

WREMAC

To: All WREMAC hospitals, REMSCO's, County EMS Coordinators, EMS Agencies & Providers

From: Brian M. Walters, DO, FACEP, FAAEM
WREMAC Chairman

Date: May 12, 2016

RE: Methylprednisolone (Solu-Medrol) shortage

As many of you are aware, we continue to see national shortages of a growing number of medications. The latest shortage affecting providers in our area is Methylprednisolone (Solu-Medrol). This specifically affects the asthma/COPD and anaphylaxis protocols.

Providers may continue to use oral prednisone as an alternative per current WREMAC protocols. Consistent with the Collaborative Protocols which we will soon be implementing across our region, the WREMAC recommends the following alternatives when Methylprednisolone (Solu-Medrol) is not available:

Adults (Asthma/COPD, Allergic Reaction/Anaphylaxis):

On standing order may substitute for Methylprednisolone 125 mg IV:

1. Prednisone 50 mg PO
OR
2. Dexamethasone (Decadron) 10 mg PO, IM, or IV

Pediatric (Asthma, Allergic Reaction/Anaphylaxis):

As Medical Control Option may substitute for Methylprednisolone 125 mg IV:

1. Prednisone (if available) 2 mg/kg PO (maximum 60 mg)
OR
2. Dexamethasone (Decadron) 10 mg PO, IM, or IV for patients ≥ 2 years old
3. Dexamethasone (Decadron) 0.6 mg/kg mg PO, IM, or IV for patients < 2 years old