

### Prescribed Medication Assistance

Criteria: This protocol is intended to provide assistance to patients or caregivers of patients who require help with emergency medication that they, or people in their care, are prescribed.

These reference cards are meant as a guide for medications that CFR's and EMT's can administer within their scope of practice. These apply to adult and pediatric patients. If a provider has any questions, they should contact Medical Control.

- Sublingual nitroglycerin for patients with chest pain
- Inhalers (albuterol or other beta-agonists) for patients with asthma or COPD
- Rectal diazepam (Diastat) for children or adults with seizures or special needs
- Epinephrine autoinjectors or Syringe Epinephrine for EMT for treatment of anaphylaxis
- Naloxone (Narcan) via prefilled Syringe 2mg/2ml or 4mg nasal spray



Based on 2019 BLS Protocols

### ASPIRIN

**INDICATIONS:** ACUTE CORONARY SYNDROME - Chest pain, suspicious of cardiac origin, including signs and symptoms of: retrosternal pain, heaviness, tightness or discomfort in the chest, radiation of pain or discomfort into jaw, arms or shoulders.

**CONTRAINDICATIONS :** Known Allergy (Hypersensitivity), Active GI Bleeding

**CAUTIONS:** GI Bleeding and upset, Already taken prior to EMS arrival, must be able to chew- May give an additional dose (324mg-chewed) if there is a concern about the patient having received an effective dose prior to arrival

**ADVERSE EFFECTS:** Heartburn, Nausea / Vomiting, Wheezing

**HOW SUPPLIED:** 81 mg tablets (TYPICALLY)-chewable not enteric coated

**DOSAGES: ADULT (>30 kg or 66 lbs) 324 mg (4 x 81 mg tablets)**

**PEDIATRIC (<30 kg or 66 lbs) NOT INDICATED**



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### **EPINEPHRINE (Auto-Injector or Syringe Epinephrine for EMT)**

**INDICATIONS:** If symptoms of shock, airway swelling or respiratory distress are present as the result of an allergic reaction, the provider may:

1. Assist the patient in administering the kit's contents (the patient has their own anaphylaxis kit)
2. Administer the Auto-Injector or Epinephrine by syringe (Syringe Epinephrine for EMT)

**CONTRAINDICATIONS :** None in the presence of anaphylaxis

**CAUTIONS:** Medical Control **must be contacted** if the patient is not prescribed an Epinephrine Auto-Injector. Medical control **should be** contacted before administering to pregnant or cardiac patients. If Epinephrine has been given, ALS must transport with the patient. (Do not delay transporting the patient while waiting for ALS to arrive at the scene.)

**ADVERSE EFFECTS:** Tachycardia / Palpitations, Dizziness, Nausea/Vomiting, Chest Pain, Hypertension, Nervousness / Anxiety, Headache, Tremors **OVER →**

**SREMS  
COUNCIL**

Based on 2019 BLS Protocols

### **ALBUTEROL (Proventil, Ventolin)**

**INDICATIONS:** Signs and symptoms of respiratory distress and bronchospasm / wheezing associated with asthma

**CONTRAINDICATIONS :** Known Allergy (Hypersensitivity)

**CAUTIONS:** Patient must have been prescribed a hand held aerosol inhaler. If patient has not previously had albuterol, contact medical control **prior** to administration

**ADVERSE EFFECTS:** Tachycardia / Palpitations, Dizziness, Hypertension, Headache, Angina, Sweating, Nervousness / Anxiety, Nausea / Vomiting, Tremors, Sore Throat

**HOW SUPPLIED:** Plastic Ampule of 2.5 mg / 3 mL (0.083% solution) (TYPICALLY) Administered via nebulizer set at 5-8 LPM. **OVER →**

**SREMS  
COUNCIL**

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### **NALOXONE (Narcan)**

**INDICATIONS:** Unconscious with ineffective breathing and concerns for opiate use. For provider and patient safety do not administer without a medical control order if there are adequate ventilations.

**CONTRAINDICATIONS:** None in the presence of respiratory depression or respiratory arrest

**CAUTIONS:** Naloxone may induce opiate withdrawal in patients who are physically opiate dependent

**ADVERSE EFFECTS:** Tachycardia / Palpitations, Hypertension, Diaphoresis, Nausea / Vomiting

**HOW SUPPLIED:** Prefilled Syringe 2 mg / 2 mL or 4mg nasal spray **OVER →**

**SREMS  
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**EPINEPHRINE (Auto-Injector) cont.**

**HOW SUPPLIED:** Epinephrine Auto-Injector (Patient prescribed or EMS service authorized) or Syringe Epinephrine

**ADULT:** 0.3 mg (EpiPen) or Syringe Epinephrine

**PEDIATRIC:** 0.15mg (EpiPen Jr) or Syringe Epinephrine

**DOSAGES: ADULT (>30 kg or 66 lbs)** One (1) Adult Auto Injector (0.3 mg Epi) or 0.3mg Epinephrine via Syringe –if no improvement within 5 minutes you may repeat once. Contact Medical control for additional doses.

