



Arkansas Department of Health

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Governor Mike Beebe

Nathaniel Smith, MD, MPH, Director and State Health Officer

Date: May 14, 2014

To: EMS Stakeholders

From: Greg Brown, EMS Section Chief

Subject: Critical Shortage of Normal Saline

The Section of EMS is aware that there is currently a critical shortage of normal saline nationwide and is impacting our EMS Agencies across the State. The supply of normal saline, according to our Services, in all quantities has become increasingly difficult to obtain. This crisis is due to several factors including manufacturer's processing issues. Normal saline supplies are at critical levels and the shortage is not expected to resolve in the immediate future.

This presents potential patient care issues in regard to fluid replacement, resuscitation, medication administration, and medication infusion. To this end, we would encourage our Services to take steps to help alleviate and mitigate the current crisis.

The following national recommendations have been suggested for EMS Services, however the Section advises that before implementing these steps to consult with your Medical Director and develop protocols to cover your service during the shortage.

First, whenever possible place saline locks instead of intravenous lines to administer medications. Patients who qualify for saline locks, which are currently optional in many protocols, that need only medication administration, do not need an intravenous line running at a TKO (to keep open) rate. Medication administration should be followed with a saline flush, either drawn up or from a prefilled syringe.

Second, Vascular Access, saline locks should be used when fluid boluses or numerous medication administrations are not expected to be necessary. IVs should never be started prophylactically. The patient that has clinically stable vital signs should not receive an IV. Obviously, if the patient has mechanism of injury that places them at risk for occult injury, then a saline lock would be appropriate.

Third, unstable patients needing fluid volume replacement and/or needing resuscitation should always receive intravenous fluids. Examples of these patients include, but are not limited to, patients in shock, experiencing a STEMI, septic patients, and those that either present or become hypotensive.

EMS providers must use their best judgment in conjunction with their local protocols and Medical Direction before placing an intravenous line. Utilize saline locks whenever clinically deemed appropriate.

In addition, the recommendation for the use of Lactated Ringers where ever you would perform fluid replacement or resuscitation may be indicated. There are generally no compatibility issues with any of the medications that are currently required by the Section in the adult and pediatric patients.

In order to assist Services during the shortage the Section is reducing the total sum of sodium chloride required on each ALS ambulance. As of today's date, May 14, 2014, ALS ambulances will only be required to carry 1000ml of Normal Saline instead of the normal 4000ml. Once the shortage has been mitigated, the Section will communicate that information back to the Services and we will once again require the 4000ml Normal Saline minimum.

Please direct all questions regarding this change to Helen Huitt, Regulatory and Compliance Administrator at 501.661.2257 or helen.huitt@arkansas.gov. Thank you for your continued cooperation and support of the Arkansas EMS System.