

Drug List

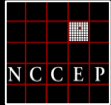


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Medication	Adult Dosing	Pediatric Dosing
<u>Acetaminophen</u> (Tylenol) NCCEP Protocol: * 8-Fever * 10-Pain Control-Adult * 11-Pain Control-Pediatric * 47-Pediatric Seizure <u>Indications/Contraindications:</u> <ul style="list-style-type: none">Indicated for pain and fever controlAvoid in patients with severe liver disease	<ul style="list-style-type: none">1000 mg po	<ul style="list-style-type: none">See Color Coded List15 mg/kg po
<u>Adenosine</u> (Adenocard) NCCEP Protocol: * 32-Supraventricular Tachycardia * 48-Pediatric Supraventricular Tachycardia <u>Indications/Contraindications:</u> <ul style="list-style-type: none">Specifically for treatment or diagnosis of Supraventricular Tachycardia	<ul style="list-style-type: none">6 mg IV push over 1-3 seconds. If no effect after 1-2 minutes,Repeat with 12 mg IV push over 1-3 seconds.Repeat once if necessary(use stopcock and 20 ml Normal Saline flush with each dose)	<ul style="list-style-type: none">0.1 mg/kg IV (Max 6 mg) push over 1-3 seconds. If no effect after 1-2 minutes,Repeat with 0.2 mg/kg IV (Max 12 mg) push over 1-3 seconds.Repeat once if necessary(use stopcock and Normal Saline flush with each dose)
<u>Albuterol</u> Beta-Agonist NCCEP Protocol: * 30-Respiratory Distress * 46-Pediatric Respiratory Distress * 52-Drowning <u>Indications/Contraindications:</u> <ul style="list-style-type: none">Beta-Agonist nebulized treatment for use in respiratory distress with bronchospasm	<ul style="list-style-type: none">2.5-5.0 mg (3cc) in nebulizer continuously x 3 doses, if no history of cardiac disease and Heart Rate ≤ 150.	<ul style="list-style-type: none">See Color Coded List2.5mg (3cc) in nebulizer continuously x 3 doses, if no history of cardiac disease and Heart Rate < 200.




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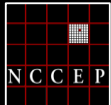


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<u>Amiodarone</u> (Cordarone) NCCEP Protocol: <ul style="list-style-type: none"> * 35-Ventricular Fibrillation * 36-Ventricular Tachycardia * 45-Pediatric Pulseless Arrest <u>Indications/Contraindications:</u> <ul style="list-style-type: none"> • Antiarrhythmic used in ventricular Fibrillation. • Avoid in patients with heart block or profound bradycardia. • Contraindicated in patients with iodine hypersensitivity 	<p><u>V-fib / pulseless V-tach</u></p> <ul style="list-style-type: none"> • 300 mg IV push • Repeat dose of 150 mg IV push for recurrent episodes <p><u>V-tach with a pulse</u></p> <ul style="list-style-type: none"> • 150 mg in 100cc D5W over 10 min 	<p><u>V-fib / pulseless V-tach</u></p> <ul style="list-style-type: none"> • 5 mg/kg IV push over 5 minutes for SVT • May repeat up to 15mg/kg IV <p><u>V-tach with a pulse</u></p> <ul style="list-style-type: none"> • 5 mg/kg IV push over 5 minutes • May repeat up to 15mg/kg IV • Avoid in Length Tape Color Pink
<u>Aspirin</u> NCCEP Protocol: <ul style="list-style-type: none"> * 21-Chest Pain and STEMI <u>Indications/Contraindications:</u> <ul style="list-style-type: none"> • An antiplatelet drug for use in cardiac chest pain 	<ul style="list-style-type: none"> • 81 mg chewable (baby) Aspirin Give 4 tablets to equal usual adult dose. 	
<u>Atropine</u> NCCEP Protocol: <ul style="list-style-type: none"> * 19-Bradycardia * 26-Overdose/Toxic Ingestion * 41-Pediatric Bradycardia * 58-WMD Nerve Agent <u>Indications/Contraindications:</u> <ul style="list-style-type: none"> • Anticholinergic drug used in bradycardias. • (For Endotracheal Tube use of this drug, double the dose) • In Organophosphate toxicity, large doses may be required (>10 mg) 	<p><u>Asystole</u></p> <p>For adults, atropine is not likely beneficial and no longer indicated with PEA or asystole, but may be given at the discretion of the cardiac arrest team leader to a maximum of 3mg</p> <p><u>Bradycardia</u></p> <ul style="list-style-type: none"> • 0.5 - 1.0 mg IV every 3 – 5 minutes up to 3 mg. (If endotracheal -- max 6 mg) <p><u>Organophosphate</u></p> <ul style="list-style-type: none"> • 1-2 mg IM or IV otherwise as per medical control 	<ul style="list-style-type: none"> • See Color Coded List <p><u>Asystole</u></p> <ul style="list-style-type: none"> • 0.02 mg/kg IV, IO (Max 0.5 mg per dose, Max total dose 1mg IV) • (Min 0.1 mg) per dose • May repeat in 3 - 5 minutes <p><u>Bradycardia</u></p> <ul style="list-style-type: none"> • As Asystole <p><u>Organophosphate</u></p> <ul style="list-style-type: none"> • 0.05 mg/kg IV or IO otherwise as per medical control