**PEDIATRIC (<30 kg or 66 lbs)** One (1) Pediatric Auto Injector (0.15 mg Epi) or 0.15mg Epinephrine via Syringe- if no improvement within 5 minutes you may repeat once. Contact Medical control for additional doses.

**ADDITIONAL NOTES:** Adult- Epinephrine may be given for a critical asthma attack as a Medical Control consideration.

Pediatric-Critical asthma attack contact Medical Control.

**ALBUTEROL (Proventil, Ventolin) cont.**

**DOSAGES: ADULT (>30 kg or 66 lbs)** 2 ampules (5.0 mg) (may repeat to a total of three doses if symptoms persist) Contact Medical Control for additional doses.

**PEDIATRIC (<30 kg or 66 lbs)** 1 ampule (2.5 mg) (may repeat to a total of three doses if symptoms persist) Contact Medical Control for additional doses.

**ADDITIONAL NOTES:** In children under 2 yrs old, bronchiolitis is the most common cause of wheezing. Bronchiolitis may not respond to albuterol. Gentle nasal suctioning is the primary treatment along with oxygen, particularly in infants.

**NALOXONE (Narcan) cont.**

**DOSAGES: ADULT (>30 kg or 66 lbs)** For prefilled syringe- administer 2 mg IN (1 mg into each nostril) via Mucosal Atomization Device (may repeat once in 5 minutes-if necessary to maintain respiratory activity) For 4mg nasal spray administer the full 4mg dose in 1 nostril as a single spray.

**PEDIATRIC (<30 kg or 66 lbs)** For prefilled syringe- administer 1 mg IN (0.5 mg into each nostril) via Mucosal Atomization Device (may repeat once if necessary to maintain respiratory activity) For 4mg nasal spray-administer the full 4mg dose in 1 nostril as a single spray.

**ADDITIONAL NOTES:** If there is a high suspicion of opioid overdoses, providers may administer naloxone (Narcan) prior to checking a blood glucose level.

### NITROGLYCERIN (Nitro)

**INDICATIONS:** ACUTE CORONARY SYNDROME - Chest pain, suspicious of cardiac origin, including signs and symptoms of: retrosternal pain, heaviness, tightness or discomfort in the chest, radiation of pain or discomfort into jaw, arms or shoulders

**CONTRAINDICATIONS:** Systolic BP below 120 mmHg, Heart rate < 50 bpm or > 130 bpm, Medication not prescribed for the patient.

**CAUTIONS:** If systolic BP drops more than 20 mmHg, obtain medical consultation before further administration.

**ADVERSE EFFECTS:** Hypotension, Headache, Dizziness, Tachycardia

**HOW SUPPLIED:** 0.4 mg tablet (TYPICALLY) OVER →

**SREMS  
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### ORAL GLUCOSE

**INDICATIONS:** Signs and symptoms of an altered mental status resulting from hypoglycemia. For agencies approved to check finger stick blood glucose levels, a FSBG<60 mm/dL is hypoglycemia (Any patient with a history of diabetes, presenting with an altered mental status, may be treated regardless of FSBG values.)

**CONTRAINDICATIONS:** Patient is unable to speak or swallow

**CAUTIONS:** All patients on oral hypoglycemic medications or long-acting insulin, who have been treated for potential hypoglycemia, should be transported. Treatment should **not** be withheld from patients with a stroke-like presentation, as this is likely due to hypoglycemia.

**ADVERSE EFFECTS:** None clinically significant

**HOW SUPPLIED:** 15-24 grams of glucose in various concentrations based on individual manufacturers. (TYPICALLY) OVER →

**SREMS  
COUNCIL**

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**NITROGLYCERIN (Nitro) cont.**

**DOSAGES: ADULT (>30 kg or 66 lbs)** 1 tablet sublingual (under the tongue)  
(may assist patient with his/her prescribed nitroglycerin, up to 3 doses 5  
minutes apart if chest pain persists and systolic BP>120mmHG)

**PEDIATRIC (<30 kg or 66 lbs)** NOT INDICATED

**ADDITIONAL NOTES:** If patient does not have a prescription for nitroglycerin, a  
12-lead ECG should be obtained prior to administering any nitroglycerin.  
If the patient becomes hypotensive after nitroglycerin administration, place the  
patient in a supine position-as long as there are no contraindications to do so- such  
as severe pulmonary edema.

**ORAL GLUCOSE cont.**

**DOSAGES: ADULT (>30 kg or 66 lbs)**

Administer 15-24 grams of glucose between the gum and cheek to conscious  
patient. (may require multiple smaller administrations)(may use another  
carbohydrate source-such as fruit juice or non-diet soda)

**PEDIATRIC (<30 kg or 66 lbs)**

Administer 15-24 grams of glucose between the gum and cheek to conscious  
patient. (may require multiple smaller administrations)

**ADDITIONAL NOTES:** If the patient is unable to swallow on command, or mental  
status remains altered following administration of oral glucose, Do not delay  
transport.