

# 2017 SREMS Medication Formulary

Medication	Administration Route	Concentration _xOOD_/ml or tab	Total per unit	REMAC Required
Adenosine	Rapid IV	3mg	6mg/or 12mg	3
Albuterol premix 0.083% (3ml.)	Nebulized	0.83mg	2.5mg	5
Amiodarone, vial, 150mg (3 ml.)	IV bolus, drip	50mg	150mg	4
Aspirin, Bottle, Chewable 325 or 81 mg tab	PO chewed	81mg	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	50mg/1ml		1
Dexamethasone (Decadron)	PO, IM, IV	10mg		2
Diltiazem 25mg/5ml, may sub Lopressor	IV slow	5mg	25mg	1
Epinephrine 1:1,000 (1mg/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 1 mg 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	4mg 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	250 ml	2
Normal Saline .09% (D5W 100mL bags may be substituted)		100mL	6
Normal Saline .09% (Lactated Ringers may be substituted if shortage)		1000mL	4

## Medication Formulary – Controlled Substances Required

Fentanyl	IM, IV, IN	100mcg	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.