

Nassau Regional Emergency Medical Services



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| Critical Care & Paramedic | Medication List | Appendix C |
| <i>Does not include Haz-Mat Protocol medications</i> | | Revised: 6/8/16 |
| | | Effective: 6/8/16 |

| | Medication | Route | Comments | ADULT | PEDI |
|------------|---|----------------------|-------------------------------|---------------------|---------------------|
| | Adenosine (Adenocard) | IV, IO | | R | P10 |
| | Albuterol (Proventil) | NEB | | H, I, J, L | P6, P7 |
| | Amiodarone (Cordarone) | IV, IO | | N, Q, R | P5 |
| | Aspirin - TABs | PO | <i>Chewed</i> | M | |
| | Atropine + (autoinjector) | IV, IO, Auto Inj. IM | | S, X | |
| | Calcium Chloride 10% | IV, IO | | H, N, O, Q, S, X | |
| | Dexamethasone (Decadron) | IV, IO, IM | | I, J, L | P4 |
| | Dextrose 50% (D50) (D10) | IV, IO | | O, T, U, V, X | P5, P8, P9 |
| C// | Diazepam (Valium) | IV, IO, IM, (PR) | | B, F, U, W, X, Y | P9 |
| | Diltiazem (Cardizem) | IV | | R | |
| | Diphenhydramine (Benadryl) | IV, IO, IM | | L | P7 |
| | Dopamine - IV DRIP | IV, IO | | D, K, L, M, P, S, X | |
| | Epinephrine 1:1000 | IM, (ET) (NEB) | | I, L | P1, P5, P6, P7 (P4) |
| | Epinephrine 1:10,000 | IV, IO, | | N, O | P1, P5, P11 |
| | Epinephrine autoinjector | IM - Autoinjector | | L | P7 |
| | Epinephrine - IV DRIP | IV, IO | | L, S | |
| | Etomidate (Amidate) | IV, IO | | B, F | |
| C// | Fentanyl | IV, IM, IN | | C, E, F, M | |
| | Furosemide (Lasix) | IV, IO | | K | |
| | Glucagon | IM, IV, IO, IN | | O, T, U, V, X | P8, P9 |
| | Haloperidol (Haldol) | IM | | W | |
| | Hydrocortisone sodium Succinate (Solu-Cortef) | IV, IO | | D | P10 |
| // | Hydroxocobalamin (Cyanokit) | IV | <i>Dedicated line</i> | X | |
| | Ipratropium (Atrovent) | NEB | | I, J | P6 |
| | Ketorolac (Toradol) | IV, IM | | E | |
| | Lidocaine | IV, IO | | | P6 |
| C// | Lorazepam (Ativan) | IV, IO, IM, IN | | B, C, F, U, W, X, Y | P9 |
| | Magnesium Sulfate | IV, IO | | I, J, N, Q, U, Y | P5 |
| | Methylprednisolone (Solu-Medrol) | IV, IO, IM | | I, J, L | P4, P6, P7 |
| C// | Midazolam (Versed) | IV, IO, IM, IN | | B, C, F, U, W, X, Y | P9 |
| C// | Morphine Sulfate | IV, IO, IM | | E, F, M | |
| | Naloxone (Narcan) | IV, IO, IN, IM, (ET) | | A, C, E, O, T, X | P2, P8 |
| | Nitroglycerin 0.4 mg | SL / SL(Spray) | | K, M | |
| | Norepinephrine - IV DRIP | IV, IO | <i>Large vein if possible</i> | D, K, L, M, P | |
| | Ondansetron (Zofran) | IV, IO, ODT | | E, F, G | |
| // | Pralidoxime (2PAM) autoinjector | IM - Autoinjector | | X | |
| | Racemic Epinephrine 2.25% | NEB | | | P4 |
| | Sodium Bicarbonate | IV, IO | | H, N, O, Q, S, X | P5 |
| | Sodium Thiosulfate | IM - Autoinjector | | X | |
| | Tetracaine Hcl | Eye drops | | X | |
| | Water-Jel | | | | |
| | Fluids | | Dose | | |
| | Sodium Chloride 0.9% | | 1000ml, 500ml, 250ml | | |
| | 5% Dextrose/Water | | 100 ml | | |

// = Optional **C** = Controlled

ALS ambulances should carry a minimum of 2 doses. Stock supply is an Agency Medical Director decision. Medications must be maintained in a locked and temperature controlled location