

ADULT DRUG LIST

Medication	Dose
Adenosine Tachycardia-Narrow Complex	Elevate arm, 12 mg IVP RAPID (1-3 sec), followed by a 10 ml RAPID bolus with saline syringe in tubing port above injection port. Repeat 12 mg dose in 1-2 minutes if needed.
Albuterol Allergic Reaction Asthma COPD	2.5 mg by nebulizer; set O2 flow rate at 8 LPM. Repeat PRN. *Ipratropium in initial treatment only
Amiodarone Post-Resuscitation (MC)	Maintenance infusion at 1 mg/min. If the patient received bolus of Amiodarone. Preparation: 150 mg in 250 ml of D5W with macro drip (10gtts/ml) at rate of 16 gtts/min.
Tachycardia-Wide Complex	150 mg IV/IO Infusion over 10 minutes. Preparation: 150 mg in 100 ml normal saline/macro tubing rate of 100 gtts/min.
Ventricular Fibrillation / Pulseless Ventricular Tachycardia	300 mg IV/IO. Consider repeating 150 mg IV/IO in 3-5 minutes. <i>Disregard the packaging suggestion that amiodarone must be diluted.</i>
Aspirin Acute Coronary Syndrome	81 mg chewable (baby). Give 4 tablets PO (324 mg).
Atropine Bradycardia	1 mg IV/IO q 3 minutes with a maximum dose of 3 mg
Etiology of Arrest Overdose / Toxic Ingestion: Organophosphate Poisoning	2 mg IV/IO q 5 minutes until symptoms relieved
Calcium Chloride Asystole/PEA Ventricular Fibrillation	1 g IV/IO q 10 minutes
Crush Injury (MC)	1 g IV infusion over 10 minutes Preparation: 1 g in 100 ml of normal saline/macro drip at 100 gtts/min.
Dextrose 50% Diabetic Emergency	25 g IV/IO Glucagon should be given BEFORE giving Dextrose 50% IO route
Etiology of Arrest	25 g IV/IO
Diltiazem Tachycardia-Narrow Complex	10 mg IV/IO slow over 2 minutes. Repeat 10 mg dose in 5 minutes if needed. *Any additional repeat doses require Medical Control orders. Preparation: Inject 10 ml of NS into 100 mg vial (10 mg/ml concentration). Gently shake vial until the medication is dissolved.
Diphenhydramine Allergic Reaction	50 mg IM/IV/IO
Droperidol Psychiatric Emergency-Sedation	2.5 mg IV <u>or</u> 5 mg IM (may repeat one time, if needed)

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Epinephrine 1:1000 Allergic Reaction Asthma	0.3 mg IM. Repeat 1 time if needed.
Epinephrine 1:10,000 Asystole/PEA Ventricular Fibrillation	1 mg IV/IO q 3 - 5 minutes
Epinephrine Push Dose 1:100,000 Airway-Orotracheal Intubation procedure Allergic Reaction Bradycardia Post Resuscitation	10 mcg IV push. Repeat every 2-5 minutes PRN. Titrate to SBP > 90 mmHg. Preparation: 10 ml syringe of NS. Waste 1 ml. Draw up 1 ml of Epinephrine 1:10,000 (prefilled) yielding 10 mcg/ml.
Fentanyl Advanced Airway Confirmation/Management Pain Management	1 mcg/kg IV/IM/IN q 5 minutes. Maximum 3 mcg/kg. Preparation (IV Only): Dilute Fentanyl 100 mcg / 2 ml with 8 ml of NS to yield a 10 mcg/ml concentration.
Inter-Facility Transport (CCT only)	Preparation (IV Infusion with Pump): 200 mcg in 100 ml NS <i>*This is only for inter-facility transports when the patient is already receiving this medication, but the sending facility will not send additional controlled substances to last throughout the duration of patient contact. The preparation above is to be continued at the same dose as determined by the sending facility. Mix additional bags, as needed.</i>
Fluid-D5W	Various: Used for mixing medication infusions Diabetic Emergency-Hypoglycemia: 250 ml/hr
Fluid-Normal Saline	Various: KVO for IV access Burn: 500 ml bolus, then per Medical Control Childbirth (Mother): 125 ml/hr Diabetic Emergency-DKA: Bolus 250 ml Obstetrical Emergencies: KVO Etiology of Arrest: Bolus 250 ml if hypovolemia is suspected Sepsis: Fluid Bolus 250 ml to maximum of 1000 ml Shock- Medical: Fluid Bolus 250 ml Shock- Trauma: Fluid Bolus 250 ml to Systolic BP of 80 mmHg Syncope: Fluid Bolus 250 ml to maximum of 1000 ml
Glucagon Diabetic Emergency	1 mg IM/IN
Glucose (Oral) Diabetic Emergency	15 g may be repeated in 10 minutes
Ipratropium Asthma COPD	500 mcg by nebulizer (only administer with first albuterol treatment)
Ketamine Adult Airway Breathing Ketamine Assisted Ventilation	2 mg/kg slow IN/IV or 4 mg/kg IM
Advanced Airway Confirmation/Mgmt	1 mg/kg IN/IV, repeat PRN
External Pacing	0.1-0.3 mg/kg IV/IN
Head Injury Psychiatric Emergency-Sedation	2 mg/kg IN/IV or 4 mg/kg IM may be repeated in 10 minutes

