



Drug List

Drug	Adult	Pediatric
<p><u>Acetaminophen</u> (Tylenol)</p> <p>NCCEP Protocol:</p> <ul style="list-style-type: none"> * 8-Fever * 10-Pain Control-Adult * 11-Pain Control-Pediatric * 47-Pediatric Seizure <p><u>Indications/Contraindications:</u></p> <ul style="list-style-type: none"> • Indicated for pain and fever control • Avoid in patients with severe liver disease • Strongly consider including with initial pain control measures if patient is greater than 65 years old. 	<ul style="list-style-type: none"> • 1000 mg po 	<ul style="list-style-type: none"> • See Color Coded List • 10 mg/kg po
<p><u>Adenosine</u> (Adenocard)</p> <p>NCCEP Protocol:</p> <ul style="list-style-type: none"> * 32-Supraventricular Tachycardia * 48-Pediatric Supraventricular Tachycardia <p><u>Indications/Contraindications:</u></p> <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)
<p><u>Albuterol</u> Beta-Agonist</p> <p>NCCEP Protocol:</p> <ul style="list-style-type: none"> * 30-Respiratory Distress * 46-Pediatric Respiratory Distress * 52-Drowning <p><u>Indications/Contraindications:</u></p> <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 \leq 150. 	<ul style="list-style-type: none"> • See Color Coded List • 2.5mg (3cc) in nebulizer continuously x 3 doses, if no history of cardiac disease and Heart Rate < 200.



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<p><u>Amiodarone</u> (Cordarone)</p> <p>NCCEP Protocol:</p> <ul style="list-style-type: none"> * 35-Ventricular Fibrillation * 36-Ventricular Tachycardia * 45-Pediatric Pulseless Arrest <p>Indications/Contraindications:</p> <ul style="list-style-type: none"> • Antiarrhythmic used in ventricular Fibrillation. • Avoid in patients with heart block or profound bradycardia. • Administer a bolus and maintenance drip for post conversion of Ventricular Fibrillation and Ventricular Tachycardia rhythms. 	<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 NCC over 10 min <p><u>Maintenance Drip</u></p> <ul style="list-style-type: none"> • 150 mg/50 ml NS at 1 mg/min. = 20 drops/min. using 60 drop set 	<p><u>V-fib / pulseless V-tach</u></p> <ul style="list-style-type: none"> • 5 mg/kg IV push <p><u>V-tach with a pulse</u></p> <ul style="list-style-type: none"> • 5 mg/kg IV push over 20 -60 minutes • Avoid in Length Tape Color Pink
<p><u>Aspirin</u></p> <p>NCCEP Protocol:</p> <ul style="list-style-type: none"> * 21-Chest Pain and STEMI <p>Indications/Contraindications:</p> <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. 	
<p><u>Atropine</u></p> <p>NCCEP Protocol:</p> <ul style="list-style-type: none"> * 18-Asystole * 19-Bradycardia * 26-Overdose/Toxic Ingestion * 29-Pulseless Electrical Activity * 41-Pediatric Bradycardia * 58-WMD Nerve Agent <p>Indications/Contraindications:</p> <ul style="list-style-type: none"> • Anticholinergic drug used in bradycardias or asystole. • (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> <ul style="list-style-type: none"> • 1 mg IV. Repeat in 3 - 5 minutes up to 3 mg. <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 1.0 mg per dose) • (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"> • 0.02 mg/kg IV or IO otherwise as per medical control