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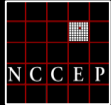


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<u>Atropine and Pralidoxime Auto-Injector Nerve Agent Kit</u> NCCEP Protocol: * 26 Overdose/Toxic Ingestion * 58-WMD Nerve Agent <u>Indications/Contraindications:</u> <ul style="list-style-type: none">• Antidote for Nerve Agents or Organophosphate Overdose	<ul style="list-style-type: none">• One auto-injector then per medical control	<ul style="list-style-type: none">• See Color Coded List• One pediatric auto-injector then as per medical control
<u>Calcium Chloride</u> NCCEP Protocol: * 19-Bradycardia * 29-Pulseless Electrical Activity * 41-Pediatric Bradycardia <u>Indications/Contraindications:</u> <ul style="list-style-type: none">• Indicated for severe hyperkalemia	<ul style="list-style-type: none">• One amp (10 ml) or 1 gm IV• Avoid use if pt is taking digoxin	<ul style="list-style-type: none">• See Color Coded List• 20 mg/kg IV or IO slowly
<u>Charcoal</u> NCCEP Protocol: * 26-Overdose/Toxic Ingestion <u>Indications/Contraindications:</u> <ul style="list-style-type: none">• Binds, or absorbs, various chemical agents and drugs from the GI tract• Combined with Sorbitol to promote GI motility	<ul style="list-style-type: none">• 50 gms po or NG Tube• Limit use to ingestions known to have occurred less than 1 hour prior to EMS arrival and only to ingestions of agents known to adsorb to charcoal	<ul style="list-style-type: none">• See Color Coded List• 1 gm/kg PO (Max 25 gms)• Limit use to ingestions known to have occurred less than 1 hour prior to EMS arrival and only to ingestions of agents known to adsorb to charcoal





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<u>Dextrose 10%</u> Glucose solutions NCCEP Protocol: <ul style="list-style-type: none">* 7-Behavioral* 13-Universal Patient Protocol* 17-Altered Mental Status* 37-Vomiting and Diarrhea* 39-Newly Born* 40-Obstetrical Emergencies* 41-Pediatric Bradycardia* 42-Pediatric Head Trauma* 43-Pediatric Hypotension* 45-Pediatric Pulseless Arrest* 47-Pediatric Seizure* 56-Hypothermia <u>Indications/Contraindications:</u> <ul style="list-style-type: none">• Use in unconscious or hypoglycemic states		<ul style="list-style-type: none">• See Color Coded List• 2-10 ml/kg IV or IO starting at low dose• Repeat based on blood glucose results
<u>Dextrose 50%</u> Glucose Solutions NCCEP Protocol: <ul style="list-style-type: none">* 7-Behavioral* 13-Universal Patient Protocol* 17-Altered Mental Status* 29-Pulseless Electrical Activity* 31-Seizure* 33-Suspected Stroke* 34-Syncope* 37-Vomiting and Diarrhea* 40-Obstetrical Emergencies* 54-Adult Head Trauma* 56-Hypothermia <u>Indications/Contraindications:</u> <ul style="list-style-type: none">• Use in unconscious or hypoglycemic states	<ul style="list-style-type: none">• One amp or 25 gm IV bolus• Repeat based on blood glucose results	



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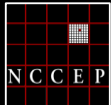


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<u>Diazepam</u> (Valium) Benzodiazepene NCCEP Protocol: <ul style="list-style-type: none">* 1-Airway Adult* 3-Airway Drug Assisted Intubation* 4-Airway Pediatric* 7-Behavioral* 28-Pulmonary Edema* 31-Seizure* 32-Supraventricular Tachycardia* 36-Ventricular Tachycardia* 40-Obstetrical Emergencies* 47-Pediatric Seizure* 48-Pediatric Supraventricular Tachycardia* 58-WMD Nerve Agent <u>Indications/Contraindications:</u> <ul style="list-style-type: none">• Seizure control• Mild Sedation	<ul style="list-style-type: none">• 5 mg IV initially then 2.5 mg IV every 3 - 5 minutes up to 10 mg max unless med control dictates• Do not administer IM. The drug is not absorbed.• 10 mg Rectally if unable to obtain an IV.	<ul style="list-style-type: none">• See Color Coded List• 0.1 - 0.3 mg/kg IV/IO• (Max dose 4 mg IV, IO)• 0.5 mg/kg rectally (Dia-Stat)• (Max dose 10 mg rectally)• Repeat as directed by medical control.
<u>Dilaudid</u> (Hydromorphone) Narcotic Analgesic NCCEP Protocol: <ul style="list-style-type: none">* 10-Pain Control Adult* 11-Pain Control Pediatric* 21-Chest Pain and STEMI* 28-Pulmonary Edema <u>Indications/Contraindications:</u> <ul style="list-style-type: none">• Narcotic pain relief• Antianxiety• Possible beneficial effect in pulmonary edema• Avoid use if BP < 110	<ul style="list-style-type: none">• 1-2 mg IM/IV/IO bolus then 1 mg IM/IV/IO every 20-30 minutes until a maximum of 5 mg or clinical improvement	<ul style="list-style-type: none">• See Color Coded List• 0.015 mg/kg IM/IV/IO single bolus only (Max 2 mg)• Minimum Age = 5 years or 20 kg)



