

## MEDICATION ADMINISTRATION

### POLICY:

1. Basic life support services carry and administer the following medications: oxygen and dextrose (oral). EMTs may assist the patient in taking certain medications as prescribed by their personal physician after consulting with Medical Control Physician.
2. In addition to those listed above, basic life support services with medication training may carry and administer the following medications: albuterol, aspirin, glucagon, nitroglycerin and an epinephrine autoinjector. EMTs may not change their scope of practice until appropriate training and medical direction approval have been obtained.
3. In addition to those listed in #1, advanced life support services may carry and administer the following medications: adenosine, Albuterol, Amiodarone, Atrovent, atropine, Benadryl, calcium chloride, 50% dextrose, dopamine, 1:1000 epinephrine, 1:10,000 epinephrine, Fentanyl, Glucagon, Haldol, magnesium sulfate, Mark – 1 Kits, morphine, Narcan, nitroglycerin, nitrous oxide, Opthane, Phenergan, Racemic epinephrine, sodium bicarbonate, Toradol and Versed. Oral dextrose is optional for ALS agencies and the epinephrine autoinjector may be carried.
4. In addition to those listed above, agencies performing RSI carry and administer the following additional medications: etomidate, vecuronium, and succinylcholine.
5. General guidelines to be followed when giving medications:
  - A. Perform patient assessment.
  - B. Manage ABCs as indicated.
  - C. Establish IV of normal saline.
  - D. Attach monitor and obtain ECG if indicated.
  - E. Obtain complete set of vitals: BP, pulse, respirations, and O2 sats.
  - F. Inquire about patient allergies.
  - G. Obtain/estimate patient weight.
  - H. Obtain physician order if required, and repeat the order back to the physician.
  - I. Check medication for correct concentration, correct dose and expiration date.
  - J. Administer medication.
  - K. If administering during cardiac arrest, circulate drugs with chest compressions.
  - L. Repeat assessment (e.g. lung sounds, pain scale) and vitals.
  - M. Notify medical control that drug has been given and any changes in patient condition.
  - N. Document drug, dosage, route, time, initials of person administering, SO (standing order) or VO (verbal order) and patient response.
6. Under special circumstances, and on the order of the medical control physician, an EMT may assist a patient in taking medications prescribed for the patient by their personal physician. Some of the more common medications that EMTs may be asked to assist with include nitroglycerin, epinephrine, aspirin, and metered-dose inhalers for asthma.
7. Use caution when administering medications to pregnant women. Consult with Medical Control Physician if there are any questions.
8. In the intubated patient, albuterol and Atrovent should be administered with an adapter that permits in-line nebulization.
9. ALS: For purposes of medication standing orders, children are those patients < 12 years.
10. ALS: All infusions (dopamine and epinephrine) must be administered via a Buretrol with 60 gtt tubing. Fill the Buretrol with 50 ml of the solution. Close off the Buretrol to the bag and control the appropriate drip rate via the 60 gtt tubing. Buretrol should be as high as or higher than bag to run well.
11. ALS: Controlled substances: fentanyl, morphine, nitrous oxide and Versed have special documentation requirements.
12. ALS: Any medication that may be administered via the IV route may also be administered IO at the same dose.