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Ketamine Seizure	2 mg/kg IN/IV or 4 mg/kg IM may be repeated in 10 minutes for seizures refractory to Midazolam
Pain Management (MC)	0.1-0.3 mg/kg IN/IV for pain refractory to Fentanyl
Inter-Facility Transport (CCT only)	Preparation (IV Infusion with Pump): 500 mg in 250 ml D5W <i>*This is only for inter-facility transports when the patient is already receiving this medication, but the sending facility will not send additional controlled substances to last throughout the duration of patient contact. The preparation above is to be continued at the same dose as determined by the sending facility. Mix additional bags, as needed.</i>
Ketorolac Pain Management	15 mg IV or 30 mg IM
Labetalol Pre-Eclampsia/Eclampsia	Initial dose: 20 mg over 2 minutes <i>Reassess after 10 minutes. If continued SBP $\geq$ 160 or DBP $\geq$ 110:</i> Second dose: 40 mg IV over 2 minutes <i>Reassess after 10 minutes. If continued SBP $\geq$ 160 or DBP $\geq$ 110:</i> Third dose: 80mg IV over 2 minutes <i>Repeat 80 mg dose every 10 minutes if needed to a max dose of 300mg. Target SBP of 130-150 and DBP of 80-100</i>
Stroke/t-PA Drip & Ship (MC)	20 mg IV q 20 minutes PRN in SBP >180 or DBP >105 (if HR >65)
Lidocaine 2% Intraosseous – (EZ IO)	2.5 ml IO, for conscious patient receiving IO only
Magnesium Sulfate Asthma COPD (MC)	2 g IV infusion over 10 minutes Preparation: 2 g in 100 ml of normal saline/macro drip at 100 gtts/min.
Magnesium Sulfate Pre-Eclampsia / Eclampsia	4 g IV infusion over 20 minutes Preparation: 4 g in 100 ml of normal saline/macro drip at 50 gtts/min.
Magnesium Sulfate Tachycardia-Wide Complex	1 g IV infusion over 10 minutes Preparation: 1 g in 100 ml of normal saline/macro drip at 100 gtts/min.
Magnesium Sulfate Etiology of Arrest	2 g IV/IO
Methylprednisolone Allergic Reaction Asthma COPD	125 mg IV/IM/IO
Metoprolol Tachycardia-Narrow Complex	5 mg IVP q 5 min. Maximum dose of 15 mg.
Midazolam Advanced Airway Confirmation Management	5 mg IN/IV repeat q 2 minutes as needed for effective sedation, maximum dose of 20 mg via standing orders. Preparation (IV Only): Dilute Midazolam 10 mg / 2 ml with 8 ml of NS to yield a 1 mg/ml concentration.

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Midazolam Psychiatric Emergency-Sedation	5 mg IN/IM/IV. Maximum dose of 10 mg via standing orders. If Ketamine is unavailable, Midazolam maximum dose via standing orders is 20 mg. Midazolam 2.5 mg IN/IV may be given via standing order for the presence of emergence following Ketamine administration. Preparation (IV Only): Dilute Midazolam 10 mg / 2 ml with 8 ml of NS to yield a 1 mg/ml concentration.
Midazolam External Pacing Procedure	2.5 mg IN/IV. Maximum dose of 2.5 mg via standing orders (if Ketamine is unavailable) Preparation (IV Only): Dilute Midazolam 10 mg / 2 ml with 8 ml of NS to yield a 1 mg/ml concentration.
Pain Management (MC)	2.5 mg IN/IV is typical dose for pain refractory to Fentanyl Preparation (IV Only): Dilute Midazolam 10 mg / 2 ml with 8 ml of NS to yield a 1 mg/ml concentration.
Sedation Facilitated Intubation Procedure	Sedation Facilitated Intubation: 5 mg IN/IV q 2 minutes as needed for effective sedation, maximum dose of 10 mg via standing orders. Preparation (IV Only): Dilute Midazolam 10 mg / 2 ml with 8 ml of NS to yield a 1 mg/ml concentration.
Pre-Eclampsia/Eclampsia Seizure	5 mg IN/IV or 10 mg IM. IN/IV dose may be repeated q 2 minutes until termination of seizure. Maximum of 10 mg via standing orders. Preparation (IV Only): Dilute Midazolam 10 mg / 2 ml with 8 ml of NS to yield a 1 mg/ml concentration.
Midazolam Inter-Facility Transport <i>(CCT only)</i>	Preparation (IV Infusion with Pump): 20 mg in 100 ml NS <i>*This is only for inter-facility transports when the patient is already receiving this medication, but the sending facility will not send additional controlled substances to last throughout the duration of patient contact. The preparation above is to be continued at the same dose as determined by the sending facility. Mix additional bags, as needed.</i>
Naloxone Altered Mental Status Etiology of Arrest Overdose/Toxic Ingestion	0.5 - 2 mg IN/IM/IV
Nicardipine Stroke/t-PA Drip & Ship (MC)	Initial infusion rate of 2 mg/hr PRN for SBP >180-200 or DBP >105 Initial Infusion rate of 5 mg/hr PRN for SBP >200 Titrate to maintain above BP parameters by increasing the dose by 2.5 mg/hr as often as every 15 minutes to a maximum dose of 15 mg/hr.
Nicardipine t-PA Drip & Ship <i>(North Texas and Houston CCT Only)</i>	5 mg/hr infusion Titrate to desired effect by increasing the dose by 1 - 2.5 mg/hr every 5 minutes to a maximum dose of 15 mg/hr.
Nitroglycerin Acute Coronary Syndrome	1 spray 0.4mg SL q 3 minutes as long as SBP > 100. Apply 1" paste after 3 doses of SL NTG.