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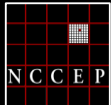


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<u>Diltiazem</u> (Cardizem) Calcium Channel Blocker NCCEP Protocol: ★ 32-Supraventricular Tachycardia Indications/Contraindications: <ul style="list-style-type: none">• Calcium channel blocker used to treat narrow complex SVT• Contraindicated in patients with heart block, ventricular tachycardia, and/or acute MI	<ul style="list-style-type: none">• 0.25 mg/kg IV over 2 minutes• May repeat at 0.35mg/kg IV over 2 minutes if necessary	
<u>Diphenhydramine</u> (Benadryl) NCCEP Protocol: ★ 16-Allergic Reaction Indications/Contraindications: <ul style="list-style-type: none">• Antihistamine for control of allergic reactions	<ul style="list-style-type: none">• 50 mg IV/IM/PO	<ul style="list-style-type: none">• See Color Coded List• 1 mg/kg IV/IO/IM• Do not give in infants < 3 mo• (Max dose 25 mg)
<u>Dopamine</u> NCCEP Protocol: ★ 19-Bradycardia ★ 25-Hypotension ★ 27-Post Resuscitation ★ 29-Pulseless Electrical Activity ★ 43-Pediatric Hypotension Indications/Contraindications: <ul style="list-style-type: none">• A vasopressor used in shock or hypotensive states	<ul style="list-style-type: none">• 2 - 20 micrograms/kg/min titrate to BP systolic of 90 mmHg	<ul style="list-style-type: none">• See Color Coded List• 2 - 20 micrograms/kg/min IV or IO, titrate to BP systolic appropriate for age




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<u>Epinephrine 1:1,000</u> NCCEP Protocol: * 16-Allergic Reaction * 30-Respiratory Distress * 46-Pediatric Respiratory Distress <u>Indications/Contraindications:</u> • Vasopressor used in allergic reactions or anaphylaxis	<ul style="list-style-type: none">• 0.3 mg IM (if age < 50 yrs)• 0.15 mg IM (if age > 50 yrs) Nebulized Epinephrine <ul style="list-style-type: none">• 2 mg (2 ml) mixed with 1 ml of Normal Saline	<ul style="list-style-type: none">• See Color Coded List• 0.01 mg/kg IM• (Max dose 0.3 mg) Nebulized Epinephrine <ul style="list-style-type: none">• 2 mg (2 ml) mixed with 1 ml of Normal Saline
<u>Epinephrine 1:10,000</u> NCCEP Protocol: * 16-Allergic Reaction * 18-Asystole * 29-Pulseless Electrical Activity * 30-Respiratory Distress * 35-Ventricular Fibrillation * 41-Pediatric Bradycardia * 45-Pediatric Pulseless Arrest * 46-Pediatric Respiratory Distress <u>Indications/Contraindications:</u> • Vasopressor used in cardiac arrest.	<ul style="list-style-type: none">• 1.0 mg IV• Repeat every 3 - 5 minutes until observe response• (May be given by Endotracheal tube in double the IV dose)	<ul style="list-style-type: none">• See Color Coded List• 0.01 mg/kg IV or IO• (Max dose 0.5 mg)• Repeat every 3 - 5 minutes until observe response• (May be given by Endotracheal tube in double the IV dose)
<u>Etomidate (Amidate)</u> NCCEP Protocol: * 3-Airway Drug Assisted Intubation <u>Indications/Contraindications:</u> • Sedative used in Drug Assisted Intubation	<ul style="list-style-type: none">• 0.3 mg/kg IV• Usual adult dose = 20 mg	



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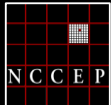


