

Southern Illinois Regional EMS System

BB-1 MEDICATIONS STOCKED IN EACH AMBULANCE

ALS

- The following is the medication list and minimum requirements that each ALS vehicle in the system is required to carry. The System will follow the Regional Policy for medications. ALS drugs are administered as specified in the protocols.

Drug	Minimum Supply
Adenosine (6mg/2mL)	3
Albuterol (2.5mg/3mL)	3
Amiodarone (150mg/3mL)	3
Atropine (1mg/10mL)	4
Aspirin (81mg chewable)	1 bottle, min. 6 tabs
Benzocaine (2oz. spray can)	1 with extensions
Calcium Chloride 10% (1g/10mL)	1
Dextrose 50% (25g/50mL)	2
Diazepam (10mg/2mL)	1
Diphenhydramine (50mg/1mL)	2
Dopamine (400mg vial)	1 or
Dopamine (200mg vial)	2 or
Dopamine (200mg in 500mL pre-mix)	1
DuoNeb (Ipratropium Bromide 0.5 mg/Albuterol 3 mg in 3 mL)	3
Epinephrine 1:10,000 (1mg/10mL)	6
Epinephrine 1:1,000 (1mg/1mL)	2
Etomidate (20mg/10mL)	2
Fentanyl citrate (100mcg/2mL)	2
Furosemide (40mg/4mL)	2
Glucagon (1mg)	1
Ketorolac (30mg/1mL)	1
Labetalol (20mg/4mL)	1
Lidocaine HCL (100mg/5mL)	4
Lidocaine HCL (2g in 500mL D5W pre-mix)	1
Lorazepam (2mg/mL)	2
Magnesium Sulfate (5g/10mL)	1
Midazolam (10mg/2mL)	2
Morphine sulfate (10mg/1mL)	1
Naloxone HCL (2mg/2mL)	2
Nitro tabs (0.4mg tablets)	1 bottle, min. 6 tabs
Ondansetron (4mg/2mL)	2
Oral Glucose (31g)	2
Oxytocin (10u/1mL)	1
Promethazine (25ml/1mL)	1
Sodium bicarb 4.2% – infant (5mEq/10mL)	1
Sodium bicarb 8.4% – adult (50mEq/50mL)	1
Thiamine (100mg/1mL)	1

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BB-1 MEDICATIONS STOCKED IN EACH AMBULANCE (continued)

ILS

- The following is the medication list and minimum requirements that each ILS vehicle in the system is required to carry. ILS drugs are administered as specified in the protocols.

Drug	Minimum Supply
Adenosine (6mg/2mL)	3 or
“ (6mg/2mL pre-filled syringe)	1 and
“ (12mg/4mL pre-filled syringe)	1
Albuterol (2.5mg/3mL)	3
Amiodarone (150mg/3mL)	3
Atropine (1mg/10mL)	4
Aspirin (81mg chewable)	1 bottle, min. 6 tablets
Dextrose 50% (25g/50ml)	2
Diazepam (10mg/2mL)	1
Diphenhydramine (50mg/1mL)	2
DuoNeb (Ipratropium Bromide 0.5 mg/Albuterol 3 mg in 3 mL)	3
Epinephrine 1:10,000 (1mg/1mL)	6
Epinephrine 1:1,000 (1mg/1mL)	2
Furosemide (100mg/10mL)	1
Glucagon (1mg)	1
Lidocaine HCL (100mg/5mL)	4
Lorazepam (2mg/1ml)	2
Morphine Sulfate 10mg/1mL)	1
Naloxone (2mg/2mL)	2
Nitro tabs (0.4mg tablets)	1 bottle, min. 6 tablets
Ondansetron (4mg/2mL)	2
Oral Glucose (31g)	2
Promethazine (25mg/1mL)	1

BLS

- The following is the medication list and minimum requirements that each BLS vehicle in the system is required to carry. BLS drugs are administered as specified in the protocols.

