

## MEDICATIONS AND THERAPEUTIC AGENTS

The following medications and therapeutic agents are approved for utilization by ALS crewmembers. Each vehicle ***must*** be equipped with the following medications and therapeutic agents in sufficient quantities to allow for the administration of therapeutic doses of the medication or agent:

- Acetylsalicylic Acid
- Adenosine
- At least one of the following:
  - Albuterol Solution for Inhalation
  - Albuterol and Ipratropium Bromide Solution for Inhalation
- Amiodarone
  - (Lidocaine Hydrochloride to be substituted only when Amiodarone is unavailable)
- Atropine Sulfate
- At least one of the following:
  - Ativan
  - Valium
  - Versed
- Dextrose, 50 percent
- Dextrose (5 percent in water, 10 percent in water and 25 percent in water)
  - Dextrose 50 percent to be used for substitution only when D25 or D10 is unavailable
- Diphenhydramine Hydrochloride
- Dopamine Hydrochloride
  - (Levophed to be used for substitution only when Dopamine is unavailable)
- Epinephrine 1:1,000 solution
- Epinephrine 1:10,000 solution
- Furosemide
- Magnesium Sulfate
- Morphine Sulfate
  - (Fentanyl to be substituted only when Morphine Sulfate is unavailable)
- Naloxone Hydrochloride
- Nitroglycerin
- Normal Saline Solution
- Oxygen
- Ringers Lactate Solution

The following medications and therapeutic agents are approved for utilization by ALS crewmembers. A provider may choose to carry any of the following medications or therapeutic agents on its vehicles. A provider shall notify and keep OEMS up to date as to which of these medications and/or therapeutic agents are carried on its vehicles.

- Activated Charcoal
- Bumetanide
- Calcium Chloride
- Cyanide Poisoning Kit or CYANOKIT
- Dexamethasone Sodium Phosphate
- Diltiazem Hydrochloride
- Dobutamine Hydrochloride
- Etomidate
- Fentanyl
- Glucagon
- Haloperidol
- Heparin Sodium
- Insulin
- Ipratropium Bromide
- Ketamine
- Labetalol
- Levophed
- Lidocaine Hydrochloride
- Methylprednisolone Sodium Succinate
- Metoprolol Tartrate
- Midazolam Hydrochloride
- Nalmefene
  - (To be utilized when Naloxone Hydrochloride is unavailable)
- Ondansetron
- P2Y12
  - Brilinta (Ticagrelor)
  - Effient (Prasugrel)
  - Plavix (Clopidogrel)
- Pralidoxine Chloride (or DuoDot)
- Procainamide Hydrochloride
- Reglan
- Rocuronium (*AMU/SCTU or RSI Approved MICU Only*)
- Sodium Bicarbonate
- Sodium Thiosulfate
- SoluCortef

- Succinylcholine (*AMU/SCTU or RSI Approved MICU Only*)
- Thiamine
- Vasopressin
- Vecuronium (*AMU/SCTU or RSI Approved MICU Only*)
- Xylocaine Jelly