

Western Regional Emergency Medical Advisory Committee

Title: Collaborative Protocol Formulary / ALS Equipment	
Effective Date:	April 5, 2017
Reviewed:	April 5, 2017

Policy:	<p>The Western Regional Emergency Medical Advisory Committee (WREMAC) has established the following minimum stocking requirements for IV fluids and medications. This policy supersedes all previous WREMAC publications and reflects the fluid and medication stocking requirements in the 2017 NYS EMS Collaborative Protocols.</p> <p>Agencies are required to carry all equipment necessary to provide services in accordance with their scope of practice as defined in state and regional policies / protocols, and as approved and determined by their agency and medical director.</p> <p>Medications: Agencies may stock more than the minimum number per unit expected in this document.</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 45%;">Medication</th> <th style="width: 15%;">Route</th> <th style="width: 10%;">Desired Unit</th> <th style="width: 10%;">Minimum ALS Unit</th> <th style="width: 10%;">Minimum AEMT Unit</th> <th style="width: 10%;">Minimum EMT Unit</th> </tr> </thead> <tbody> <tr><td>Adenosine</td><td>IV, IO</td><td>6 mg</td><td>3</td><td></td><td></td></tr> <tr><td>Albuterol</td><td>Nebulized</td><td>2.5 mg</td><td>3</td><td>3</td><td>3**</td></tr> <tr><td>Amiodarone</td><td>IV, IO</td><td>150 mg</td><td>3</td><td></td><td></td></tr> <tr><td>Aspirin</td><td>PO</td><td>81 mg</td><td>4</td><td>4</td><td>4**</td></tr> <tr><td>Atropine</td><td>IV, IO</td><td>1 mg</td><td>3</td><td></td><td></td></tr> <tr><td>Ipratropium</td><td>IV, IO</td><td>0.5 mg</td><td>3</td><td></td><td></td></tr> <tr><td>Calcium Chloride</td><td>IV, IO</td><td>1 gr</td><td>1</td><td></td><td></td></tr> <tr><td>Dexamethasone</td><td>IV, IO</td><td>10 mg</td><td>1</td><td></td><td></td></tr> <tr><td>Diltiazem</td><td>IV, IO</td><td>25 mg</td><td>1</td><td></td><td></td></tr> <tr><td>Diphenhydramine</td><td>IV, IO</td><td>50 mg</td><td>1</td><td></td><td></td></tr> <tr><td>Epinephrine 1:1,000 (1 mg/mL)</td><td>IV, IO, IM, Neb</td><td>1 mg</td><td>2</td><td>2*</td><td>2*</td></tr> <tr><td>Epinephrine 1:10,000 (0.1 mg/mL)</td><td>IV, IO</td><td>1 mg</td><td>5</td><td></td><td></td></tr> <tr><td>Glucagon</td><td>IM</td><td>1 mg</td><td>1</td><td></td><td></td></tr> <tr><td>Glucose, oral</td><td>PO</td><td>Varies</td><td>1</td><td></td><td></td></tr> <tr><td>Lidocaine 2%</td><td>IV, IO</td><td>100 mg</td><td>1</td><td></td><td></td></tr> <tr><td>Magnesium</td><td>IV, IO</td><td>1 gr</td><td>4</td><td></td><td></td></tr> <tr><td>Metoprolol</td><td>IV, IO</td><td>5 mg</td><td>1</td><td></td><td></td></tr> <tr><td>Naloxone</td><td>IM, IV, IO, IN</td><td>2 mg</td><td>2</td><td>2</td><td>2**</td></tr> <tr><td>Nitroglycerin</td><td>SL</td><td>0.4 mg</td><td>5</td><td></td><td></td></tr> <tr><td>Norepinephrine</td><td>IV, IO</td><td>4 mg</td><td>1</td><td></td><td></td></tr> <tr><td>Ondansetron</td><td>IM, IV, IO</td><td>4 mg</td><td>1</td><td></td><td></td></tr> <tr><td>Sodium Bicarbonate</td><td>IV, IO</td><td>50 mEq</td><td>2</td><td></td><td></td></tr> </tbody> </table> <p>*epinephrine (epinephrine kits or autoinjector [e.g. EpiPen®], as available and as trained) for adult and Pediatric patients.</p> <p>**All medications carried on EMT units must be approved by the WREMAC.</p> <p>Controlled Substances:</p>	Medication	Route	Desired Unit	Minimum ALS Unit	Minimum AEMT Unit	Minimum EMT Unit	Adenosine	IV, IO	6 mg	3			Albuterol	Nebulized	2.5 mg	3	3	3**	Amiodarone	IV, IO	150 mg	3			Aspirin	PO	81 mg	4	4	4**	Atropine	IV, IO	1 mg	3			Ipratropium	IV, IO	0.5 mg	3			Calcium Chloride	IV, IO	1 gr	1			Dexamethasone	IV, IO	10 mg	1			Diltiazem	IV, IO	25 mg	1			Diphenhydramine	IV, IO	50 mg	1			Epinephrine 1:1,000 (1 mg/mL)	IV, IO, IM, Neb	1 mg	2	2*	2*	Epinephrine 1:10,000 (0.1 mg/mL)	IV, IO	1 mg	5			Glucagon	IM	1 mg	1			Glucose, oral	PO	Varies	1			Lidocaine 2%	IV, IO	100 mg	1			Magnesium	IV, IO	1 gr	4			Metoprolol	IV, IO	5 mg	1			Naloxone	IM, IV, IO, IN	2 mg	2	2	2**	Nitroglycerin	SL	0.4 mg	5			Norepinephrine	IV, IO	4 mg	1			Ondansetron	IM, IV, IO	4 mg	1			Sodium Bicarbonate	IV, IO	50 mEq	2		
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Medication	Route	Desired Unit
Fentanyl*	IM, IV, IO, IN	100 mcg
Ketamine	IM, IV	500 mg
Midazolam	IM, IV, IO, IN	5 mg
Morphine	IM, IV	10 mg

