



# Union EMS Local Formulary October 1, 2009



## Forward

The intent of the Union EMS Local Formulary is to provide guidance during the implementation and use of the 2009 NCCEP Protocols, Policies and Procedures to the ALS and BLS Professionals within the Union EMS System.

## General Guidelines for Use

- Certification required for each component of patient care will be designated by the following legend:

Legend		
	MR	
B	EMT	B
I	EMT- I	I
P	EMT- P	P
M	Medical Control	M

- The Union EMS Local Formulary will provide further clarification of the NCCEP protocols and will dictate which skills, medications and certification levels are allowed within the Union EMS System.
- Components of patient care within a black bordered box may be completed in any order.
- Every step in the protocol may not have to be completed, if the patient responds adequately to the earlier therapies in the protocol and is stable, further treatment listed later in the protocol may not be needed.
- Details of procedures are listed in the "Procedures" section rather than in the protocols themselves.
- Drug information is listed in the "Drug Lists" rather than in the protocols themselves.
- Pediatric patients are defined for these protocols as <12 years old or able to fit within the measurements of the Broselow-Luten Tape.
- On line Medical Control contact should be made to the receiving hospital. If you are unable to make contact with that hospital, contact CMC-Union.
- If on line Medical Control is contacted, that physician must sign the PCR. Standing Orders do not require a physician's signature.
- EMS Professionals are expected to use good clinical judgment and on line Medical Control in conjunction with these guidelines for the best outcome of the patient. Treat the patient, not the monitor.
- **Remember that these protocols are only a guideline and are not to be followed blindly without regard for the patient's condition or response to therapies. Contact Medical Control for any deviation from protocol and document why the protocol was deviated from.**

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Christopher R. Rosanova, DO  
Union EMS Medical Director

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G. Scott Shew MHA, NREMT-P  
Union EMS Director

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M. Betsy Ross AASc, NREMT-P  
Union EMS Training Officer



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## General Information

Placement of **all** advanced airways will be confirmed through the use of waveform capnography and pulse oximetry. In the event that waveform capnography is not available, confirmation will be through use of an end-tidal CO2 detector.

An Airway Evaluation Form will be completed after use of **any** advanced airway and be attached to the PCR.

## Medical Responder

Allowed use of all skills and treatments as listed in the 2009 NCCEP Protocols and Procedures

## EMT

Allowed use of all skills and treatments as listed in the 2009 NCCEP Protocols and Procedures with the following exceptions:

- May not administer any medications except auto-injected epinephrine for allergic reactions
- Any procedure listed as "not in use" per the Union EMS Local Formulary

## EMT-I

Allowed use of all skills and treatments as listed in the 2009 NCCEP Protocols and Procedures with the following exceptions.

- Any procedure listed as "not in use" per the Union EMS Local Formulary
- Any medication listed as "not in use" per the Union EMS Local Formulary
- Medication doses clarified in the Union EMS Local Formulary

## EMT-P

Allowed use of all skills and treatments as listed in the 2009 NCCEP Protocols and Procedures with the following exceptions:

- Any procedure listed as "not in use" per the Union EMS Local Formulary
- Any medication listed as "not in use" per the Union EMS Local Formulary
- Medication doses clarified in the Union EMS Local Formulary



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**All drug dosages follow 2009 NCCEP Protocols Drug List unless noted below.**

Acetaminophen (Tylenol)

Adenosine (Adenocard)

Albuterol (Beta Agonist)

Amiodarone (Cordarone)

**USE BEFORE LIDOCAINE IN CARDIAC ARREST AND V-TACH**

Aspirin

Atropine

Atropine and Pralidoxime Auto-Injector Nerve Agent Kit

Calcium Chloride

Charcoal

**NOT IN USE**

Cimetidine (Tagamet) Histamine-2 Blocker

**NOT IN USE**

Dextrose 10% Glucose Solution

Dextrose 50% Glucose Solution

Diazepam (Valium) Benzodiazepene

**NOT IN USE**

Dilaudid (Hydromorphone) Narcotic Analgesic **USE ONLY IF PT ALLERGIC TO MORPHINE**

Diltiazem (Cardizem) Calcium Channel Blocker

Diphenhydramine (Benedryl)

Dopamine

Epinephrine 1:1,000

Epinephrine 1:10,000



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Etomidate (Amidate)

Famotidine (Pepcid) Histamine -2 Blocker

NOT IN USE

Fentanyl (Sublimaze) Narcotic Analgesic

NOT IN USE

Furosemide (Lasix)

Glucagon

Glucose Oral Glucose Solutions

Haloperidol (Haldol) Phenothiazine Preparation

NOT IN USE

Ibuprofen (Motrin) NSAID

Ipratropium (Atrovent)

Ketorlac (Toradol) NSAID

NOT IN USE

Levabuterol (Xopenex) Beta Agonist

NOT IN USE

Lidocaine

Lorazepam (Ativan) Benzodiazepene

NOT IN USE

Magnesium Sulfate

Methylprednisone (Solu-medrol) Steroid Preparation

Metoclopramide (Reglan) Anti-Emetic

NOT IN USE

Metoprolol (Lopressor) Beta-Blockers

Midazolam (Versed) Benzodiazepine

Morphine Sulfate Narcotic Analgesic

NARCOTIC OF CHOICE FOR PAIN CONTROL

Naloxone (Narcan) Narcotic Antagonist



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Normal Saline Crystalloid Solutions

Nitroglycerin

Nitrous Oxide

NOT IN USE

Ondansetron (Zofran) AntiEmetic

NOT IN USE

Oxygen

Oxymetazoline (Afrin or Otrivin) Nasal Decongestant Spray

Plavix

Pralidoxime (2-Pam)

NOT IN USE

Prednisone

NOT IN USE

Procainamide (Pronestyl)

NOT IN USE

Promethazine (Phenergan) Anti-Emetic

Ranitidine (Zantac) Histamine-2 Blocker

NOT IN USE

Sodium Bicarbonate

Succinylcholine Paralytic Agent

Vasopressin (Pitressin)

NOT IN USE

Vecuronium Paralytic Agent

Ziprasidone (Geodon)

NOT IN USE