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<u>Famotidine</u> (Pepcid) Histamine-2 Blocker NCCEP Protocol: ★ 16-Allergic Reaction <u>Indications/Contraindications:</u> <ul style="list-style-type: none">Medication used to control stomach acid and to assist in severe allergic reactions	<ul style="list-style-type: none">20 mg IV20-40 mg PO	
<u>Fentanyl</u> (Sublimaze) Narcotic Analgesic NCCEP Protocol: ★ 10-Pain Control Adult ★ 11-Pain Control Pediatric ★ 21-Chest Pain and STEMI ★ 28-Pulmonary Edema <u>Indications/Contraindications:</u> <ul style="list-style-type: none">Narcotic pain reliefAntianxietyPossible beneficial effect in pulmonary edemaAvoid use if BP < 110	<ul style="list-style-type: none">50-75 mcg IM/IV/IO bolus then 25 mcg IM/IV/IO every 20-30 minutes until a maximum of 200 mcg or clinical improvement	<ul style="list-style-type: none">See Color Coded List1 mcg/kg IM/IV/IO single bolus only (Max 50 mcg)
<u>Furosemide</u> (Lasix) NCCEP Protocol: ★ 28-Pulmonary Edema <u>Indications/Contraindications:</u> <ul style="list-style-type: none">Diuretic for pulmonary edema or CHF but no proven benefit in prehospital care	<ul style="list-style-type: none">Requires Medical Control Order20 mg IV or dose to equal patient's normal single home PO dose (Maximum dose = 160 mg)	<ul style="list-style-type: none">Requires Medical Control Order1 mg/kg IV



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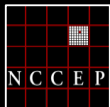


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<u>Glucagon</u> NCCEP Protocol: <ul style="list-style-type: none">* 7-Behavioral* 13-Universal Patient Protocol* 17-Altered Mental Status* 19-Bradycardia* 29-Pulseless Electrical Activity* 31-Seizure* 33-Suspected Stroke* 34-Syncope* 37-Vomiting and Diarrhea* 40-Obstetrical Emergencies* 41-Pediatric Bradycardia* 42-Pediatric Head Trauma* 43-Pediatric Hypotension* 47-Pediatric Seizure* 54-Adult Head Trauma* 56-Hypothermia <u>Indications/Contraindications:</u> <ul style="list-style-type: none">• Drug acting to release glucose into blood stream by glycogen breakdown• Use in patients with no IV access	<ul style="list-style-type: none">• 1 - 2 mg IM• Follow blood glucose in 15 minutes, if < 60 repeat.	<ul style="list-style-type: none">• See Color Coded List• 0.1 mg/kg IM• Follow blood glucose in 15 minutes, if < 60 repeat.• Age > 3 years
<u>Glucose Oral</u> <u>Glucose Solutions</u> NCCEP Protocol: <ul style="list-style-type: none">* 7-Behavioral* 13-Universal Patient Protocol* 17-Altered Mental Status <u>Indications/Contraindications:</u> <ul style="list-style-type: none">• Use in conscious hypoglycemic states	<ul style="list-style-type: none">• One tube or packet• Repeat based on blood glucose results	<ul style="list-style-type: none">• See Color Coded List• One Tube or packet• Repeat based on blood glucose result• Minimal Age = 3 years




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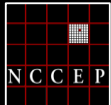


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<u>Haloperidol</u> (Haldol) Phenothiazine Preparation NCCEP Protocol: ★ 7-Behavioral <u>Indications/Contraindications:</u> <ul style="list-style-type: none">Medication to assist with sedation of agitated patients	<ul style="list-style-type: none">5-10 mg IV/IMMay repeat as per Medical Control	
<u>Ibuprofen</u> (Motrin) Non-steroidal Anti-inflammatory Drug NCCEP Protocol: ★ 8-Fever ★ 10-Pain Control Adult ★ 11-Pain Control Pediatric ★ 47-Pediatric Seizure <u>Indications/Contraindications:</u> <ul style="list-style-type: none">A nonsteroidal anti-inflammatory drug (NSAID) used for pain and fever control.Not to be used in patients with history of GI Bleeding (ulcers) or renal insufficiency.Not to be used in patients with allergies to aspirin or other NSAID drugsAvoid in patients currently taking anticoagulants, such as coumadin.	<ul style="list-style-type: none">400-800 mg po	<ul style="list-style-type: none">See Color Coded List10 mg/kg poDo not use in patients 6 months of age or younger




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<u>Ipratropium</u> (Atrovent) NCCEP Protocol: ★ 30-Respiratory Distress ★ 46-Pediatric Respiratory Distress <u>Indications/Contraindications:</u> <ul style="list-style-type: none">Medication used in addition to albuterol to assist in patients with asthma and COPD	<ul style="list-style-type: none">2 puffs per dose of MDI (18 mcg/spray) --- OR ---500 mcg per nebulizer treatment	<ul style="list-style-type: none">Use in Pediatrics as a combined Therapy with a Beta Agonist such as Albuterol2 puffs per dose of MDI (18 mcg/spray) --- OR ---500 mcg per nebulizer treatment
<u>Ketorolac</u> (Toradol) Non-steroidal Anti-inflammatory Drug NCCEP Protocol: ★ 10-Pain Control Adult <u>Indications/Contraindications:</u> <ul style="list-style-type: none">A nonsteroidal anti-inflammatory drug used for pain control.Not to be used in patients with history of GI bleeding (ulcers), renal insufficiency, or in patients who may need immediate surgical intervention (i.e. obvious fractures).Not to be used in patients with allergies to aspirin or other NSAID drugs such as motrinAvoid in patients currently taking anticoagulants such as coumadin	<ul style="list-style-type: none">30 mg IV or 60 mg IM	



