



MEDICATION - STANDARD ORDERS

Adenosine (Adenocard) - Adult (ALS)

Stable narrow-complex SVT or Wide complex tachycardia:

Adenosine, 6 mg rapid IVP followed immediately by 20 cc NS bolus, and
Adenosine, 12 mg rapid IVP followed immediately by 20 cc NS bolus if patient
does not convert. May repeat one (1) time.

Reference #s 7010, 7020, 11050

Albuterol Aerosolized Solution (Proventil) - Adult (LALS, ALS)

Albuterol nebulized, 2.5 mg, may repeat two (2) times.

Reference #s 6090, 7010, 7020, 11010, 11100, 14030

Albuterol Metered-Dose Inhaler (MDI) (Proventil) - Specialty Programs Only Adult (LALS, ALS)

Albuterol MDI, four (4) puffs every ten (10) minutes for continued shortness of
breath and wheezing.

Reference #s 6090, 6110, Sheriff's Search and Rescue

Albuterol - Pediatric (LALS, ALS)

Albuterol nebulized, 2.5 mg, may repeat two (2) times.

Reference #s 7010, 7020, 14010, 14030, and 14070

Aspirin, chewable (LALS, ALS)

Aspirin, 325 mg PO chewed (one (1) adult non-enteric coated aspirin) or four (4)
chewable ~~children's~~ 81 mg aspirin

Reference #s 2020, 6090, 6110, 7010, 7020, 11060

Atropine (ALS)

Atropine, 0.5 mg IVP. May repeat every five (5) minutes up to a maximum of 3 mg
or 0.04 mg/kg.

Organophosphate poisoning:

Atropine, 2 mg IVP, repeat at 2 mg increments if patient remains symptomatic

Reference #s 6090, 6110, 7010, 7020, 11040, 12020, 13010

Calcium Chloride (ALS)

Calcium Channel Blocker Poisonings:

Calcium Chloride, 1 gm (10 cc of a 10% solution) Base Station Only

Reference #s 2020, 7010, 7020, 13010

Dextrose - Adult (LALS, ALS)

Dextrose 50% 25 gm IV/IO of 50%

Reference #s 2020, 6090, 6110, 7010, 7020, 8010, 11050, 11070, 11080, 13020, 13030

Dextrose - Pediatric (LALS, ALS)

For neonates (0 - 4 weeks), if blood glucose < 35 mg/dL:

Dextrose 25% (0.25 gm/ml) Diluted 1:1, give 0.5 gm/kg (4 ml/kg) IV/IO

For patient < 10 kg and > 4 weeks, if blood glucose < 60 mg/dL:

Dextrose 25% (0.25 gm/ml), give 0.5 gm/kg (2 ml/kg) IV/IO

For patient > 10 kg and < 25kg, if glucose less than 60 mg/dL:

Dextrose 50% (0.5 gm/mL) Diluted 1:1, give 0.5 gm/kg (2 ml/kg) IV/IO

For patient > 25 kg, if glucose less than 80 mg/dL:

Dextrose 50% (0.5 gm/mL) Diluted 1:1, give 0.5 gm/kg (2 ml/kg) IV/IO

Reference #s 2020, 7010, 7020, 13020, 13030, 14040, 14050, 14060

Diphenhydramine - Adult (ALS)

Diphenhydramine, 25 mg IV/IO

Diphenhydramine, 50 mg IM

Reference #s 6090, 6110, 7010, 7020, 11010, 13010

Diphenhydramine - Pediatric (ALS)

Diphenhydramine, 1 mg/kg slow IV/IO, not to exceed adult dose of 25 mg, or

Diphenhydramine, 2 mg/kg IM not to exceed adult dose of 50 mg IM

Reference #s 7010, 7020, 14030

Dopamine - Adult (ALS)

Dopamine, infusion of 400 mg in 250 ml of NS, titrated between 5 - 20 mcg/kg/min to sustain a systolic blood pressure greater than 90 mmHG for signs of inadequate tissue perfusion/shock.