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<p><u>Atropine and Pralidoxime Auto-Injector Nerve Agent Kit</u></p> <p>NCCEP Protocol:</p> <ul style="list-style-type: none"> * 26 Overdose/Toxic Ingestion * 58-WMD Nerve Agent <p>Indications/Contraindications:</p> <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
<p><u>Calcium Chloride</u></p> <p>NCCEP Protocol:</p> <ul style="list-style-type: none"> * 19-Bradycardia * 29-Pulseless Electrical Activity * 41-Pediatric Bradycardia <p>Indications/Contraindications:</p> <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
<p><u>Dextrose 10% Glucose solutions</u></p> <p>NCCEP Protocol:</p> <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 <p>Indications/Contraindications:</p> <ul style="list-style-type: none"> • Utilize Premixed D10 IV solution • Use in unconscious or hypoglycemic states 		<p>See Color Coded List</p> <ul style="list-style-type: none"> • 0.5 – 1.0 gm/kg (5-10 ml/kg) IV/IO • Repeat based on blood glucose results


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<p><u>Dextrose 50%</u> Glucose Solutions</p> <p>NCCEP Protocol:</p> <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 <p>Indications/Contraindications:</p> <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 	
<p><u>Diazepam</u> (Valium) Benzodiazepene</p> <p>NCCEP Protocol:</p> <ul style="list-style-type: none"> * 31-Seizure * 40-Obstetrical Emergencies * 47-Pediatric Seizure * 58-WMD Nerve Agent <p>Indications/Contraindications:</p> <ul style="list-style-type: none"> • Drug of choice for adult seizure. • Pediatric seizure without IV access. • Mild Sedation 	<ul style="list-style-type: none"> • 4 mg IV initially then 2 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.
<p><u>Diltiazem</u> (Cardizem) Calcium Channel Blocker</p> <p>NCCEP Protocol:</p> <ul style="list-style-type: none"> * 32-Supraventricular Tachycardia <p>Indications/Contraindications:</p> <ul style="list-style-type: none"> • Calcium channel blocker used to treat narrow complex SVT 	<ul style="list-style-type: none"> • 0.25 mg/kg SIVP over 2 minutes • Repeat at 0.35 mg/kg in 15 minutes if needed • Infusion: 125 mg/100 ml NS = 1 mg/ml, infuse at 5-15 mg/hr 	



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<p><u>Diphenhydramine (Benadryl)</u></p> <p>NCCEP Protocol: * 16-Allergic Reaction</p> <p>Indications/Contraindications:</p> <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/PO • Do not give in infants < 3 mo • (Max dose 25 mg)
<p><u>Dopamine</u></p> <p>NCCEP Protocol: * 19-Bradycardia * 25-Hypotension * 27-Post Resuscitation * 29-Pulseless Electrical Activity * 43-Pediatric Hypotension * 59- Induced Hypothermia</p> <p>Indications/Contraindications:</p> <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
<p><u>Epinephrine 1:1,000</u></p> <p>NCCEP Protocol: * 16-Allergic Reaction * 30-Respiratory Distress * 46-Pediatric Respiratory Distress</p> <p>Indications/Contraindications:</p> <ul style="list-style-type: none"> • Vasopressor used in allergic reactions or anaphylaxis 	<ul style="list-style-type: none"> • 0.3 mg IM,SQ • EMT level: Use adult Epi-pen <p>Nebulized Epinephrine</p> <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,SQ • (Max dose 0.3 mg) <p>EMT level: Epi –pen Jr, if ≤ 30 Kg</p> <p>Nebulized Epinephrine</p> <ul style="list-style-type: none"> • 2 mg (2 ml) mixed with 1 ml of Normal Saline
<p><u>Epinephrine 1:10,000</u></p> <p>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</p> <p>Indications/Contraindications:</p> <ul style="list-style-type: none"> • 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) <p>Anaphylaxis:</p> <ul style="list-style-type: none"> • 0.2 – 0.5 mg slow IV push 	<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)