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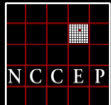


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<u>Levalbuterol</u> (Xopenex) Beta-Agonist NCCEP Protocol: * 30-Respiratory Distress * 46-Pediatric Respiratory Distress * 52-Drowning <u>Indications/Contraindications:</u> • Beta-Agonist nebulized treatment for use in respiratory distress with bronchospasm	<ul style="list-style-type: none">• 0.63-1.25 mg (3cc) in nebulizer continuously x 3 doses, if no history of cardiac disease and Heart Rate \leq 150.	<ul style="list-style-type: none">• See Color Coded List• 0.31-0.63 mg (3cc) in nebulizer continuously x 3 doses, if no history of cardiac disease and Heart Rate < 200.
<u>Lidocaine</u> NCCEP Protocol: * 3-Airway Drug Assisted Intubation * 35-Ventricular Fibrillation * 36-Ventricular Tachycardia * 45-Pediatric Pulseless Arrest * 54-Adult Head Trauma <u>Indications/Contraindications:</u> • Antiarrhythmic used for control of ventricular dysrhythmias • Anesthetic used during intubation to prevent elevated intracranial pressures during intubation	<ul style="list-style-type: none">• 1.5 mg/kg IV bolus (ETT dose = 2 x IV dose) up to 3mg/kg max bolus dose• Initial Dose 0.75 mg/kg in patients \geq 60 years of age.• Repeat 1/2 initial dose in 10 minutes.• No Drip Administration	<ul style="list-style-type: none">• See Color Coded List• 1 mg/kg IV, IO bolus up to 3mg/kg max bolus dose• Repeat 1/2 initial bolus in 10 minutes• No Drip Administration



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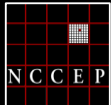


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<u>Lorazepam</u> (Ativan) Benzodiazepene NCCEP Protocol: * 1-Airway Adult * 3-Airway Drug Assisted Intubation * 4-Airway Pediatric * 7-Behavioral * 28-Pulmonary Edema * 31-Seizure * 32-Supraventricular Tachycardia * 36-Ventricular Tachycardia * 40-Obstetrical Emergencies * 47-Pediatric Seizure * 48-Pediatric Supraventricular Tachycardia * 58-WMD Nerve Agent <u>Indications/Contraindications:</u> • Benzodiazepine used to control seizures and sedation	<ul style="list-style-type: none">• 2-4 mg IV/IM• May repeat q 5-10 minutes if seizures not controlled	<ul style="list-style-type: none">• See Color Coded List• 0.05-0.1 mg/kg IV/IM (max 2 mg/dose)• May repeat q 5-10 minutes (Maximum of 3 doses) if seizures not controlled
<u>Magnesium Sulfate</u> NCCEP Protocol: * 40-Obstetrical Emergencies * T21-Pediatric Respiratory Distress <u>Indications/Contraindications:</u> • Elemental electrolyte used to treat eclampsia during the third trimester of pregnancy. • A smooth muscle relaxor used in refractory respiratory distress resistant to beta-agonists	<ul style="list-style-type: none">• 2 g slow IV push• dose may be repeated once	<ul style="list-style-type: none">• Per Medical Control Order• 40 mg/kg slow IV over 20 minutes (Max 2 gms)• dose may be repeated once




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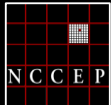


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Medication	Adult Dosing	Pediatric Dosing
<u>Methylprednisolone</u> (Solu-medrol) Steroid Preparation NCCEP Protocol: * 16-Allergic Reaction * 30-Respiratory Distress * T21-Pediatric Respiratory Distress <u>Indications/Contraindications:</u> • Steroid used in respiratory distress to reverse inflammatory and allergic reactions	<ul style="list-style-type: none">• 125 mg IV	<ul style="list-style-type: none">• See Color Coded List• 2 mg/kg IV (Max 125 mg)
<u>Metoclopramide</u> (Reglan) Anti-emetic NCCEP Protocol: * 15-Abdominal Pain * 21-Chest Pain and STEMI * 37-Vomiting and Diarrhea <u>Indications/Contraindications:</u> • Anti-Emetic used to control Nausea and/or Vomiting • Ondansetron (Zofrin) is the recommended Anti-emetic for EMS use since it is associated with significantly less side effects and sedation. • Contraindicated in patients with suspected GI obstruction, perforation, or bleeding.	<ul style="list-style-type: none">• 5-10 mg IM or IV• (If \geq 60 yrs. old dose 5 mg IV)	