Reference #s 7010, 7020, 8010, 8040, 10140, 11070, 11090, 14080

Dopamine - Pediatric (ALS)

Post resuscitation continued signs of inadequate tissue perfusion:

9 to 14 years Dopamine, 400 mg in 250 ml of NS to infuse at 5 - 20 mcg/kg/min IV titrated to maintain signs of adequate tissue perfusion

Reference #s 7010, 7020, 14040

Epinephrine (1:1000) - Adult (LALS, ALS)

Acute Asthma, Bronchospasm, Allergic reaction, Anaphylaxis:

Epinephrine, 0.~~03~~3 mg SC

Epinephrine (1:10,000) - Adult (ALS)

For Persistent severe anaphylactic shock:

Epinephrine, 0.1 mg (1:10,000) slow IVP. May repeat as needed to total dosage of 0.5 mg.

Cardiac Arrest, Asystole, PEA:

Epinephrine, 1 mg IV/IO, ~~or~~

Reference #s 2020, 6090, 6110, 7010, 7020, 11010, 11070, 12020

Epinephrine (1:1000) - Pediatric (LALS, ALS)

Allergic Reactions:

Epinephrine, 0.01 mg/kg SC not to exceed adult dosage of 0.3 mg

Reference #s 2020, 6090, 7010, 7020, 11010, 14010, 14030

Epinephrine (1:10,000) - Pediatric (LALS, ALS)

Anaphylactic Shock (no palpable radial pulse and depressed level of consciousness):

Epinephrine (1:10,000), 0.01 mg/kg IV/IO, no more than 0.1 mg per dose. May repeat to a maximum of 0.5 mg.

Cardiac Arrest:

1 day to 8 years Epinephrine (1:10,000), 0.01 mg/kg IO/IV (do not exceed adult dosage)
9 to 14 years Epinephrine (1:10,000), 1.0 mg IV/IO

Post resuscitation continued signs of inadequate tissue perfusion:

1 day to 8 years Epinephrine (1:10,000), 0.5 mcg/kg/min IV drip

Reference #s 2020, 7010, 7020, 14030, 14040, 14090

Glucose - Oral - Adult (BLS, LALS, ALS)

Glucose - Oral, one (1) tube for patients with an intact gag reflex and hypoglycemia.

Reference #s 7010, 7020, 11080, 11090, 11110, 13020

Glucose - Oral - Pediatric (BLS, LALS, ALS)

Glucose - Oral, one (1) tube for patients with an intact gag reflex and hypoglycemia.

Reference #s 7010, 7020, 14050, 14060

Glucagon - Adult (LALS, ALS)

Glucagon, 1 mg IM/SC/IN, if unable to establish IV. May give one (1) time only.

Betablocker Poisoning:

Glucagon, 1 mg IVP Base Station Only

Reference #s 6090, 6110, 7010, 7020, 11080, 13010, 13030

Glucagon - Pediatric (LALS, ALS)

Glucagon, 0.025 mg/kg IM/IN, if unable to start an IV. May be repeated one (1) time after twenty (20) minutes for a combined maximum dose of 1 mg.

Reference #s 7010, 7020, 13030, 14050, 14060

Ipratropium Bromide Inhalation Solution (Atrovent) - Adult (ALS) use with Albuterol

Atrovent, 0.5 mg

Reference #s 7010, 7020, 11010, 11100

Ipratropium Bromide Metered-Dose Inhaler (MDI) (Atrovent) - Specialty Programs Only Adult (ALS) use with Albuterol

Atrovent MDI, four (4) puffs every ten (10) minutes for continued shortness of breath and wheezing.