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<p><u>Etomidate</u> (Amidate)</p> <p>NCCEP Protocol: * 3-Airway Drug Assisted Intubation</p> <p>Indications/Contraindications:</p> <ul style="list-style-type: none"> Hypnotic used in Drug Assisted Intubation 	<ul style="list-style-type: none"> 0.3 mg/kg IV Usual adult dose = 20 mg 	
<p><u>Furosemide</u> (Lasix)</p> <p>NCCEP Protocol: * 28-Pulmonary Edema</p> <p>Indications/Contraindications:</p> <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 Order 20 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 Order 1 mg/kg IV
<p><u>Glucagon</u></p> <p>NCCEP Protocol: * 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</p> <p>Indications/Contraindications:</p> <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

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<p><u>Glucose Oral</u> Glucose Solutions</p> <p>NCCEP Protocol: * 7-Behavioral * 13-Universal Patient Protocol * 17-Altered Mental Status</p> <p><u>Indications/Contraindications:</u></p> <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
<p><u>Haloperidol</u> (Haldol) Phenothiazine Preparation</p> <p>NCCEP Protocol: * 7-Behavioral</p> <p><u>Indications/Contraindications:</u></p> <ul style="list-style-type: none"> • Medication to assist with sedation of agitated patients 	<ul style="list-style-type: none"> • 5 -10 mg IV/IM • May repeat as per Medical Control 	
<p><u>Ketorolac</u> (Toradol) Non-steroidal Anti-inflammatory Drug</p> <p>NCCEP Protocol: * 10-Pain Control Adult</p> <p><u>Indications/Contraindications:</u></p> <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. • Not to be used in patients with allergies to aspirin or other NSAID drugs such as motrin • Avoid in patients currently taking anticoagulants such as coumadin 	<ul style="list-style-type: none"> • 30 mg IV or IM 	

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<p><u>Lidocaine</u></p> <p>NCCEP Protocol:</p> <ul style="list-style-type: none"> * 3-Airway Drug Assisted Intubation * 35-Ventricular Fibrillation * 36-Ventricular Tachycardia * 45-Pediatric Pulseless Arrest * 54-Adult Head Trauma <p><u>Indications/Contraindications:</u></p> <ul style="list-style-type: none"> • Antiarrhythmic used for control of ventricular dysrhythmias • Anesthetic used during intubation to prevent elevated intracranial pressures during intubation • Half dose for patients ≥ 70, in shock, heart failure, and liver failure • Administer a bolus and maintenance drip for post conversion of Ventricular Fibrillation and Ventricular Tachycardia rhythms 	<p style="text-align: center;"><u>Cardiac Arrest</u></p> <ul style="list-style-type: none"> • 1.5 mg/kg IV push • Repeat in 3-5 min. to 3 mg/kg max. <p style="text-align: center;"><u>Ventricular Dysrhythmias</u></p> <ul style="list-style-type: none"> • 1.5 mg/kg IV over 2 min. • Repeat in 10 min. half dosage to 3 mg/kg max. <p style="text-align: center;"><u>Maintenance Drip</u></p> <p>2 gm/500 ml NS or D5W at 2-4 mg/min.</p> <p style="text-align: center;"><u>Intraosseous Site Pain Control</u></p> <ul style="list-style-type: none"> • 20-40 mg I.O. <p style="text-align: center;"><u>Pre-intubation</u></p> <ul style="list-style-type: none"> • 1 mg/kg IV 	<ul style="list-style-type: none"> • See Color Coded List • 1 mg/kg IV, IO bolus. • Repeat 1/2 initial bolus in 10 minutes • No Drip Administration
<p><u>Lorazepam</u> (Ativan) Benzodiazepene</p> <p>NCCEP Protocol:</p> <ul style="list-style-type: none"> * 28-Pulmonary Edema * 40-Obstetrical Emergencies * 47-Pediatric Seizure <p><u>Indications/Contraindications:</u></p> <ul style="list-style-type: none"> • First drug of choice for pediatric seizure. • 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
<p><u>Magnesium Sulfate</u></p> <p>NCCEP Protocol:</p> <ul style="list-style-type: none"> * 40-Obstetrical Emergencies <p><u>Indications/Contraindications:</u></p> <ul style="list-style-type: none"> • 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 30 minutes (Max 2 gms) • dose may be repeated once


