

## Eastern PA EMS Council Regional Medication List

Effective 06/15/2019

Status	Generic Name	Trade Name	Minimum Quantity	Maximum Quantity	
Required	Acetaminophen	Tylenol	1 Bottle of 325mg Tabs & Liquid 160mg/5ml		
Required	Adenosine	Adenocard	30mg		
Required	Albuterol	Proventil	7.5mg		
Required	Amiodorone	Cordarone	450mg		
Required	Aspirin		Min. of 12 (81 mg chewable tablets)		
Required	Atropine Sulfate		3mg		
Required	Calcium Chloride		1gm		
Required	Dextrose 10%		Meet a min. of 50gm		
Required	Diltiazem	Cardizem	25mg (vials) 200mg (ADD-Vantage)		
Required	Diphenhydramine	Benadryl	100mg		
Required	Epinephrine 1:1,000	Adrenalin	2mg (ampule, 1mg/ml)		
Required	Epinephrine 1:10,000	Adrenalin	10mg		
<b>*Optional</b>	<b>Etomidate</b>	<b>Amidate</b>	<b>40mg</b>		
Required	Glucagon		1mg		
Either / or	Ipratropium Bromide - Atrovent - .02% - 2.5 ml		2 Units (Must Be Mixed With Albuterol)		If Stocked - <b>Don't Need</b> - Duo - Neb
	Duo-Neb - (Ipratropium 0.5 mg/Albuterol 3.0 mg) Inhalation Solution *Equivalent to 2.5 mg		2 Units		If Stocked - <b>Don't Need</b> - Atrovent
<b>*Optional</b>	<b>Hydorxonobalamine</b>	<b>B12</b>	10 grams ((2) 5 gram kits)		
<b>*Optional</b>	<b>Ketamine</b>	<b>Ketalar</b>	<b>1000mg ((2) 500mg vials)</b>		
<b>*Optional</b>	<b>Ketorolac</b>	<b>Toradol</b>	<b>30mg ((2) 15mg vials)</b>		
Required	Lidocaine		300mg		
Required	Magnesium Sulfate		4g (ampule, 1mg/ml)		
Required	Methylprednisolone	Solu-Medrol	125mg		
Required	Naloxone	Narcan	4mg		
Required	Nitroglycerine		(0.4mg tablet) Min. of 10 tablets		
Required	Nitroglycerine Ointment, 2%		1 tube		
Required	Ondansetron	Zofran	8mg		
Required	Sodium Bicarbonate		50mEq		
<b>*** CONTROLLED SUBSTANCES***</b>					
<b>Benzodiazepines - 1 Agent required (Midazolam preferred)</b>					
Authorized	Diazepam (Benzodiazepines)	Valium	20mg	40mg	<b>Per Vehicle Maximum</b>
Authorized	Lorazepam (Benzodiazepines)	Ativan	4mg	12mg	<b>Per Vehicle Maximum</b>
**Preferred	Midazolam (Benzodiazepines)	Versed	20mg	40mg	<b>Per Vehicle Maximum</b>
<b>*** CONTROLLED SUBSTANCES***</b>					
<b>Opioids - 1 Agency required (Fentanyl preferred)</b>					
**Preferred	Fentanyl (Opioid)		300mcg	400mcg	<b>Per Vehicle Maximum</b>
Required	Morphine Sulfate (Opioid)		20mg	40mg	<b>Per Vehicle Maximum</b>
<p><b>*Only for use by approved ALS services. May only be given AFTER medical command order.</b></p> <p><b>** MAC Preferred agent of choice, agencies must however stock a minimum of one (1) benzodiazepine and one (1) opioid</b></p>					
					Revised 06/10/2019

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