality, assessment findings, management for endocrine conditions

## Psychiatric

New material on excited delirium; other psychiatric conditions are re-categorized with an increase in depth and breadth

Acute psychosis, agitated delirium, other specific psychiatric disorders

## Cardiovascular

Increased emphasis on A&P, pathophysiology, ACS, 12 lead interpretation, and updated information on heart failure

## Toxicology

New section on over-the-counter medication toxicology

Medication overdose-introduction, pathophysiology, incidence, toxic agents, risk factors, complications

## Respiratory

More in-depth evaluation of caring for a patient with respiratory problems

## Hematology

Reorganized with added section on blood transfusion reactions

Hematological conditions

Blood transfusion complications

## Genitourinary/Renal

More detailed discussion of this organ system

Urinary catheter management (***not insertion***)

## Gynecology

Brief discussion of sexually transmitted diseases and pelvic inflammatory disease

## Non-traumatic Musculoskeletal Disorders

Added section on disorders of the spine, joint abnormalities, muscle abnormalities, and overuse syndromes

## Diseases of the Eyes, Ears, Nose and Throat

New section emphasizing major eye, ear, nose and throat disease

Consider age-related variations in Pediatric and Geriatric patients

Patient education and prevention

## ***Shock and Resuscitation***

Specific topics throughout medical and trauma categories

Reorganized for emphasis, more pathophysiology added

## Trauma

2 Hours

### Trauma Overview

***Michigan will be implementing new trauma criteria in the near future. Updates will be added to the curriculum.***

Programs should evaluate their current trauma program to see how much upgrade they will need to reach comprehensive and complex understanding

Discussion on the CDC Field Triage Decision Scheme: The National Trauma Triage Protocol and trauma scoring

### Bleeding

More detailed discussion

Pathophysiology, assessment consideration in shock, shock management strategies and consideration

### Chest Trauma

More detailed information

Programs should evaluate their current trauma program to see how much upgrade is needed to reach a comprehensive and complex understanding

### Abdominal and Genitourinary Trauma

More detailed discussion

Programs should evaluate current program to see how much upgrade they need to reach a comprehensive and complex understanding

### Orthopedic Trauma

More detailed discussion

Programs should evaluate current program to see how much upgrade they need to reach a comprehensive and complex understanding

### Soft Tissue Trauma

Programs should evaluate current program to see how much upgrade they need to reach a comprehensive and complex understanding

### Head, Facial, Neck and Spine Trauma

More detail about neck, eye, oral and brain injuries

Emphasizes the harm of over ventilation in most situations

### Nervous System Trauma

More detail on brain anatomy, emphasizes the harm of hyperventilation

References the Brain Trauma Foundation

Increased emphasis on neurological assessment

### Special Considerations of Trauma

Pediatric Trauma updates

Geriatric Trauma updates

Cognitively impaired patients

### Environmental Trauma

All material is current as in EMS Education standards

### Multi-System Trauma

New material referring to critical thinking skills

Includes discussion on kinematics and blast injuries

## **Special Patient Populations**

**.5 hours**

### Obstetrics

Section added on hyperemesis gravidarum

### Neonatal Care

This section is more detailed than in the previous version

### Pediatrics

Much more detailed than in previous version of EMS Education Standards

Pediatric related illness

### Geriatrics

Added section on Herpes Zoster

Specific conditions that occur more frequently in the elderly

### Patients With Special Challenges

Section added on bariatric patients

Technology dependent patients

## **EMS Operations**

**1 hour**

### Principles of Safely Operating a Ground Ambulance

All material is at same level as previous EMS Education standard

Risks and responsibilities of Emergency Response

Safety issues during transport

### Incident Management

Establish and work within the IMS

Entry-level students need to be certified in ICS-100: Introduction to ICS, or equivalent

Entry-level students need to be certified in FEMA IS-700; NIMS, An Introduction

### Multiple Casualty Incidents

Refer to EMT level guidelines

Triage

Transport decisions

### Air medical

Medical risks/need/advantages

### Vehicle Extrication

Safe vehicle extrication

### Hazardous Materials Awareness

Risks and responsibilities of operating in a Cold Zone at a Hazardous material or other special incident

Hazardous Waste Operations and Emergency Response (HAZWOPER) standard, 29 CFR

1910.120 (1)(6)(i)-First Responder Awareness Level

### Mass Casualty Incidents Due to Terrorism and Disaster

Risks and responsibilities of operating on the scene of a natural or man-made disaster

***The following skills are no longer being taught:***

***Pressure points and elevation for bleeding control***

***Umbilical Vein Access***

***Urinary Catheterization***

***The following restraint technique has been determined to be harmful and is no longer permitted:***

***Forceful restraint in a prone position, with wrists and ankles tightly tied together (hobbled) behind the back.***

***The following skills are new to the Paramedic curriculum:***

***BiPAP/CPAP, waveform capnography, monitoring and management of a chest tube, assist in the insertion of a chest tube, performing a percutaneous cricothyrotomy, accessing indwelling catheters and implanted central IV ports, central line monitoring, initiation of intraosseous infusion in all patients (previously used on children only), intranasal medication administration, eye irrigation with the Morgan lens, initiation and monitoring of thrombolytic medication, blood chemistry analysis (includes psychomotor skills involved with collection of blood for analysis [point of care testing] and the cognitive material necessary to understand implications of results.***