

COUNTY OF SAN DIEGO EMERGENCY MEDICAL SERVICES
 POLICY/PROCEDURE/PROTOCOL
 SUBJECT: TREATMENT PROTOCOL – ALS MEDICATION LIST

No. P-115
 Page: 1 of 6
 Date: 7/1/2014

MEDICATION	INDICATIONS	PROTOCOL	COMMENTS	CONTRAINDICATIONS
ADENOSINE	SVT with no history of bronchospasm or COPD	S-127, S-163	BHO for patients with history of bronchospasm or COPD.	Second or third degree AV block Sick Sinus Syndrome (without pacemaker)
ALBUTEROL	Respiratory distress ?Asthma/COPD/respiratory origin Allergic Reaction Burns Suspected hyperkalemia in hemodialysis patient in presence of widened QRS complex and peaked T waves	S-122, S-131, S-136, S-162, S-167 S-124, S-170	Inhalation continuous via O ₂ powered nebulizer	Avoid in croup
AMIODARONE	VT with a pulse	S-127	Cardioversion first if unstable with severe symptoms.	
ASPIRIN	Pain/discomfort of ?cardiac origin	S-126		
ATROPINE SULFATE	Unstable Bradycardia Organophosphate poisoning	S-127, S-134, S-150, S-163, S-165		Asystole
ATROVENT	Respiratory distress ?Asthma/COPD/respiratory origin Allergic reaction	S-122, S-136, S-167	Added to first dose of Albuterol via continuous O ₂ powered nebulizer	

Document revised 7/1/2014

Approved:



EMS Medical Director

MEDICATION	INDICATIONS	PROTOCOL	COMMENTS	CONTRAINDICATIONS
BENADRYL (DIPHENHYDRAMINE)	Allergic reaction, acute Anaphylaxis Extrapyramidal reaction	S-122, S-134, S-162, S-165	IV - administer slowly	
CALCIUM CHLORIDE	Suspected hyperkalemia in hemodialysis patient in presence of widened QRS complex and peaked T waves Crush injury (adult)	S-131 S-139	Give IV over 30 seconds	
CHARCOAL (no Sorbitol)	Ingestion	S-134, S-165	Poison control contact not required prior to Charcoal administration for uncomplicated (multiple agents not ingested) ingestion of drug on the following list: Acetaminophen, colchicine, beta blockers, calcium channel blockers, salicylates, valproate, oral anticoagulants (including anticoag rodenticides), paraquat, amanita mushrooms (if not vomiting). Assure patient has gag reflex and is cooperative.	Isolated alcohol, heavy metal, caustic agents, hydrocarbons or iron ingestion

Document revised 7/1/2014

Approved:



EMS Medical Director

MEDICATION	INDICATIONS	PROTOCOL	COMMENTS	CONTRAINDICATIONS
D ₅₀ (Dextrose 50%) OR D ₂₅ (Dextrose 25%) Peds	Symptomatic hypoglycemia: if BS <60mg/dL (Neonate <45mg/dL)	S-123, S-161	Repeat BS not indicated en route if patient improving Repeat BS must be done if patient left on scene and initial was abnormal. (AMA/Release).	
DOPAMINE HYDROCHLORIDE	Shock:(anaphylactic, neurogenic) Shock: (?cardiac etiology, septic) Discomfort/Pain of ?cardiac origin with associated shock Unstable Bradycardia (after max Atropine or TCP)	S-138 S-122 S-126 S-127 S-143	Titrate to maintain systolic BP \geq 90 not to exceed 120	
EPINEPHRINE	Cardiac arrest Allergic reaction Anaphylaxis Severe Respiratory distress or inadequate response to Albuterol	S-127, S-163 S-122, S-162 S-136, S-167		
GLUCAGON	Unable to start IV in patient with symptomatic hypoglycemia if BS <60mg/dL (Neonate <45mg/dL)	S-123, S-161		

Document revised 7/1/2014
 Approved:



EMS Medical Director

MEDICATION	INDICATIONS	PROTOCOL	COMMENTS	CONTRAINDICATIONS
LIDOCAINE (XYLOCAINE)	Reported/witnessed \geq x2 AICD firing. Prior to IO fluid infusion in the conscious patient.	S-127, S-163	Adult doses should be given in increments rounded to the nearest 20mg amount. In the presence of shock, CHF or liver disease, the repeat bolus is recommended at 10" intervals.	Second and third degree heart block and idioventricular rhythm
LIDOCAINE JELLY (2%) optional	Intubation or Nasopharyngeal airway		Apply to ET tube or nasal airway	
MORPHINE SULPHATE (MS)	Burns Envenomation injury Trauma Pain or discomfort of ?cardiac origin Pain associated with external pacing	S-124, S-170 S-129, S-164 S-139, S-169 S-126 S-127	<u>BHPO</u> for: <ul style="list-style-type: none"> • Chronic pain states • Isolated head injury • Acute onset severe headache • Drug/ETOH intoxication • Multiple trauma with GCS <15 • Suspected active labor • Abdominal pain 	

Document revised 7/1/2014

Approved:



EMS Medical Director

MEDICATION	INDICATIONS	PROTOCOL	COMMENTS	CONTRAINDICATIONS
NORMAL SALINE	Definitive therapy	All	Definitive therapy defined as immediate or anticipated immediate need for administration of a fluid bolus or medications.	Rales (bolus)
NARCAN (NALOXONE HYDROCHLORIDE)	Symptomatic ?opioid OD	S-123, S-161 S-134, S-165	In adults, give for respiratory rate <12	
NITROGLYCERINE (NTG)	Pain or discomfort of ?cardiac origin Respiratory distress ? CHF/cardiac origin Fluid overload in hemodialysis patient	S-126 S-131 S-136		Suspected intracranial bleed If any patient has taken an erectile dysfunction medication such as Viagra, Cialis, Levitra within 48 hours. May encounter patients taking similar medication for pulmonary hypertension, usually Sildenafil (trade name: Revatio). The contraindication still applies.

Document revised 7/1/2014

Approved:



EMS Medical Director

MEDICATION	INDICATIONS	PROTOCOL	COMMENTS	CONTRAINDICATIONS
SODIUM BICARBONATE (NaHCO ₃)	Symptomatic patient with suspected hyperkalemia (widened QRS complex and peaked T-waves). ?Tricyclic OD with cardiac effects (hypotension, heart block or widened QRS). Crush injury	S-134, S-165 S-131 S-139, S-169		
VERSED (MIDAZOLAM)	Pre cardioversion Severe Agitation External Pacemaker post capture Seizure	S-127, S-163, S-142 S-123, S-133, S-134, S-161	<u>BHPO</u> pre cardioversion for A Fib/A Flutter	
ZOFRAN (Ondansetron)	Nausea and/or vomiting	S-120 S-141 S-174	<u>BHPO</u> in the pediatric patient with suspected head injury	

Document revised 7/1/2014
 Approved:


 EMS Medical Director