Reference #s 6090, 6110, 7010, 7020

Ipratropium Bromide Inhalation Solution (Atrovent) - Pediatric (ALS) use with Albuterol

1 day to 12 months Atrovent, 0.25 mg
1 year to 14 years Atrovent, 0.5 mg

Reference #s 7010, 7020, 14010, 14030, 14070

Lidocaine - Adult (ALS)

Intubation, King Airway, NG/OG, for suspected brain injury:

Lidocaine, 1.5 mg/kg IV

VT/VF:

Lidocaine, 1.5 mg/kg

Repeat 0.75 mg/kg every five (5) to ten (10) minutes; maximum total dose of 3 mg/kg

Refractory VF:

Lidocaine, 0.75 mg/kg IV, repeat in five (5) to ten (10) minutes; maximum three (3) doses or total of 3 mg/kg

VT/VF Infusion:

Lidocaine, 1 - 4 mg /min (30 - 50 mcg/kg /min)

V-Tach, Wide Complex Tachycardias:

Lidocaine, 1 mg/kg slow IV, repeat at 0.5 mg/kg every ten (10) minutes until maximum dose of 3 mg/kg given.

Initiate infusion of Lidocaine 2 mg /min.

Reference #s 2020, 6090, 7010, 7020, 8010, 8040, 10030, 10080, 11050, 11070, 15010

Lidocaine - Pediatric (ALS)

Intubation, King Airway, NG/OG, for suspected brain injury:

Lidocaine, 1.5 mg/kg IV

Cardiac Arrest:

1 day to 8 years	Lidocaine, 1.0 mg/kg IV/IO
9 to 14 years	Lidocaine, 1.0 mg/kg IV/IO

May repeat Lidocaine at 0.5 mg/kg after five (5) minutes up to total of 3.0 mg/kg.

Reference #s 2020, 7010, 7020, 14040

Lidocaine 2%

Pain associated with IO insertion:

Lidocaine 2%, 0.5 mg/kg slow IO push not to exceed 50 mg total.

Reference #s 2020, 7010, 7020, 10140

Magnesium Sulfate (ALS)

Polymorphic Ventricular Tachycardia:

Magnesium Sulfate, 2gm in 100 ml of NS over five (5) minutes for polymorphic VT if prolonged QT is observed during sinus rhythm post-cardioversion.

Eclampsia (Seizure/Tonic/Clonic Activity):

Magnesium Sulfate, 4 gm diluted with 20 ml NS, IV/IO slow IV push over three (3) to four (4) minutes.

Magnesium Sulfate 2 gm in 100 cc of NS at 30 cc per hour IV/IO to prevent continued seizures.

Reference #s 2020, 7010, 7020, 8010, 14080

Midazolam - Adult (ALS)

Seizure:

Midazolam, 2.5 mg IN/IV/IO. May repeat in five (5) minutes for continued seizure activity, or

Midazolam, 5 mg IM. May repeat in ten (10) minutes for continued seizure activity.

Assess patient for medication related reduced respiratory rate or hypotension.

Maximum of three (3) doses using any combination of IM/IN/IV/IO may be given for continued seizure activity. Contact Base Station for additional orders and to discuss further treatment options.

Pacing, synchronized cardioversion:

Midazolam, 2 mg slow IV push IV/IN

Reference #s 6090, 6110, 7010, 7020, 10110, 10120, 11080, 13020, 14080

Midazolam - Pediatric (ALS)

Seizures:

Midazolam, 0.1 mg/kg IV/IO with maximum dose 2.5 mg. May repeat Midazolam in five (5) minutes. Do not to exceed adult dosage, or

Midazolam, 0.2 mg/kg IM/IN with maximum dose of 5 mg. May repeat Midazolam in ten (10) minutes for continued seizure. Do not to exceed adult dosage. IN dosage of Midazolam is doubled due to decreased surface area of nasal mucosa resulting in decreased absorption of medication.

Assess patient for medication related reduced respiratory rate or hypotension.

Maximum of three (3) doses using any combination of IM/IN/IV/IO may be given for continued seizure activity. Contact Base Station for additional orders and to discuss further treatment options.

Reference #s 7010, 7020, 14060

Morphine Sulfate - Adult (ALS)

Morphine Sulfate, 2 mg IV. May repeat in 2 mg increments every three (3) minutes, not to exceed 10 mg IV.

