The Commonwealth of Massachusetts

Executive Office of Health and Human Services

Department of Public Health
Office of Emergency Medical Services

67 Forest Street, Marlborough MA 01752



CHARLES D. BAKER

Governor

KARYN E. POLITO

Lieutenant Governor

MARYLOU SUDDERS

Secretary

MONICA BHAREL, MD, MPH Commissioner

**Tel: 617-624-6000**

**www.mass.gov/dph**

**ADVISORY 19-04-01**

**TO:** All MA Licensed Ambulance Services and MA Accredited EMT Training Institutions

**CC:** EMCAB Members

**FROM:** Dr. Jonathan Burstein, State Emergency Medical Services (EMS) Medical Director

**DATE:** April 12, 2019; updated August 1, 2019

**RE:** Required Medications on Ambulances per Statewide Treatment Protocols, v. 2019.2

In order for ambulances services to provide care in accordance with the updated Statewide Treatment Protocols (STP), v. 2019.2, they will need to make some changes in the medications or medication levels they carry.

**Services must complete training and ensure EMTs demonstrate competency in medication changes for STP v.2019.2**. Once a service has successfully trained all of their EMS personnel, and adjusted vehicle medication levels, they may begin operating under the revised protocols.

**Under a new medical director option, EMT-Basics may be authorized to use injectable glucagon.** Under the new Protocol 6.10 - Glucagon for Hypoglycemia by EMT-Basic, with training and affiliate hospital medical director approval, EMT-Basics can use injectable glucagon if the patient is unconscious or unable to safely swallow. Services must carry at a minimum 2 adult doses.

**Ipratropium has been added to Protocol 6.1 BLS Bronchodilators Adult & Pediatric Protocol.**

The medication was added to ensure that EMT-Basics can administer a DuoNeb under this protocol.

Minimum medication quantities reflect operational use and reasonable restocking time. For those services that have high volume and/or limited access to drug replacement through their affiliate hospital’s pharmacy, adjustments to minimum drug quantities may be needed.  Alternative drug replacement for off hours may be necessary in order to maintain minimum par levels.

Please note: Medications may be available in concentrations not listed below and should be maintained in consultation with the hospital pharmacist and affiliate hospital medical director.

VERSION **2019.2**

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

ALL of the following medications are required (in addition to/above those required for ALS-Advanced and Basic Life Support vehicles):

| **REQUIRED MEDICATIONS** |
| --- |
| **Medication Name** | **Suggested Concentration/****Formulation** | **Minimum quantity per vehicle** |
| **Adenosine** (Adenocard) | 6mg/2mL | 36mg |
| **Albuterol** | 2.5mg for Nebulizer | 10mg |
| **Amiodarone** | 150mg/3mL | 450mg |
| **Atropine Sulfate** | 1mg | 3mg |
| **Acetaminophen PO** | 1000mg  | 2000mg or bottle  |
| **Calcium Chloride** | 10% solution--100mg/mL | 1g |
| **Dextrose** | 25g of D10, additional medicationas D10, D25 or D50 | 50g |
| **Diltiazem** |  | 100mg |
| **Diphenhydramine** (Benadryl) | 50mg | 100mg |
| **Dopamine \*\***(typically comes in two options) | 400mg/250mLOr 800mg/500ml | 1 pre-mixed bag |
| **Epinephrine** | 1:1000 for infusion | 2mg |
| **Epinephrine** | 1:10,000 (1mg pre-filled syringes) | 12mg |
| **Fentanyl** (Sublimaze) | 50mcg/mL | 400mcg |
| **Furosemide** (Lasix) |  | 80mg |
| **Glucagon** | 1mg  | 2mg |
| **Haloperidol** (Haldol) | 5mg | 10mg |
| **Ibuprofen PO** | 200 mg | 1200 mg or bottle |
| **Ipratropium Bromide** (Atrovent) | 0.5mg | 2000mcg/4 doses |
| **Ketorolac** | 15mg IV or 30mg IM | 60mg |
| **Lidocaine HCL 2%** | Pre-Filled syringes; 20mg/ml | 200mg |
| **Lidocaine HCL** | Vials for infusion or pre-mixed bags | 2gm/1 bag |
| **Magnesium Sulfate**  |   | 4g |
| **Metoprolol** (Lopressor) | 5mL  | 10mg |
| **Midazolam** (Versed) | 2mg/mL  | 12mg |
| **Naloxone** (Narcan) |  | 20mg |
| **Nitroglycerin** | Bottle or 6 unit dose tabs & Paste (1) tube/2 doses  | 1 each |
| **Norepinephrine \*** (Levophed) | 4mg/4mL  | 4mg |
| **Dextrose 5%** Diluent packaged with norepinephrine  |  | 250mL |
| **Racemic** **Epinephrine**  | 11.25mg/2mL  | 2 doses  |
| **Sodium Bicarbonate**  | 2 pre-filled @ 50mL  | 100 mEq |
| **Methylprednisolone** (Solu-Medrol) OR **Hydrocortisone** (Solu-Cortef)  | 125mg **OR** 100mg  | 125mg **OR**100mg  |