Drug List

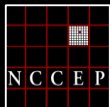


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<u>Metoprolol</u> (Lopressor) Beta-Blockers NCCEP Protocol: ★ 32-Supraventricular Tachycardia <u>Indications/Contraindications:</u> <ul style="list-style-type: none">Medication used for rate control in the setting of atrial fibrillation with rapid ventricular response and occasionally in the setting of acute myocardial ischemia.	<ul style="list-style-type: none">5 mg IV over 1 minute. Repeat in 5 minutes up to 15 mg	
<u>Midazolam</u> (Versed) Benzodiazepine NCCEP Protocol: ★ 1-Airway Adult ★ 3-Airway Drug Assisted Intubation ★ 4-Airway Pediatric ★ 7-Behavioral ★ 28-Pulmonary Edema ★ 31-Seizure ★ 32-Supraventricular Tachycardia ★ 36-Ventricular Tachycardia ★ 40-Obstetrical Emergencies ★ 47-Pediatric Seizure ★ 48-Pediatric Supraventricular Tachycardia ★ 58-WMD Nerve Agent <u>Indications/Contraindications:</u> <ul style="list-style-type: none">Benzodiazepine used to control seizures and sedationQuick acting BenzodiazepinePreferred over Valium for IM useUse with caution if BP < 110	<ul style="list-style-type: none">0.5-2 mg IV slowly over 2-3 minutes. May slowly titrate dose up to 5 mg total if needed. Usual total dose: 2.5-5 mgIM dosage: 5 mg	<ul style="list-style-type: none">See Color Coded List0.1-0.2 mg/kg IV or IO slowly over 2 – 3 minutes (Max 2 mg)



Drug List

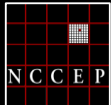


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Medication	Adult Dosing	Pediatric Dosing
<u>Morphine Sulfate</u> Narcotic Analgesic NCCEP Protocol: ★ 10-Pain Control Adult ★ 11-Pain Control Pediatric ★ 21-Chest Pain and STEMI ★ 28-Pulmonary Edema <u>Indications/Contraindications:</u> <ul style="list-style-type: none">• Narcotic pain relief• Antianxiety• Possible beneficial effect in pulmonary edema• Avoid use if BP < 110	<ul style="list-style-type: none">• 4 mg IM/IV/IO bolus then 2 mg IM/IV/IO every 5-10 minutes until a maximum of 10 mg or clinical improvement	<ul style="list-style-type: none">• See Color Coded List• 0.1 mg/kg IV or IO single bolus only (Max 5 mg)
<u>Naloxone</u> (Narcan) Narcotic Antagonist NCCEP Protocol: ★ 17-Altered Mental Status ★ 26-Overdose/Toxic Ingestion ★ 29-Pulseless Electrical Activity ★ 39-Newly Born ★ 41-Pediatric Bradycardia ★ 54-Adult Head Trauma ★ 56-Hypothermia <u>Indications/Contraindications:</u> <ul style="list-style-type: none">• Narcotic antagonist	<ul style="list-style-type: none">• 0.5 - 2 mg IV bolus titrated to patient's respiratory response• May be given IM if unable to establish IV in a known narcotic overdose	<ul style="list-style-type: none">• See Color Coded List• 0.1 mg/kg IV or IO (Max 2 mg)• May repeat in 5 minutes if no effect.



Drug List



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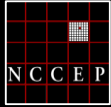
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Medication

Adult Dosing

Pediatric Dosing

<u>Normal Saline</u> <u>Crystalloid Solutions</u> NCCEP Protocol: <ul style="list-style-type: none">* 6-Back Pain* 8-Fever* 15-Abdominal Pain* 17-Altered Mental Status* 19-Bradycardia* 21-Chest Pain and STEMI* 22-Dental Problems* 23-Epistaxis* 25-Hypotension* 27-Post Resuscitation* 29-Pulseless Electrical Activity* 30-Respiratory Distress* 37-Vomiting and Diarrhea* 39-Newly Born* 40-Obstetrical Emergencies* 41-Pediatric Bradycardia* 43-Pediatric Hypotension* 44-Pediatric Multiple Trauma* 50-Burns-Thermal* 51-Burns-Chemical and Electrical* 55-Hyperthermia* 57-Multiple Trauma <u>Indications/Contraindications:</u> <ul style="list-style-type: none">• The IV fluid of choice for access or volume infusion	<ul style="list-style-type: none">• KVO for IV access• Bolus in 250-500 ml for cardiac• Bolus in 500 to 1000 ml amount for volume• Bolus in 1000 ml amount for burns or electrical injuries. See Burn Protocol or Reference Materials for IV rates.	<ul style="list-style-type: none">• See Color Coded List• KVO for IV or IO access• Bolus in 20ml/kg for volume (May be repeated x 3)• See Burn Protocol or Reference Materials for IV rates.
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Drug List