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<p><u>Methylprednisolone</u> (Solu-medrol) Steroid Preparation</p> <p>NCCEP Protocol:</p> <ul style="list-style-type: none"> * 16-Allergic Reaction * 30-Respiratory Distress * 46-Pediatric Respiratory Distress <p>Indications/Contraindications:</p> <ul style="list-style-type: none"> • 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)
<p><u>Midazolam</u> (Versed) Benzodiazepine</p> <p>NCCEP Protocol:</p> <ul style="list-style-type: none"> * 1-Airway Adult * 3-Airway Drug Assisted Intubation * 4-Airway Pediatric * 28-Pulmonary Edema * 32-Supraventricular Tachycardia * 36-Ventricular Tachycardia * 48-Pediatric Supraventricular Tachycardia * 58-WMD Nerve Agent <p>Indications/Contraindications:</p> <ul style="list-style-type: none"> • Benzodiazepine used for sedation • First drug of choice for cardioversion. • Quick acting Benzodiazepine • Preferred over Valium for IM use • Use caution if BP < 90 systolic 	<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 mg • 1-2 mg Nasally via Atomizer. Usual total dose: 2-5 mg • IM dosage: 5 mg 	<ul style="list-style-type: none"> • See Color Coded List • 0.1-0.2 mg/kg IV or IO slowly over 2 – 3 minutes (Max 2 mg)
<p><u>Morphine Sulfate</u> Narcotic Analgesic</p> <p>NCCEP Protocol:</p> <ul style="list-style-type: none"> * 10-Pain Control Adult * 11-Pain Control Pediatric * 21-Chest Pain and STEMI <p>Indications/Contraindications:</p> <ul style="list-style-type: none"> • Narcotic pain relief • Antianxiety • Avoid use if BP < 90 	<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)

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<p><u>Naloxone</u> (Narcan) Narcotic Antagonist</p> <p>NCCEP Protocol:</p> <ul style="list-style-type: none"> * 17-Altered Mental Status * 26-Overdose/Toxic Ingestion * 29-Pulseless Electrical Activity * 39-Newly Born * 41-Pediatric Bradycardia * 54-Adult Head Trauma * 56-Hypothermia <p><u>Indications/Contraindications:</u></p> <ul style="list-style-type: none"> • Narcotic antagonist • EMT-I and EMT-P level only 	<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.
<p><u>Normal Saline</u> Crystalloid Solutions</p> <p>NCCEP Protocol:</p> <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 <p><u>Indications/Contraindications:</u></p> <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 • Fluid bolus = 500 ml, may repeat • 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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<p><u>Nitroglycerin</u></p> <p>NCCEP Protocol:</p> <ul style="list-style-type: none"> * 21-Chest Pain and STEMI * 24-Hypertension * 28-Pulmonary Edema <p><u>Indications/Contraindications:</u></p> <ul style="list-style-type: none"> • Vasodilator used in anginal syndromes, CHF and Hypertension. • EMT-I and EMT-P level only. • Use caution if BP < 90 systolic 	<p style="text-align: center;"><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 style="text-align: center;"><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 style="text-align: center;"><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% 	
<p><u>Ondansetron</u> (Zofran) Anti-emetic</p> <p>NCCEP Protocol:</p> <ul style="list-style-type: none"> * 15-Abdominal Pain * 21-Chest Pain and STEMI * 37-Vomiting and Diarrhea <p><u>Indications/Contraindications:</u></p> <ul style="list-style-type: none"> • Anti-Emetic used to control Nausea and/or Vomiting • Ondansetron (Zofran) 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, may repeat 	<ul style="list-style-type: none"> • 0.15 mg/kg IV (Max 4 mg) • 0.2 mg/kg PO (Max 4 mg)

