



2024 SREMS Medication Formulary

Medication	Level	Administration Route	Concentration _xOOD_/ml or tab	Total per unit	REMAC Required
Acetaminophen	AEMT	PO	325mg/10.15ml or 160mg/5ml	650mg/20.3ml, 325mg/10.15ml or 160mg/5ml	1 2 4
Acetaminophen**	P	IV drip	1000mg/100ml	1000mg/100ml	1
Adenosine	P	Rapid IV	3mg	6mg/or 12mg	3
Albuterol premix	EMT	Nebulized	0.83mg	2.5mg	5
Amiodarone	P	IV bolus, drip	50mg	150mg	4
Aspirin	EMT	PO chewed	81mg	Variable	4
Atropine Sulfate*	P	IV bolus	0.1mg	1mg	3
Ipratropium (Atrovent) †	AEMT	Nebulized	0.2mg	0.5mg	3
Calcium Chloride	P	IV bolus	100mg	1 gram	1
Cefazolin**	P	IV drip	2gm	2 gram	1
Diphenhydramine (Benadryl)	P	IV slow	50mg/1ml	50mg	1
Dexamethasone (Decadron)	P	PO, IM, IV	10mg	10mg	1
Diltiazem	P	IV slow	5mg	25mg	3
Epinephrine 1mg/mL °	EMT	IM, IV drip	1mg	1mg	4
Epinephrine 0.1 mg/mL	AEMT	IV	0.1mg	1mg	6
Etomidate**	P	IV	2mg	40 mg (varies)	2 (total 80mg)
Glucagon	AEMT	IM, IV	1mg	1mg	1
Glucose paste	EMT	PO		Tube	1
Haloperidol **	P	IM, IV	1mg	5mg	1
Ibuprofen	AEMT	PO	100mg/5mL	100mg/5mL	4
Ketorolac (Toradol)	P	IM, IV	Varies	30mg	1
Lidocaine	P	IV, IV drip	20mg	100mg	3
Magnesium Sulfate	P	IV, IV drip	500mg	4 grams	1
Metoprolol	P	IV slow	1mg	5mg	4
Moxifloxacin**	EMT	PO	400mg tab	Tab	1
Naloxone (Narcan)	EMT	IM, IV, IN	1mg	2mg	3
Nitroglycerine 0.4mg/tab, 25 tabs/bottle or metered dose	AEMT	SL, lingual	0.4mg	Spray or tabs	1
Nitroglycerine**	P	IV	5mg/mL	50mg	1
Nitrous Oxide**	AEMT	Inhalation	30%	Unit dose	
Norepinephrine	P	IV Drip	4mg	4mg	1
Ondansetron (inj)	P	IM, IV slow	2mg	4mg	2
Ondansetron (PO)**	P	SL dissolve	4mg tab	Tab	2
Oxymetazoline	P	IN	0.05%	Bottle	1
Sodium Bicarbonate	P	IV, IV drip	1mEq/ml	50 mEq	2
Tetracaine ***	P	Ophthalmic		Bottle	1
TXA**	P	IV Drip	1gm	1 gram	1



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* Does not include atropine included in DOH field deployment stock.

** Acetaminophen IV, cefazolin, etomidate, moxifloxacin, nitroglycerine IV, nitrous oxide, TXA and ondansetron ODT are not required.

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

° 2 doses are for BLS Check and Inject or 1 Adult EpiPen and 1 Pediatric EpiPen.

† 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	4
Normal Saline .09% (D5W 250mL bags may be substituted)		250mL	2
Normal Saline .09% (Lactated Ringers may be substituted)		1000mL	4

Substitutions are listed in case of shortages.

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

RSI-Medication Formulary-Optional

Rocuronium	IV	10 mg	2
Succinylcholine	IV rapid	20 mg	2

RSI is not required.