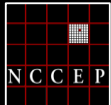


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<u>Nitroglycerin</u> NCCEP Protocol: <ul style="list-style-type: none"> * 21-Chest Pain and STEMI * 24-Hypertension * 28-Pulmonary Edema <u>Indications/Contraindications:</u> <ul style="list-style-type: none"> • Vasodilator used in anginal syndromes, CHF and Hypertension. 	<p><u>Chest Pain</u></p> <ul style="list-style-type: none"> • 1 spray/tablet SL every 5 minutes until painfree or 3 doses • If SBP < 100, contact medical control • 1" paste after pain free or 3 doses <p><u>Pulmonary Edema</u></p> <ul style="list-style-type: none"> • 1 spray/tablet SL every 1-2 minutes if BP >110 Systolic • Mean Arterial Blood Pressure should not be decreased more than 30% <p><u>Hypertension</u></p> <ul style="list-style-type: none"> • 1 spray/tablet SL every 1-2 minutes until BP <110 Diastolic • Mean Arterial Blood Pressure should not be decreased more than 30% 	
<u>Nitrous Oxide</u> NCCEP Protocol: <ul style="list-style-type: none"> * 10-Pain Control Adult * 11-Pain Control Pediatric <u>Indications/Contraindications:</u> <ul style="list-style-type: none"> • Medication used to assist with control of pain 	<ul style="list-style-type: none"> • Inhaled gas to effect per local protocol with 50/50 mix 	<ul style="list-style-type: none"> • Inhaled gas to effect per local protocol with 50/50 mix
<u>Ondansetron (Zofran)</u> Anti-emetic NCCEP Protocol: <ul style="list-style-type: none"> * 15-Abdominal Pain * 21-Chest Pain and STEMI * 37-Vomiting and Diarrhea <u>Indications/Contraindications:</u> <ul style="list-style-type: none"> • Anti-Emetic used to control Nausea and/or Vomiting • Ondansetron (Zofrin) is the recommended Anti-emetic for EMS use since it is associated with significantly less side effects and sedation. 	<ul style="list-style-type: none"> • 4 mg IM or IV 	<ul style="list-style-type: none"> • 0.15 mg/kg IV (Max 4 mg) • 0.2 mg/kg PO (Max 4 mg)



Drug List

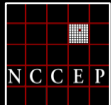


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<u>Oxygen</u> NCCEP Protocol: ★ 1-Airway Adult ★ 2-Airway Adult Failed ★ 3-Airway Drug Assisted Intubation ★ 13-Universal Patient Protocol ★ 27-Post Resuscitation ★ 39-Newly Born <u>Indications/Contraindications:</u> <ul style="list-style-type: none">• Useful in any condition with cardiac work load, respiratory distress, or illness or injury resulting in altered ventilation and/or perfusion.• Required for pre-oxygenation whenever possible prior to intubation.	<ul style="list-style-type: none">• 1-4 liters/min via nasal cannula• 6-15 liters/min via NRB mask• 15 liters via BVM	<ul style="list-style-type: none">• 1-4 liters/min via nasal cannula• 6-15 liters/min via NRB mask• 15 liters via BVM
<u>Oxymetazoline</u> (Afrin or Otrivin) Nasal Decongestant Spray NCCEP Protocol: ★ 23-Epistaxis <u>Indications/Contraindications:</u> <ul style="list-style-type: none">• Vasoconstrictor used with nasal intubation and epistaxis• Relative Contraindication is significant hypertension	<ul style="list-style-type: none">• 2 sprays in affected nostril	<ul style="list-style-type: none">• See Color Coded List• 1-2 sprays in affected nostril
<u>Pralidoxime</u> (2-PAM) NCCEP Protocol: ★ 26-Overdose/Toxic Ingestion ★ 58-WMD Nerve Agent <u>Indications/Contraindications:</u> <ul style="list-style-type: none">• Antidote for Nerve Agents or Organophosphate Overdose• Administered with Atropine	<ul style="list-style-type: none">• 600 mg IM or IV	<ul style="list-style-type: none">• per Medical Control only