|  |
| --- |
| **OPTIONAL MEDICATIONS** |
| **Hydroxycobalamin** (B12) | **Tetracaine** | **NeoSynephrine/Phenylephrine nasal** |
| **Cyanide antidote kit** | **Vasopressin** | **Lidocaine jelly**  | **Nerve Agent antidote kit** |
| **Tranexamic Acid:** 2g/vehicle | **Morphine:** 20mg/vehicle | **Ketamine:** 1000mg/vehicle |
| **Acetaminophen IV :** 2000mg/vehicle | **Any other medications, as authorized by DPH** |

\* Dopamine must be carried until IV pump available; then only norepinephrine must be carried.

**ADVANCED LIFE SUPPORT (ADVANCED EMT LEVEL) MEDICATION LIST**

VERSION **2019.2**

This list represents the medications required to be maintained on an ALS vehicle at the Advanced EMT level. Each quantity is in addition to/above the requirements of Basic Life Support vehicles.

| **REQUIRED MEDICATIONS** |
| --- |
| **Medication Name** | **Suggested Concentration/****Formulation** | **Minimum quantity** **per vehicle** |
| **Albuterol** | 2.5mg for Nebulizer | 10mg |
| **Dextrose** | 25g of D10, additional Medication as D10, D25 or D50 | 50g |
| **Glucagon** | 1mg | 2mg |
| **Ipratropium Bromide** (Atrovent) | 0.5mg | 2000mcg/ 4 doses |
| **Lidocaine HCL 2%** | Pre-Filled syringes; 20mg/ml | 200mg |
| **Naloxone** (Narcan) |   | 20mg |
| **Nitroglycerin** | Bottle or 6 unit dose tabs/2 doses | 1 each |
| **Odansetron (Zofran)** | 4mg ODT tablet; 2mg/ml IV  | 8mg |

**BASIC LIFE SUPPORT (BLS) MEDICATION LIST**

VERSION **2019.2**

This list represents the medications required to be maintained on a BLS vehicle. These medications are to be carried by ALS vehicles at the Advanced EMT and Paramedic levels as well.

| **REQUIRED MEDICATIONS** |
| --- |
| **Medication Name** | **Suggested Concentration/****Formulation** | **Minimum quantity** **per vehicle** |
| **Epinephrine Auto-Injector****OR Injectable Epinephrine** | Adult and Pedi;1mg/ml | 2 Adult, 2 Pedi2 Adult kits, 2 Pedi kits |
| **Aspirin (chewable)** | 81mg or 324mg | 648mg |
| **Naloxone (prefilled syringe with** **nasal atomizer)** | 2mg | 8mg |
| **Oral glucose (or equivalent)** | 25g | 2 |

|  |
| --- |
| **OPTIONAL MEDICATION** |
| **Albuterol (Required if using CPAP)** |
| **Glucagon 2 mg/vehicle** |
| **Ipratropium 2000mcg/vehicle** |

If you have any questions, please contact Renée Atherton, NRP, OEMS Compliance Coordinator, at renee.atherton@state.ma.us.