

SREMS MEDICATION FORMULARY

Medication	Administration Route	Concentration x OOD /ml or tab	Total per unit	REMAC Required
Adenorsine	Rapid IV	3mg	6mg	3
Albuterol premix 0.083% (3ml.)	Nebulized	0.83mg	2.5mg	5
Amiodarone, vial, 150mg (3 ml.)	IV bolus, drip	50 mg	150mg	4
Aspirin, Bottle, Chewable 325 or 81mg tab	PO chewed	81 mg	Variable	4
Atropine Sulfate 1.0mg/10ml *	IV bolus	0.1mg	1mg	2
Ipratropium (Atrovent)†	Nebulized	0.2mg	0.5mg	3
Calcium Chloride	IV bolus	100mg	1 gram	2
Diphenhydramine (Benadryl) 50mg/1ml	IV slow	50 mg/1ml		1
Dexamethasone (Decadron)	PO, IM, IV	10 mg		2
Diltiazem 25mg/5ml, may sub Lopressor	IV slow	5mg	25mg	1
Epinephrine 1:1,000(1 mg/mL)	IM, IV gtt	1mg	1mg	2
Epinephrine 1:10,000(0.1 mg/mL)	IV	0.1mg	1mg	6
Etomidate 2mg/ml if authorized	IV	2mg	40 mg (varies)	2 (total 80mg)
Glucagon 1mg. Unit	IM, IV	1mg	1mg	1
Glucose paste (tube)	PO			1
Haloperidol**	IM, IV	1mg	5mg	2
Ketorolac (Toradol)**	IM, IV	varies	30mg	1
Lidocaine 2%	IV, IV drip	20mg	100mg	3
Magnesium Sulfate 5gm	IV, IV gtt	500mg	5 grams	2
Metoprolol	IV slow	1mg	5mg	4
Naloxone (Narcan)	IM, IV, IN	1mg	2mg	2
Nitroglycerine 0.4mg/tab, 25 tabs/bottle or metered dose	SL, lingual	0.4mg	Spray or tabs	1
Nitrous Oxide	Inhalation		30% Unit dose	AEMT optional
Norepinephrine	Drip	4mg	4mg	1
Ondansetron (inj)	IM, IV slow	2mg	4mg	2
Ondansetron (PO)	SL dissolve	4 mg tab	Tab	2
Sodium Bicarbonate 50 mEq/50ml	IV, IV drip	1mEq/ml	50 mEq	2
Tetracaine*** unit dose (optional)	Ophthalmic		Bottle	1

* Does not include atropine included in DOH field deployment stock

** Etomidate (Amidate), Ketorolac (Toradol), nitrous oxide, haloperidol (Haldol), and ondansetron ODT may not be required by every region

*** Tetracaine is required only if Morgan Lenses are utilized.

† A combination unit dose (such as a DuoNeb) may be carried in place of ipratropium (Atrovent)

Infusion Formulary-- Required

Dextrose 10%	25 grams/unit	250ml		2
Normal Saline .09% (D5W 100mL bags may be substituted)		100 mL		6
Normal Saline .09% (Lactated Ringers may be substituted if shortage) 1000mL				4

Medication Formulary- Controlled Substances Required

Fentanyl	IM, IV, IN	100 mcg		2
Ketamine -(access restricted to Paramedic only)	IM, IV, IN	500mg/5ml		2
Midazolam (Versed)	IM, IV, IN	5 mg		4
Morphine	IM, IV	10 mg		2

If utilized, the minimum number of medications will be determined by regional procedure.

RSI-Medication Formulary-Optional

Rocuronium	IV	10 mg		2
Succinylcholine	IV rapid	20 mg		2
Vecuronium	IV	1 mg		2

RSI is not required. If utilized, the minimum number of medications will be determined by regional procedure.

Approved by REMAC 2/2/17