

MEDICATION ADMINISTRATION

1. The following is an outline of approved medications by license level per WI Scope of Practice.

Medical First Responder

- a. Oxygen
- b. Oral Glucose
- c. Epi 1:1000 via autoinjector

EMT-Basic

- a. All first responder medications
- b. Albuterol
- c. Atrovent
- d. Aspirin
- e. Epinephrine 1:1000 via SubQ for anaphylaxis
- f. Glucagon
- g. Mark I auto injector (for self and crew)
- h. Nitroglycerine via patient's own physician prescribed

Intermediate Tech

- a. All first responder and EMT-Basic medications
- b. Dextrose 25% and 50%
- c. Narcan
- d. Nitroglycerine Spray/Tablets
- e. IV solutions consisting of Normal Saline, Lactated Ringers and D5W

Intermediate 99

- a. All first responder, EMT-Basic and Intermediate Tech medications
- b. Adenosine
- c. Amiodarone
- d. Ativan
- e. Atropine
- f. Epinephrine 1:10,000
- g. Lasix
- h. Lidocaine
- i. Morphine Sulfate
- j. Valium
- k. Vasopressin

Paramedic/RN

- a. All first responder, EMT-Basic, Intermediate Tech and Intermediate 99 medications
- b. Alcaine/Tetracaine
- c. Benadryl
- d. Blood & Blood Products
- e. Calcium Chloride
- f. Dilaudid
- g. Dopamine Infusion
- h. Etomidate
- i. Haldol
- j. Heparin
- k. Magnesium Sulfate
- l. Metoprolol
- m. Nitroglycerine via drip
- n. Phenergan
- o. Sodium Bicarbonate
- p. Succinylcholine
- q. Terbutaline
- r. Toradol
- s. Vecuronium
- t. Versed
- u. Others approved by medical control for interfacility transports, but within paramedic curriculum.

2. The following medications are carried on the ambulances:

A. BLS Medications:

Albuterol – (5) 2.5mg / 3ml doses.
Aspirin – (1) 81mg / tablet multi dose bottle **or** (1) 324 mg / tablet multi dose bottle.
Atrovent – (3) 0.02% 2.5ml unit dose vials.
Dextrose, 50% – (2) 25g / 50ml injection devices.
Epinephrine 1:1000 – (1) 30ml multi dose vial.
Glucagon – (1) 1mg Unit dose.
Glucose tubes – (2) 15g Unit dose tubes.
Narcan – (4) 2mg doses (ampules, preloaded syringes or vials).
Mark I Autoinjector – (3) autoinjectors
Nitroglycerine – (1) 0.4mg multi dose spray. (EMT-Basics must use patient's own ntg.)
0.9% NS IV solution bags – (2) 500ml and (3) 1000ml bags.
Oxygen – (1) on board tank and (2) portable tanks.

B. ALS Medications:

Adenosine – (1) 6 mg syringe (2) 12 mg syringes
Alcaine/Tetracaine – (1) 15 ml bottle
Amiodarone – (3) 150 mg vials or syringes or total of 450mg.
Ativan – (2) 4mg/ml syringes
Atropine – (4) 1 mg syringes
Benadryl – (2) 50mg/ml in 1 ml vial or syringe
Calcium Chloride – (2) 100 mg/ml 10 ml syringes
Dilaudid – (2) 2mg/ml in 1 ml syringe
Dopamine – (1) 400 mg in 250 ml D5W bag (1600 mcg/ml)
Epi (1:10,000) – (6) 1 mg / 10 ml syringes
Etomidate – (2) 2mg/ml, 20 ml preloaded syringe
Haldol – (2) 5mg/ml in 1 ml ampules
Heparin – (1) 10ml multidose vial (1000 U/ml) & (1) 250 ml bag @ 100 U/ml
Lasix – (2) 40 mg syringes
Lidocaine – (6) 100 mg syringes
Magnesium Sulphate 50% – (2) 1g / 2ml vials
Metoprolol – (3) 1mg/ml in 5ml ampules or vials
Morphine Sulfate – (3) 4 mg syringes
Nitroglycerine Bottle – (1) 200 mcg/ml in 250 ml glass bottle
Phenergan – (2) 25mg/ml 1ml ampules
Sodium Bicarbonate – (2) 1 mEq/ml in 50 ml syringe (50mEq)
Succinylcholine – (2) 200mg / 10ml vial
Terbutaline – (1) 1mg/ml 1ml vial or ampule
Toradol – (2) 30mg/ml in 2ml syringe (60mg/2ml)
Valium – (2) 10 mg syringes
Vasopressin – (2) 20 U / 1 ml doses
Vecuronium – (2) 1mg/ml in 10 ml vials
Versed – (2) 5mg/1ml vials or syringes

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3. For purposes of the medical direction guidelines, Basic Life Support is defined as personnel licensed as First Responder, EMT-Basic and Intermediate Tech. Advanced Life Support is defined as personnel licensed as Intermediate 99, Paramedic and Registered Nurses.
4. Properly trained and licensed personnel with medical direction approval will be the only ones to administer the above listed medications and the procedures that are associated with them. These personnel will be orientated at the start of employment or prior to going on line with any medication and procedure associated with them.
5. As a general guideline to administering any medication, River Falls Ambulance members will utilize basic skills/medications first prior to advancing to any advanced skills/medications.
6. General guidelines to be followed when giving medications:
 - A. Perform patient assessment.
 - B. Manage ABCs as indicated.
 - C. Establish IV/IO of normal saline.
 - D. Attach monitor and obtain ECG or 12 lead if indicated.
 - E. Obtain complete set of vitals: BP, pulse, respirations, O₂ sats.
 - F. Inquire about patient allergies.
 - G. Estimate/obtain patient weight.
 - H. Obtain physician order if required, and repeat the order back to the physician.
 - I. Check medication for expiration date.
 - J. Administer medication.
 - K. Repeat assessment and vitals.
 - L. Monitor for any changes in patient condition.
 - M. Document drug, dosage, route, time, initials of person administering, and SO (standing order) or VO (verbal order) and name of medical control authority. (Hospital & Physician)
7. Under special circumstances, and on the order of the medical control physician, an EMT may assist a patient in taking medications prescribed for the patient by their personal physician. Some of the more common medications that EMT's may be asked to assist with include epinephrine autoinjectors and metered-dose inhalers for asthma. Information on these medications has been provided for EMT's to use as reference only. Others include nitroglycerine and aspirin.
8. Use caution when administering medications to pregnant women. Consult with medical control if there are any questions.
9. In the event that there is communication difficulty, significant delay, or failure results in the inability of EMS personnel to contact medical control for treatment orders that are normally administered only after medical control or physician consultation, the paramedic or EMT may initiate those treatments that, in the opinion of the provider, are life-saving or necessary to stabilize the patient. The performance of those treatments must be carried out as outlined in the guidelines and must be consistent with the provider's level of training. Providers must attempt alternative communication methods (e.g. cellular phone) when difficulties arise. Treatments carried out without medical control or physician permission, due to communication failure, must be reported by the paramedic or EMT within 24 hours in writing to the Medical Director. Document all aspects on run report.

SPECIAL NOTES:

1. Pediatric refers to children < 12 years of age and < 90 lbs unless specifically noted.



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