**AR 5-400**

**ADMINISTRATIVE REQUIREMENT MANUAL**

**EFFECTIVE DATE**: June 16, 2025 **AUTHORIZATION**: Susan Lewis, NRP, Director

**TITLE:** Required Medications on Ambulances per Statewide Treatment Protocols

**SUPERSEDES:** April 22, 2024

**Purpose:** To define the medications and medication levels ambulances services must carry in order to provide care in accordance with the current Statewide Treatment Protocols (STPs).

**Background:**

1. **REGULATORY AUTHORITY:** 105 CMR 170.455, 170.460, 170.470
2. **AUTHORIZED EQUIPMENT:** Ambulance services must carry medications as required by Statewide Treatment Protocols. Ambulance services must not equip ambulances with medications that are outside of scope of practice of its EMT employees, or outside of the service’s level of licensure.
3. **MAINTENANCE**: All medications must be maintained according to manufacturers’ specifications regarding temperature controls and expiration date.
4. **TRAINING:** Services must complete training and ensure EMTs demonstrate competency in any medication changes for STP v.2025.1 by June 16, 2025. Once a service has successfully trained all of their EMS personnel, and, they may begin operating under the revised protocols prior to June 16, 2025.

# ADVANCED LIFE SUPPORT (ALS-PARAMEDIC LEVEL) MEDICATION LIST

VERSION **2025.1**

## ALL of the following medications are required (in addition to those required for ALS-Advanced and Basic Life Support [BLS] vehicles):

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| **REQUIRED MEDICATIONS** |
| **Medication Name** | **Suggested Concentration** | **Minimum quantity per****vehicle** |
| **Adenosine**(Adenocard) | 6mg/2mL | 36mg |
| **Amiodarone** | 150mg/3mL | 450mg |
| **Atropine Sulfate** | 1mg | 3mg |
| **Calcium Chloride** | 10% solution— 100mg/mL | 2 g |
| **Dextrose 5% \***Diluent packagedwith norepinephrine |  | 250mL |
| **Diltiazem** |  | 100mg |
| **Dopamine \*\***(typically comes intwo options) | 400mg/250mL Or800mg/500ml | 1 pre- mixed bag |
| **Epinephrine** | 1:1000 for infusion | 2mg |

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| **Epinephrine** | 1:10,000 (1 mgpre-filled syringes) | 12mg |
| **Fentanyl**(Sublimaze) | 50mcg/mL | 450-900mcg |
| **Furosemide** (Lasix) |  | 80mg |
| **Haloperidol**(Haldol) | 5mg | 10mg |
| **Ketorolac** | 15mg IV or 30mg IM | 60mg |
| **Lidocaine HCL** | Vials for infusion or pre-mixed bags | 2gm/1 bag |
| **Magnesium Sulfate** |  | 4g |
| **Methylprednisolone**(Solu-Medrol)**OR Hydrocortisone**(Solu-Cortef) | 125mg **OR**100mg | 125mg **OR**100mg |
| **Metoprolol**(Lopressor) | 5mg | 15mg |
| **Midazolam** (Versed) | 2mg/mL | 12mg |
| **0.9% Normal Saline**(in sterile packaging) | 100mL | 2 |
| **Nitroglycerin Paste** | 1 tube | 2 doses |

**AR 5-400**

**ADMINISTRATIVE REQUIREMENT MANUAL**

**EFFECTIVE DATE**: June 16, 2025 **AUTHORIZATION**: Susan Lewis, Acting Director **TITLE:** Required Medications on Ambulances per Statewide Treatment Protocols **SUPERSEDES:** April 22, 2024

|  |  |  |
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| **Norepinephrine \***(Levophed) | 4mg/4mL | 4mg |
| **Racemic Epinephrine** | 11.25mg/2mL | 2 doses |

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| **Sodium Bicarbonate** | 2 pre-filled @ 50mL | 100 mEq |

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| **OPTIONAL MEDICATIONS** |
| **Cyanide antidote kit - 2** | **Tetracaine - 1** | **NeoSynephrine/Phenylephrine nasal - 1** |
| **Vasopressin – 40 units** | **Lidocaine jelly - 1** | **Nerve Agent antidote kit - 2** |
| **Tranexamic Acid - 2g**/vehicle | **Morphine - 20mg**/vehicle | **Ketamine - 1000mg**/vehicle |
| **Acetaminophen IV - 2000mg**/vehicle | **Any other medications, as authorized by DPH** |
| **\*\*\*Nitroglycerin for IV Infusion** | **Hydroxocobalamin - 5-10g**/vehicle |
| **\*\*\*Antibiotic for IV Infusion** |  |  |

\* Dextrose 5% is not required for services that do not carry norepinephrine and have an IV pump.

