



Southern Alleghenies EMS Council, Inc.

Olde Farm Office Centre • 1 Carriage House

Duncansville, PA 16635

Phone: 814-696-3200 • Fax: 814-696-0101 • 1-800-367-5448

TO: ALL ALS SERVICES

FROM: CARL L. MOEN, DEPUTY DIRECTOR

DATE: August 1, 2007

SUBJECT: REVISED REGIONAL ALS DRUG LIST

Attached please find a copy of the REVISED Southern Alleghenies EMS Council Regional ALS Drug List for medications used under the Statewide ALS Protocols. This list was revised by the Medical Advisory Committee to reflect the change to Zofran in the Nausea protocol as well as to clarify the use of the optional medications.

This list indicates the minimum medications that must be carried by all ALS services under the Statewide ALS Protocols. This list will be utilized during ambulance licensure inspections to ensure that all ALS services are compliant with the Statewide ALS protocol requirements. The list can also be downloaded in color from our website at www.saems.com.

The highlighted fields indicate medication classes where the drug that is carried is left to the discretion of the ALS service medical director. However, at least one drug from each of these classes must be carried on each ALS ambulance. For example, an ALS service medical director may elect to carry diazepam; and/or midazolam; and/or lorazepam; but must carry at least one benzodiazepine.

The optional medications may be carried by ALS services at the discretion of the ALS service medical director who must provide notification to our office that these medications will be carried. There are also additional requirements included in the Statewide ALS Protocols for the use of Etomidate that are very specific and include approval by our office and 100% quality improvement review at the service; regional and state levels.

As a reminder, the Statewide ALS protocols became effective in the Southern Alleghenies EMS Council region on March 1, 2007. All ALS services are responsible to ensure that ALS providers affiliated with their service are appropriately trained and currently operating under these protocols.

If you should have any questions or concerns, please contact our office.

Attachment

File: P:\Medical Advisory Committee\Protocols\Statewide\Revised Drug List Cover 08-01-07.Clm.Doc

**Southern Alleghenies EMS Council
Required Medications-Effective July 1, 2007**

MEDICATION	DOSAGE	REQUIRED	LICENSURE REQUIREMENTS
ACTIVATED CHARCOAL (Licensure Requirement)	50gm	1	<i>This medication list will be utilized during licensure inspections of ALS services to verify compliance with Statewide ALS protocols and regional medication requirements.</i>
ADENOSINE (ADENOCARD)	6mg	5	
ALBUTEROL (PROVENTIL, VENTOLIN) AND/OR IPRATROPIUM BROMIDE (ATROVENT) AND/OR	2.5/3cc 500 mcg/2.5 mL	2 2	
METAPROTERANOL (ALUPENT)	0.3 ml/2.5 mL	2	
ASPIRIN	81mg	1 bottle	
ATROPINE SULFATE	1mg	3	
DIPHENHYDRAMINE (BENADRYL)	50mg	1	
DIAZEPAM (VALIUM) AND/OR	10mg	3	
MIDAZOLAM (VERSED) AND/OR	5mg	2	
LORAZEPAM (ATIVAN)	4mg	2	
CALCIUM CHLORIDE	8.40%	1	
DILTIAZEM HCL (CARDIZEM, LYOJECT)	25mg	2	
CORDARONE (AMIODARONE)	150mg	3	
DEXAMETHASONE AND/OR	100mg	1	
METHYLPREDNISOLONE (SOLUMEDROL)	125mg	1	
DEXTROSE 50%	25gram	2	
DOPAMINE PRE-MIX	400mg/250 ml	1	
EPINEPHRINE 1: 1,000	1mg	2	
EPINEPHRINE 1:10,000	1mg	5	
FENTANYL	100mcg/2cc	3	
FUROSEMIDE (LASIX)	40mg	3	
INSTANT GLUCOSE (Licensure Requirement)	45gm	1	
LIDOCAINE HCL (PRE-MIX)	2gr/500cc/D5W	1	
LIDOCAINE HCL	100mg	3	
MAGNESIUM SULFATE	5gm	1	
MORPHINE	10mg	2	
NALOXONE (NARCAN)	2mg	2	
NITROGLYCERINE TABLETS* (NITROSTAT) AND/OR	0.4 MG-1/150	1	
NITROGLYCERINE SPRAY*	0.4-1/150	1	
SODIUM BICARBONATE	50mEq	1	

Optional Medications	Notification
Dobutamine	<i>Any service adding one of the optional medications to their drug box formulary or utilizing medications from the State Drug List for interfacility transports only must notify Southern Alleghenies EMS Council by letter signed by the ALS service medical director indicating that all ALS personnel affiliated with the service have received appropriate training on the medication and that new personnel will be trained in the use of the medication prior to authorization of medical command.</i>
Duoneb (albuterol sulfate and ipratropium bromide)	
Etomidate	
Glucagon	
Mark I Kit	
*Nitroglycerine Paste	
Nitrous Oxide 50:50	
Oxytocin	
Procainamide	
Ondansetron (Zofran)	
Sodium Thiosulfate	
<p align="center">The addition of Etomidate requires completion of the Sedation Assisted Intubation Checklist and approval by the Regional Medical Director prior to implementation</p>	