Drug List

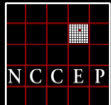


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<u>Prednisone</u> NCCEP Protocol: * 16-Allergic Reaction * 30-Respiratory Distress * 46-Pediatric Respiratory Distress <u>Indications/Contraindications:</u> <ul style="list-style-type: none">Steroid used in respiratory distress to reverse inflammatory and allergic reactions	<ul style="list-style-type: none">40-60 mg PO	<ul style="list-style-type: none">See Color Coded List1-2 mg/kg PO
<u>Procainamide</u> (Pronestyl) NCCEP Protocol: * 36-Ventricular Tachycardia * 45-Pediatric Pulseless Arrest <u>Indications/Contraindications:</u> <ul style="list-style-type: none">Anti-dysrhythmic medication. Monitor for QRS widening and hypotension	<ul style="list-style-type: none">100 mg IV loadMay repeat q 10 minutes per medical control order20mg/min IV infusion until ventricular tachycardia resolves, or to a total dose of 17mg/kg	<ul style="list-style-type: none">15mg/kg IV/IO over 30 minutes
<u>Promethazine</u> (Phenergan) Anti-emetic NCCEP Protocol: * 15-Abdominal Pain * 21-Chest Pain and STEMI * 37-Vomiting and Diarrhea <u>Indications/Contraindications:</u> <ul style="list-style-type: none">Anti-Emetic used to control Nausea and/or VomitingOndansetron (Zofran) is the recommended Anti-emetic for EMS use since it is associated with significantly less side effects and sedation.IV Promethazine (Phenergan) should be given IV only with great caution. Extravasation of this drug can result in significant local tissue damage.	<ul style="list-style-type: none">12.5-25 mg IM or IV(If \geq 60 yrs. old dose 12.5 mg IV)	




Drug List

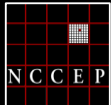


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<u>Ranitadine</u> (Zantac) Histamine-2 Blocker NCCEP Protocol: * 16-Allergic Reaction <u>Indications/Contraindications:</u> <ul style="list-style-type: none">Medication used to control stomach acid and to assist in severe allergic reactions	<ul style="list-style-type: none">50 mg IV150 mg PO	
<u>Sodium Bicarbonate</u> NCCEP Protocol: * 26-Overdose/Toxic Ingestion * 29-Pulseless Electrical Activity <u>Indications/Contraindications:</u> <ul style="list-style-type: none">A buffer used in acidosis to increase the pH in Cardiac Arrest or Tricyclic Overdose.	<ul style="list-style-type: none">1 amp (50 mEq) IV initially, then 1/2 amp IV every 10 minutes as neededIn TCA (tricyclic), 1 amp (50 mEq) bolus, then 2 amps in 1 liter of NS for infusion at 200 ml/hr. For wide QRS due to TCA overdose, 1 meq/kg/dose bolus, then repeat doses as needed until the QRS narrows, then 150 meq in 1 liter of NS for infusion at 250cc/hr.	<ul style="list-style-type: none">See Color Coded List1 meq/kg IV, IO initially, then 1/2 meq/kg IV every 10 minutes as needed.TCA (tricyclic) overdose per medical control.
<u>Succinylcholine</u> Paralytic Agent NCCEP Protocol: * 3-Airway Drug Assisted Intubation <u>Indications/Contraindications:</u> <ul style="list-style-type: none">Paralytic Agent used as a component of Drug Assisted Intubation (Rapid Sequence Intubation)Avoid in patients with burns >24 hours old, chronic neuromuscular disease (e.g., muscular dystrophy), ESRD, or other situation in which hyperkalemia is likely.	<ul style="list-style-type: none">1.5 mg/kg IV. If inadequate relaxation after 3 minutes, may repeat dose. Consider atropine to avoid bradycardia associated with repeat dosing.3.0 mg/kg IM (onset of action is variable and may be substantially delayed)	<ul style="list-style-type: none">See Color Coded List1-2 mg/kg IV, IO3.0 mg/kg IM (onset of action is variable and may be substantially delayed)Consider atropine (appropriate per color coded list) for any pediatric patient due to likelihood of bradycardia associated with succinylcholine administration)




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<u>Vasopressin</u> (Pitressin) NCCEP Protocol: * 18-Asystole * 29-Pulseless Electrical Activity * 35-Ventricular Fibrillation <u>Indications/Contraindications:</u> <ul style="list-style-type: none">Medication used in place of and/or in addition to epinephrine in the setting of ventricular fibrillation/pulseless ventricular tachycardia	<ul style="list-style-type: none">40 units IV X 1	
<u>Vecuronium</u> Paralytic Agent NCCEP Protocol: * 3-Airway Drug Assisted Intubation <u>Indications/Contraindications:</u> <ul style="list-style-type: none">ParalyticAvoid in patients with chronic neuromuscular disease (e.g., muscular dystrophy).	<ul style="list-style-type: none">0.1 mg/kg IV. If inadequate relaxation after 5 minutes, may repeat dose.	<ul style="list-style-type: none">See Color Coded List0.25 mg/kg IV, IOAvoid in Broselow Pink
<u>Ziprasidone</u> (Geodon) NCCEP Protocol: * 7-Behavioral <u>Indications/Contraindications:</u> <ul style="list-style-type: none">Treatment of Schizophrenia, Bipolar Disorder, and Manic DisordersTreatment of Agitation and Agitated DeliriumMay precipitate dysrhythmias with Prolonged QT Intervals	<ul style="list-style-type: none">40 units IV X 1	