

SECTION OF EMS AND TRAUMA SYSTEMS

OPTIONAL

MEDICATION LIST FOR ADVANCED RESPONSE, AIR, AND PARAMEDIC
LEVEL SERVICES

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Any Drug listed in the American Heart Association's Advanced Cardiac Life Support protocols or Pediatric Advanced Life Support Protocols (such as Amiodarone, Adenosine, Vasopressin, Isuprel, Verapamil, Lopressor, Magnesium Sulfate, or Procainamide)

Injectable anticoagulant
Injectable beta blocker
Injectable antipsychotic
Injectable steroids
Injectable H2 blocker
Injectable H1 blocker
Injectable inotropic agent
Injectable antiepileptic agent
Injectable antidotes
Injectable antiemetic
Injectable beta agonist
Injectable calcium
Injectable antihypertensives
Injectable benzodiazepine antagonist
Injectable calcium channel blocker

IV Solutions (such as Lactated Ringers, Lactated Ringers with Dextrose, D5W, D5 ½ NS, D5NS)

Inhaled Bata Agonist
Aminophylline
Amyl Nitrite
Atrovent
Hydroxyzine
Mannitol
Nitrous Oxide
Oxytocin (Pitocin)
Prescribe external clotting agents
Monitoring of blood or blood products

Over-the-counter medications are not regulated by the Department.

OVER
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Controlled Meds

Considered controlled drugs by the Section of EMS and Trauma Systems,
MUST follow Controlled Drug Policy for storage.

Injectable sedative/hypnotic
Injectable Non-narcotic analgesic
Rectal Valium

Services must receive prior approval from the Section of EMS & Trauma Systems before implementation/utilization of the following medications: (See instructions below)

Injectable Cardiac Thrombolytic medications

The following must occur prior to the utilization of above-mentioned medications:

- a. Submit treatment protocol to the Section of EMS & Trauma Systems for review/approval prior to initiation of protocol. Protocol must be submitted for each licensed service/medical director. A statement must be attached to protocol stating that appropriate training will be provided to the paramedics prior to utilization of skill/procedures.
- b. Provide a semi-annual report (**dates to be determined by the Section of EMS & Trauma**) to the EMS Advisory Council regarding utilization of procedure(s). Reports shall be in a written format signed (**original signature**) by the paramedic ambulance service Medical Director and submitted to the Section **thirty (30) days** prior to the next scheduled Council meeting. The ambulance service Medical Director is welcomed to provide a verbal report to the Council as well as a written report; however the written report must be submitted within time frame listed above. Dates and location of scheduled Council meetings are posted at www.healthyarkansas.com/ems. Reports shall consist of the following:
 1. Number of employees trained during semi-annual period.
 2. Patient outcome regarding procedure(s)
 3. **Number of patients screened for possible thrombolytic medications**