Controlled substances are required of all ALS agencies. All Paramedic / Critical Care agencies shall carry (1) Midazolam and (2) either fentanyl or morphine for narcotic analgesia. The decision to carry fentanyl, morphine, or both is determined by the Agency and its Medical Director. * **Fentanyl** is the preferred option for narcotic analgesia. Ketamine is an optional medication and determined by the Agency and its Medical Director. The Agency and its Medical Director consistent with Bureau of EMS and Bureau of Narcotic Enforcement policy determine quantities.

Medication Infusion

Medication	Concentration	Volume	Minimum ALS Unit	Minimum AEMT Unit
Dextrose 10%	25 gr / unit	250 mL	2	2
Normal saline 0.9% *		100 mL	1	
Normal saline 0.9% **		1000 mL	3	3

* D5W 100 mL bags may be substituted for normal saline 100 mL, if there is a persistent shortage and normal saline is not available.

**Lactated Ringers may be substituted for normal saline, if there is a persistent shortage and normal saline is not available.

Optional Medications

The following are optional medications and the decision to carry as well as quantities is determined by the Agency and its Medical Director.

Medication	Route	Desired Unit
Dexamethasone	PO	10 mg
Hydroxycobalamin (CyanoKit)	IV, IO	5 gr
Ketorolac (Toradol)	IM, IV	30 mg
Nitrous oxide	Inhaled	N/A
Ondansetron (Zofran)	PO	4 mg

Rapid Sequence Intubation (Optional)

Provision of Rapid Sequence Intubation is an optional program, however RSI-credentialed agencies must carry the minimum following medications.

Medication	Route	Desired Unit
Etomidate (Amidate)	IV, IO	40 mg
Rocuronium	IV, IO	100 mg
Succinylcholine	IV, IO	200 mg

Procedure: The policy has two components by level of care: Required Fluids & Medications and Optional Fluids & Medications.

	<ol style="list-style-type: none"> 1. Required fluids and medications represent the minimum list of supplies to be considered “in service” as an AEMT or ALS unit. 2. Optional fluids and medications is a list of supplies that may be carried in addition to the required list but only with your medical director’s written approval. <p>All questions concerning this policy should be directed the regional program agency or agency medical director. A list of regional program agencies has been provided below.</p> <p>EMS Program Agencies:</p> <ul style="list-style-type: none"> • Niagara, Orleans, & Genesee Counties Lake Plains CCN: 585-345-6110 • Erie & Wyoming Counties Office of Prehospital Care: 716-898-3600 • Chautauqua, Cattaraugus, Allegany Counties Southern Tier EMS: 716-372-0614
Reference:	<ul style="list-style-type: none"> • November 20, 2013 Memorandum IV Fluid and Medication Minimum Stocking Requirements • 2017 NYS 2017 NYS EMS Collaborative Protocols