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<p><u>Oxygen</u></p> <p>NCCEP Protocol:</p> <ul style="list-style-type: none"> * 1-Airway Adult * 2-Airway Adult Failed * 3-Airway Drug Assisted Intubation * 13-Universal Patient Protocol * 27-Post Resuscitation * 39-Newly Born <p><u>Indications/Contraindications:</u></p> <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
<p><u>Oxymetazoline</u> (Afrin or Otrivin) Nasal Decongestant Spray</p> <p>NCCEP Protocol:</p> <ul style="list-style-type: none"> * 23-Epistaxis <p><u>Indications/Contraindications:</u></p> <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
<p><u>Pralidoxime</u> (2-PAM)</p> <p>NCCEP Protocol:</p> <ul style="list-style-type: none"> * 26-Overdose/Toxic Ingestion * 58-WMD Nerve Agent <p><u>Indications/Contraindications:</u></p> <ul style="list-style-type: none"> • This is a non-stock item, may use when made available. • 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

Drug	Adult	Pediatric
<p><u>Promethazine</u> (Phenergan) Anti-emetic</p> <p>NCCEP Protocol: * 15-Abdominal Pain * 21-Chest Pain and STEMI * 37-Vomiting and Diarrhea</p> <p>Indications/Contraindications:</p> <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. • 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 <p>(If \geq 60 yrs.old dose 6.25 mg IV or consider using ondansetron (zofran))</p>	
<p><u>Sodium Bicarbonate</u></p> <p>NCCEP Protocol: * 26-Overdose/Toxic Ingestion * 29-Pulseless Electrical Activity</p> <p>Indications/Contraindications:</p> <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 needed • In TCA (tricyclic), 1 amp (50 mEq) bolus, then 2 amps in 1 liter of NS for infusion at 200 ml/hr. 	<ul style="list-style-type: none"> • See Color Coded List • 1 meq/kg IV, IO initially, then 1/2 meq/kg IV every 10 minutes as needed. • TCA (tricyclic) overdose per medical control.
<p><u>Succinylcholine</u> Paralytic Agent</p> <p>NCCEP Protocol: * 3-Airway Drug Assisted Intubation</p> <p>Indications/Contraindications:</p> <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. • 1.5 mg/kg IM (onset of action is variable and may be substantially delayed) 	<ul style="list-style-type: none"> • See Color Coded List • 1-2 mg/kg IV, IO • 1-2 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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<p><u>Vecuronium</u> Paralytic Agent</p> <p>NCCEP Protocol: * 3-Airway Drug Assisted Intubation</p> <p><u>Indications/Contraindications:</u></p> <ul style="list-style-type: none">• Paralytic• Avoid 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 List• 0.25 mg/kg IV, IO• Avoid in Broselow Pink

Interfacility Medications

Drug	Dose
<p><u>Antibiotics</u></p> <p>Indications:</p> <ul style="list-style-type: none"> • Treat or prevent infections <p>Pearls:</p> <ul style="list-style-type: none"> • Report any adverse reaction, i.e. urticaria, nausea/ vomiting to Medical Control 	<p>Adult:</p> <ul style="list-style-type: none"> • Varies depending on med • Follow existing orders or label instructions <p>Pediatric:</p> <ul style="list-style-type: none"> • Varies depending on med • Follow existing orders or label instructions
<p><u>Heparin Drip</u></p> <p>Indications:</p> <ul style="list-style-type: none"> • Anticoagulation therapy <p>Pearls:</p> <ul style="list-style-type: none"> • Observe for bleeding 	<p>Adult:</p> <ul style="list-style-type: none"> • Follow existing orders or label instructions <p>Pediatric:</p> <ul style="list-style-type: none"> • N/A
<p><u>Magnesium Sulfate Drip</u></p> <p>Indications:</p> <ul style="list-style-type: none"> • Hypomagnesium, Torsades de pointes, Preeclampsia, Eclampsia <p>Pearls:</p> <ul style="list-style-type: none"> • Disappearance of knee jerk/patellar reflex indicates toxic level • May cause respiratory depression, hypotension, heart block 	<p>Adult:</p> <ul style="list-style-type: none"> • Follow existing orders or label instructions <p>Pediatric:</p> <ul style="list-style-type: none"> • N/A
<p><u>Nitroglycerin Drip</u></p> <p>Indications:</p> <ul style="list-style-type: none"> • Chest Pain, CHF, Pulmonary Edema <p>Pearls:</p> <ul style="list-style-type: none"> • May cause hypotension, headache, flushing • Frequent vital signs are indicated 	<p>Adult:</p> <ul style="list-style-type: none"> • Follow existing orders or label instructions • May increase infusion rate by 5-20 mcg/min. until: <ul style="list-style-type: none"> -Systolic BP falls below 100 mmHg -Heart Rate increases 20 BPM -Chest Pain is relieved <p>Pediatric:</p> <ul style="list-style-type: none"> • N/A