Isolated Extremity Trauma, Burns:

Morphine Sulfate, 5 mg IV. May repeat every five (5) minutes to a maximum of 20 mg for adequate tissue perfusion, or

Morphine Sulfate, 10 mg IM.

Pacing, synchronized cardioversion:

Morphine Sulfate, 2 mg IV. May repeat in 2 mg increments every three (3) minutes, titrated to pain, not to exceed 10 mg IV.

Reference #s 2020, 6090, 6110, 7010, 7020, 7030, 9120, 10110 10120, 11060, 11100, 13030, 15010

Morphine Sulfate - Pediatric (ALS)

Morphine Sulfate, 0.1 mg/kg IV not to exceed 2 mg increments, for a total of 5 mg, or

Morphine Sulfate, 0.2 mg/kg IM for a total of 10 mg IM, titrated for pain relief

Burns:

Morphine Sulfate, 0.1 mg/kg IV not to exceed 5 mg increments, for a total of 20 mg, or

Morphine Sulfate, 0.2 mg/kg IM for a total of 10 mg IM, titrated for pain relief

Reference #s 2020, 7010, 7020, 7030, 14070, 15020

Naloxone (Narcan) - Adult (LALS, ALS)*Resolution of respiratory depression related to suspected narcotic overdose:*

Naloxone, 0.5 mg IV/IM/IN may repeat Naloxone 0.5 mg IV/IM/IN every two (2) to three (3) minutes if needed.

Do not exceed 10 mg of Naloxone total regardless of route given.

Reference #s 6110, 7010, 7020, 11070, 11080

Naloxone - Pediatric (LALS, ALS)*Resolution of respiratory depression related to suspected narcotic overdose:*

1 day to 8 years Naloxone, 0.1 mg/kg IO/IV

9 to 14 years Naloxone, 0.5 mg IV/IO

Do not exceed the adult dosage of 10 mg IV/IM/IN.

Reference #s 7010, 7020, 14040, 14050

Nitroglycerin (LALS, ALS)

Nitroglycerin, 0.4 mg sublingual/transmucosal

One every three (3) minutes as needed. May be repeated as long as patient continues to have signs of adequate tissue perfusion. **If a Right Ventricular Infarction is suspected, the use of nitrates requires Base Station contact.**

Nitroglycerin is contraindicated if there are signs of inadequate tissue perfusion or if sexual enhancement medications have been utilized within the past forty-eight (48) hours.

Reference #s 6090, 6110, 7010, 7020, 11010, 11060

Ondansetron (Zofran) - Patients four (4) years old to Adult (ALS)

Nausea/Vomiting:

Ondansetron, 4 mg slow IV/ODT

All patients four (4) to eight (8) years old: may give a total of 4 mgs of Ondansetron prior to Base Station contact.

All patients nine (9) and older: may give Ondansetron 4 mg and may repeat twice, at ten (10) minute intervals, for a total of 12 mgs prior to Base Station contact.

May be used as prophylactic treatment of nausea and vomiting associated with narcotic administration.

Reference #s 6110, 7010, 7020, 9120, 10100, 15010, 15020

Phenylephrine HCL (ALS)

Phenylephrine, 0.5 mg metered dose may be repeated once prior to additional attempt

Reference #s 7010, 7020, 10050

Procainamide (ALS)

SVT, V-Tach or Wide Complex Tachycardias:

Procainamide, 20 mg /min IV; may repeat until arrhythmia suppressed, symptomatic hypotension, QRS widens by more than 50% or maximum dose of 17 mg/kg given. If arrhythmia suppressed, begin infusion of 2 mg /min.

Reference #s 7010, 7020, 8010, 8040, 11050

Sodium Bicarbonate (ALS)

Tricyclic Poisoning:

Sodium Bicarbonate, 1 mEq/kg IVP

Reference #s 2020, 7010, 7020, 13010

Verapamil (ALS)

SVT if adenosine is ineffective:

Verapamil, 5 mg slow IV over three (3) minutes, may repeat every fifteen (15) minutes to a total dose of 20 mg

Reference #s 7010, 7020, 11050