\*\*Dopamine must be carried until IV pump available; once a service has IV pumps available, only Norepinephrine must be carried. Services with IV pumps in place may carry both Norepinephrine and Dopamine if they wish; however, only Norepinephrine is required.

\*\*\* Nitroglycerin and Antibiotic for IV use can only be carried and used if IV infusion pump is available.

# ADVANCED LIFE SUPPORT (ADVANCED EMT LEVEL) MEDICATION LIST

VERSION **2025.1**

**ALL of the following medications are required (in addition to those required for BLS vehicles):**

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| **REQUIRED MEDICATIONS** |
| **Medication Name** | **Suggested Concentration/****Formulation** | **Minimum quantity****per vehicle** |
| **Albuterol - may carry metered dose inhaler (MDI) single use** | 2.5mg for Nebulizer | 10mg MDI-2 |
| **Dextrose** | 25g of D10, additional Medication as D10, D25or D50 | 50g |
| **Glucagon** | 1mg | 2mg |
| **Ipratropium Bromide**(Atrovent) | 0.5mg | 2000mcg/ 4 doses |
| **Lidocaine HCL 2%** | Pre-Filled syringes. 20mg/ml | 200mg |
| **0.9% Normal Saline** (in sterile packaging) | 1000mL500mL | 22 |
| **3% hypertonic Normal Saline** in sterile packaging (packaged separate anddistinct from 0.9% Normal Saline) | 500mL | 1 |
| **Nitroglycerin Tabs** | 1 Bottle or 6 prepackaged units | 1 /6 Units |
| **Nitroglycerin Spray** | 1 Bottle of 400mcg per spray dose |  |
| **Odansetron (Zofran)** | 4mg ODT prepackaged tablet or 2mg/ml vial for IV | 8mg |
| **Diphenhydramine for IV administration** | 50mg | 100mg |

# BASIC LIFE SUPPORT (BLS) MEDICATION LIST

VERSION **2025.1**

ALL of the following medications are required. These medications are to be carried by ALS vehicles at the Advanced EMT and Paramedic levels as well.

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| **REQUIRED MEDICATIONS** |
| **Medication Name Suggested Minimum quantity Concentration/ per vehicle****Formulation** |
| **Epinephrine** Auto-Injector**OR Epinephrine** Check and Inject | Adult and Pedi; 1mg/ml | 2 Adult, 2 Pedi2 kits |
| **Aspirin** (chewable) | 81mg Tablets | 648mg |
| **Naloxone** (prefilled syringe withnasal atomizer) | 2mg | 20mg |
| **Oral glucose or equivalent** | 25g | 2 |
| **Diphenhydramine PO liquid (In addition, a service may carry tablets)** with measuring cup for liquid administration | 50mg | At least 100mg of medication in a multi-patient liquid form. |
| **Ibuprofen PO liquid (In addition, a service may carry tablets)** with measuring cup for liquidadministration | 200mg | At least 1200mg of medication in a multi-patient liquid form. |
| **Acetaminophen PO liquid (In addition, a service may carry tablets)** with measuring cup for liquid administration | 1000mg | At least 2000mg of medication in a multi-patient liquid form. |

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| **OPTIONAL MEDICATIONS** |
| **Albuterol (Required if using CPAP)** (may carry Metered Dose Inhaler [MDI]) - 2.5mg for Nebulizer; MDI - 2 |
| **Glucagon -** 2mg/vehicle |
| **Ipratropium -** 2000mcg/vehicle |
| **Leave-Behind Naloxone Civilian Kits** |
| **Risperidone 2mg** - 4mg/vehicle |
| **Olanzapine 5mg** - 20mg/vehicle |
| **Buprenorphine** - 24mg/vehicle |