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Nitroglycerin Congestive Heart Failure			2 sprays 0.4mg SL as long as SBP > 100. *Do NOT repeat SL administration if Nitroglycerin IV (Tridil) is administered.						
Nitroglycerin IV (Tridil) Acute Coronary Syndromes (CCT Only)			5 mcg/min infusion Titrate to desired effect by increasing the dose by 5 mcg/min every 3-5 minutes up to 20 mcg/min. At 20 mcg/min, the dose can be increased by 10 mcg/min, but doses beyond 20 mcg/min are rare and typically do not deliver any additional results/benefits. Mix 50 mg of Nitroglycerin IV (Tridil) in 250 ml D5W, yielding a concentration of 200 mcg/ml. Infusion pump should be utilized.						
Congestive Heart Failure			1 mg IV bolus After 5 minutes, if SBP is above 160, repeat 1 mg IV bolus. *Any additional doses require Medical Control orders. Preparation: 1ml Nitroglycerin IV (Tridil) in 9ml NS yielding a concentration of 0.5mg/ml. Administer 2ml for 1mg dose.						
Norepinephrine Congestive Heart Failure/Pulmonary Edema (MC) Sepsis Shock-Medical Shock-Trauma			2-10 mcg/minute with goal of SBP > 90mmHg Preparation: 4 mg in 250 ml D5W/mini drip at rate of 8-38 drops per minute as outlined in the Norepinephrine Infusion table below.						
Norepinephrine Infusion—Preparation 4 mg in 250 ml D5W/mini drip set									
Dose mcg/min	2 mcg/min.	3 mcg/min.	4 mcg/min.	5 mcg/min.	6 mcg/min.	7 mcg/min.	8 mcg/min.	9 mcg/min.	10 mcg/min.
Rate gtts/min	8	11	15	19	23	26	30	34	38
Ondansetron Abdominal Pain / GI Problem			4 mg IV/IM. May repeat in 10 minutes if necessary.						
Oxygen CORE Airway Protocols Etiology of Arrest Pre-Oxygenation procedure			1-6 liters/min via nasal cannula 6-15 liters/min via NRB mask 15 liters via BVM 15 lpm-High flow nasal cannula						
Oxymetazoline HCL 0.05% Epistaxis			2-4 sprays in affected nare						
Nasotracheal Intubation			2-4 sprays in each nostril before attempting nasal intubation						
Sodium Bicarbonate Crush Injury			Infusion X 2 Preparation: Each infusion includes 50 mEq of Sodium Bicarb in 1000 ml of normal saline—Wide Open						
Crush Injury (MC)			Bolus100 mEq IV/IO (if available)						
Etiology of Arrest			50 mEq IV/IO, may repeat 25 mEq in 10 minutes						

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Sodium Bicarbonate Overdose (Tricyclics) (MC)	50 mEq, may repeat 25 mEq in 10 minutes if signs/symptoms persist
Tachycardia-Wide Complex	1 mEq/kg IV/IO
Sodium Nitroprusside (MC) (CCT Only)	0.25 mcg/kg/min infusion Titrate to desired effect by increasing the dose by 1 mcg/kg/min up to a maximum dose of 10 mcg/kg/min. Mix 50mg of Sodium Nitroprusside (Nipride) in 250 ml D5W, yielding a concentration of 200 mcg/ml. Infusion pump should be utilized.
Tranexamic Acid (TXA) Blood Administration	1 g slow IV/IO
Shock-Trauma (Patients ≥ 18 years-old only)	2 g slow IV/IO
Vecuronium Bromide Advanced Airway Confirmation/Mgmt (MC) (CCT Only)	0.1 mg/kg IV/IO

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