



**2012 Regional Protocol Required-Optional Regional Drug/Medications**

- **Yellow Highlight= 2012 Change-Addition**
- R = those medications for a Licensed ALS EMS Agency
- O = Optional Medications not required for ALS EMS Agency licensure. Inclusion of the medications at the direction of the EMS Agency Medical Director

Service \_\_\_\_\_ Vehicle # \_\_\_\_\_ Date Inspected \_\_\_\_\_  
 Medication Code Expired Med. Date

Medication	Code	Vehicle #	Date Inspected	Expired Med. Date
Acetaminophen	O			
Activated Charcoal	O			
Adenosine	R	Or Adenocard		
Albuterol	R	Or Proventil, or Ventolin,		
Amiodarone	O	Cordarone, or Pacerone		
Aspirin	R			
Atropine	R			
Bacteriostatic 0.9% Sodium Chloride	O			
Calcium Chloride	R			
<b>Calcium Gluconate</b>	<b>O</b>			
Captopril	O			
Benzocaine (topical)	O			
Dexamethasone	O	Decadron		
Diazepam or Lorazepam or Midazolam	R	Or Valium, Zetran, Versed, Ayivan, or Novo-Lorazepam		
Diltiazem	O	Or Cardizem, or Dilacor, or Tiazac		
Diphenhydramine	R	Or Benadryl		
Dobutamine	O	Or Dobutrex		
Dopamine	R	Or Intropin		
Dextrose	O	Glucose (oral)		
<b>Dextrose</b>	<b>R</b>			
Enalapril	O			
Epinephrine (1: 1,000)	R	Or Adrenaline		
Epinephrine ( 1: 10,000)	R	Or Adrenaline		
Furosemide	R	Or Lasix		
Glucagon	O	Or Gluca Gen		
Hydrocortisone	O	Solu-Cortef, Sodium Succinate		
<b>Intravenous Electrolyte Solutions</b>	<b>O</b>	<b>Dextrose, Lactated Ringer's, Normosol</b>		
Intravenous Electrolyte Solution • Sodium Chloride	R	Or (NaCl), or (0.9%NSS)		
Ipratropium Bromide	O			
Lidocaine	R	Or Xylocaine		
Magnesium Sulfate	R	Or Magnesium		
Methylprednisolone	O	Or A-Metha Pred, or Solu Medrol		
Naloxone	R	Or Narcan		
Nitroglycerin Spray, Paste, or Nitroglycerin Sublingual Tablets	R	Or Nito-Bid, Nitogard, Nitrostat , Nitrol, Nitro Quick, or Nitro -Dur		
Nitroglycerin for infusion	O	MUST HAVE IV PUMP		
Nitrous Oxide	O			
Ondansetron	R	Or Zofran		
Oxytocin	O	Or Pitocin, Syntocinon		

**“the bottom line is patient care”**

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Pralidoxime CL	O		IN MARK I KIT
Procainamide	O		Or Procan, Procanbid, Promine, Pronestyl
Sodium Bicarbonate	R		
Sodium Thiosulfate	O		
Sterile Water (for injection)	R		
Tetracaine (topical)	O		
Terbutaline	O		
Verapamil	O		Calan, Isoptin, or Verelan

**For Ambulance Licensure (effective immediately) ALS EMS Agencies may carry either / or**

Fentanyl Citrate	O		Or Sublimaze
Morphine Sulfate	R		Or Morphine, Roxanol, Duramorph, Astramorph

**Manual Flow Control Device or Electronic IV Pump**

Any prehospital transportation of continuous infusions of crystalloid solutions containing medication (except intravenous electrolyte solutions with potassium concentrations of no more than 20mEq/L) must be rate controlled by an electronic IV pump or a manual flow control device capable of setting specific numeric flow rates.

**Medications Approved for Inter-facility Transports ONLY**

Antimicrobials	I		
Bivalirudin	I		
Dilaudid	I		
Heparine	I		
Glycoprotein IIb/IIIa Inhibitors	I		Albciximab, Eptifibatide, Integrilin, Tirofiban
Isoproterenol	I		
Levalbuterol	I		
Potassium	I		
Total Parenteral Nutrition	I		

Code (R) Must be carried by all licensed ALS EMS Agencies

Code (O) May be carried by licensed ALS EMS Agencies if approved by EMS Agency Medical Director

Code (I) May be carried by licensed ALS EMS Agencies when doing an inter-facility transport only. Must be picked up at hospital at the time of the inter-facility transport