

POSITION PAPER

NATIONAL FLIGHT PARAMEDICS ASSOCIATION

THE ROLE OF THE CERTIFIED FLIGHT PARAMEDIC (CFP) AS A CRITICAL CARE PROVIDER AND THE REQUIRED EDUCATION

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During the mid 1990s the concept of the critical care paramedic erupted into the forefront of pre-hospital transport medicine. Advances in emergency care trickled into community hospitals and precipitated an increase in the population of unstable and complicated patients requiring transfer to tertiary care centers. The managed care environment of the late '90s further prompted medical centers to begin to specialize in specific areas of care rather than attempting to offer services to every type of patient population. Furthermore, managed care organizations began to develop networks of medical institutions capable of providing procedures on a pre-negotiated fee schedule to minimize expenses. These factors spurred an increase in the number of patients requiring critical care transport and thus an increase in the need for competent critical-care-trained transport providers. Born of this need was the critical care paramedic. The critical care paramedic receives training

above and beyond that of the "street" paramedic. This training prepares the paramedic to appropriately assess and manage the patient who has already received significant medical interventions, including the use of advanced pharmacological agents and the insertion of hemodynamic monitoring and assist devices. Historically, this has been an area of practice for physicians, nurses, and respiratory therapists. Through appropriate initial and continuing education and through the use of aggressive quality management, the ability of the paramedic to function as a critical care provider is undeniable and in fact is already occurring in many regions of the United States.

While the concept of the critical care paramedic is fairly new, the ability of the paramedic to function in this advanced capacity is not. The majority of air medical transport programs have utilized flight paramedics in a critical care provider capacity since the early beginnings of air medical transport. Due to the complex conditions of the patients transported by air medical programs, it became quickly necessary to expand the role of flight paramedics above that of their ground counterparts. Additional responsibilities such as surgical airway interventions, the use of anesthetic agents to facilitate intubation, and the use of portable ventilators became necessary in

order to optimize the care of critically ill and injured patients during air transport. A host of other skills followed as flight paramedics proved their abilities to grasp and maintain competency in skills previously afforded physicians only. These skills were commonly to include pericardiocentesis, chest tube thoracostomy, escharotomy, and insertion of central venous access devices. With advances in medical care, so followed the need to maintain care of increasingly complex patients. This required achieving an intensive care unit-like setting during transport. Invasive hemodynamic monitoring, administration of blood products, initiation and titration of potent vasoactive and sedative medications, and analysis of a variety of laboratory data through portable devices became an integral part of air medical transport programs. Today, it is not uncommon to find flight paramedics trained in monitoring and managing patient populations from the adult cardiac patient with an intra-aortic balloon pump or ventricular assist device to the preterm infant undergoing extracorporeal membrane oxygenation. Today's air medical program offers not just rapid patient transport, but also rapid response of highly trained emergency practitioners with the ability to extend hospital-level care into the prehospital environment.

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