Interfacility Medications

Drug	Dose
<p><u>Platelet Glycoprotein IIb/IIIa Inhibitors</u> <u>(i.e.: Aggrast, Integrelin, Reopro)</u></p> <p>Indications:</p> <ul style="list-style-type: none"> Inhibits platelet aggregation in acute coronary syndrome including PCI (Percutaneous Coronary Intervention) <p>Pearls:</p> <ul style="list-style-type: none"> Contraindicated: Hypersensitivity, recent surgery, bleeding or bleeding disorders, recent CVA, uncontrolled severe hypertension, hypotension and renal dialysis dependency SE: Bleeding, CVA, thrombocytopenia, bradycardia and rash 	<p>Adult:</p> <ul style="list-style-type: none"> Variable depending on med, follow existing orders or label instructions.
<p><u>Potassium Chloride</u></p> <p>Indications:</p> <ul style="list-style-type: none"> Hypokalemia <p>Pearls:</p> <ul style="list-style-type: none"> Cardiac monitor indicated for rates above 10 mEq/hr May cause arrhythmias, nausea, vomiting, phlebitis at IV site 	<p>Adult:</p> <ul style="list-style-type: none"> Follow existing orders or label instructions <p>Pediatric:</p> <ul style="list-style-type: none"> Follow existing orders or label instructions
<p><u>Thrombolytics (i.e. Urokinase, Streptokinase, TPA)</u></p> <p>Indications:</p> <ul style="list-style-type: none"> To dissolve thrombi <p>Pearls:</p> <ul style="list-style-type: none"> IM injections, venipuncture contraindicated during therapy Many possible side effects depending on med. Most common include bleeding, fever, urticaria, hypotension, arrhythmias 	<p>Adult:</p> <ul style="list-style-type: none"> Various depending on med Follow existing orders or label instructions <p>Pediatric:</p> <ul style="list-style-type: none"> Various depending on med Follow existing orders or label instructions
<p><u>Whole Blood and Components</u></p> <p>Indications:</p> <ul style="list-style-type: none"> Restore circulating volume, replace clotting factors, improve oxygen carrying capacity of blood <p>Pearls:</p> <ul style="list-style-type: none"> Discontinue infusion immediately if any of the following occur: fever with or without chills, chest pain, pain at infusion site, lower back pain, hypotension, nausea, flushing, dyspnea, bleeding, blood in urine, shock, absent or decreased urine output. Notify both sending and receiving facilities 	<p>Adult:</p> <ul style="list-style-type: none"> All products should be infused within four hours, whole blood may be as fast as patient can tolerate. Fresh frozen plasma/platelets usually 10 ml/min. <p>Pediatric:</p> <ul style="list-style-type: none"> All products should be infused within four hours, whole blood may be as fast as patient can tolerate. Fresh frozen plasma/platelets usually 10 ml/min.