Drug	Minimum Supply
Albuterol (2.5mg/3mL)	3
Aspirin (81mg chewable)	1 bottle, min. 6 tablets
Epinephrine 1:1000 (1mg/1mL vial)	1 or
Epinephrine Auto Injector (adult)	1
Epinephrine Auto Injector (pediatric)	1
Naloxone (2mg or 4mg prefilled)	2
Oral Glucose (31g)	2

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The minimum amount of medication carried on each ambulance may be adjusted by the EMS Medical Director to coincide with the call volume of each agency.

Medications Stocked in Ambulance:

- Any medication that is stocked in the ambulance, and that EMS Personnel are permitted to administer, may be given in bolus or maintenance drips during transport.

Other Maintenance (drip) Medication Approved for Transfers (ALS):

KCL (Potassium)	Heparin	Total Parenteral Nutrition (TPN)
IV Antibiotics piggybacks	Aminophyllin	Midazolam
Aggrastat	Dobutamine	CroFab Antivenin
Integrilin	Diltiazem	Acetylcysteine (Mucomyst)
Nitroglycerin	Protonix	
Insulin	Probiotics	

Infusion Medication Transfer Protocols:

- Continuous intravenous infusion of medications stocked in the ambulance and other maintenance medications may be transported by ALS personnel for interfacility transfers on HEMODYNAMICALLY stable patients only. Medications must be maintenance infusions that do not require titration.
- Patients receiving continuous infusions of medications must be on a cardiac monitor.
- All maintenance infusions listed above must be initiated by the transferring hospital.
 - EMS personnel are not responsible to mix and/or initiate, **monitor only**.
- Infusion devices are required on all continuous infusions with the exception of short-term antibiotic therapy on the critical or trauma patient.
 - Antibiotic therapy on a stable patient should be completed prior to transport by EMS.
 - If completing the antibiotic therapy will delay transport, EMS may transport while the infusion is in progress.
 - The antibiotic must infuse for a minimum of 15 minutes prior to EMS transport in order to assess the patient for an allergic reaction.
- Infusions of protonix, probiotics, Mucomyst, or CroFab antivenin have the same general rules as antibiotic infusions.
 - The protonix, probiotics, Mucomyst, or CroFab antivenin must infuse for a minimum of 15 minutes prior to EMS transport in order to assess the patient for an allergic reaction.
- System personnel must be properly trained and competency documented on the infusion device used by the transferring facility prior to transport. Approval through the EMS Office of the Resource Hospital is required.
- EMS agencies must provide documentation to the EMS System Coordinator of all infusion device training completed for their staff.

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Bolus Medication Transfer Protocols:

- Approved medications for transfer, administered by other methods besides IV infusion, include the following routes:
 - Oral
 - Buccal
 - Sublingual
 - Topical
 - IV push
 - IM
 - SQ
 - IO
 - ET
 - Atomized
 - Nebulized
- Bolus medications carried or approved for transfer may be administered under the following conditions:
 - Must be an approved medication with an approved route.
 - Must have written orders on administration from the transferring physician.
 - Orders must be signed by the transferring physician.
 - If there are any questions or concerns about the physician's written orders, contact Medical Control.

Other Approved Medications: Demerol, Dilaudid, and Haldol

- It may be necessary to use Demerol or Haldol for patient management during interfacility transport at the physicians discretion. When this occurs, the following criteria must be followed:
 - Demerol, Dilaudid, and Haldol may be administered by Paramedics or PHRNs, but specific written transfer orders must be documented by the physician and given to the transfer crew.
 - The transferring hospital is responsible for supplying these medications.
 - The transfer crew **MUST** return any unused medications or empty vial/syringe to the transferring hospital.
 - Document on the run report any drug administration given and patient response to treatment. A copy of the run report must be left with the transferring hospital to verify patient information and narcotic usage.

Central Line Fluids/Medications:

- ALS personnel (Paramedics) may transport maintenance IV fluids and medications (as listed in Central Line Care and Management SOP) via central lines or multi lumen catheters on the hemodynamically stable patients.