MEDICAL CONTROL POLICY STATEMENT/ADVISORY

No. 2021-03
Date: June 18, 2021

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EMS MEDICATION RECERTIFICATION

All EMS Providers:

EMS medication recertification is on June 25, 2021. Unless your agency has made other arrangements, please take the boxes and kits to a participating pharmacy beginning around 7:00AM on Friday. BLS kits will be recertified on the same day.

Medication Boxes:

- We will be adding 2 vials of 5mg/2ml of Verapamil. This medication will be utilized post radio for patients with persistent tachycardia. The protocol to reference for use of this medication is 5-3.

ALS Kits (Blue Bags):

- No changes

BLS Kits (Orange Bags):

- No changes

While we have your attention, please help us reduce the number of pharmacy incident reports by doing the following:

1. NEVER put a used or empty vial back into the drug box or kit. When used vials are put back, the pharmacist doesn't always know that the medication needs to be replenished.
2. ALWAYS ensure that you clean your trash out of the boxes and kits before sending them to pharmacy. This includes removing glucometers, laryngoscope handles and blades, and patient belongings. Most importantly, used needles and catheters belong in the appropriate waste receptacle. Please don't test the pharmacist's immune response by leaving a sharp or contaminated item in the box or kit.
3. When a controlled substances kit is opened, the paramedic is responsible for conducting an inventory of the kit. If there is a discrepancy, you should contact your supervisor and advise the pharmacy. When things come up missing, there is paperwork that must be filed with the DEA and drug swabs that will need to be done. Avoid the mess, just inventory the kit before sealing the box.
4. If administering anything from the controlled substances kit, you MUST document the total dose, number of vials and have the waste witnessed by someone licensed to administer the medication.

Attachments:

1. Box and Kit Inventories – June 2021
2. 5-3 Tachycardia Protocol

Greater Bay Area EMS Medication System

EMS DRUG BOX

SUPPLIES AND MICELLANEOUS

1	Atomizer	
2	Clave Adapter	
3	IV Start Kit	
1	Paper Bag	
2	Primary Macro Drip Tubing	
1	Red plastic reseal lock	
1	Illinois Illiac Needle	15 ga.
2	Safety IV Catheter	14 GA x 1.88" or 2"
2	Safety IV Catheter	14 GA x 5.25"
3	Safety IV Catheter	16 GA x 1.16"
3	Safety IV Catheter	18 GA x 1.16"
3	Safety IV Catheter	20 GA x 1.16"
3	Safety IV Catheter	22 GA x 1"
3	Safety IV Catheter	24 GA x 1"
3	Safety Needle	19 GA x 1 1/2"
3	Safety Needle	21 GA x 1 1/2"
2	Filter Needles	
2	Saline Flush	10 ml
2	Syringe	1 ml
2	Syringe	3 ml
2	Syringe	10 ml
1	Syringe	20 ml
1	Syringe	30 or 35 ml
1	Syringe (Oral)	5 ml
1	4-way Stopcock Extension	

Epinephrine Kit (bottom of box)

1	epinephrine vial	1 mg/1 ml
2	EpiRite Syringe	1 ml
2	Safety Needle	21 GA x 1 1/2"
4	Alcohol wipes	
2	Adhesive Bandages	

CONTROLLED SUBSTANCES (SEALED WITH RED LOCK)

1	diazepam (Valium)	10 mg/2 ml
2	fentanyl	100 mcg/2 ml
1	ketamine	500 mg/10 ml

MEDICATIONS AND FLUIDS

2	atropine sulfate	1 mg/10 ml
2	acetaminophen (Tylenol)	160 mg/5 ml
5	adenosine (Adenocard)	6 mg/2 ml
2	albuterol (Proventil)	2.5 mg/3 ml
3	amiodarone (Cordarone)	150 mg/3 ml
4	aspirin	81 mg chew tab
1	bacteriostatic NACL	30 ml
1	calcium chloride 10%	1 Gram /10 ml
1	dextrose 10%	25 grams in 250 ml
1	dextrose 5% in Water	50 ml
2	diphenhydramine	50 mg/1 ml
5	epinephrine	1 mg/10 ml
2	epinephrine vial	1 mg/1 ml
1	glucagon injection	1 mg
2	ipratropium (Atrovent)	0.5 mg/2.5 ml
2	lidocaine	100 mg/5ml
2	magnesium sulfate	1 Gram/2 ml
1	methylprednisolone	125 mg/2 ml
2	naloxone	2 mg/2 ml
1	nitroglycerin	0.4 mg tab (#25)
1	normal saline	500 ml
1	normal saline w/label	100 ml
2	ondansetron (Zofran)	4 mg/2 ml
1	racepinephrine 2.25%	0.5 ml
2	sodium bicarbonate 8.4%	50 MEq/50 ml
1	tranexamic acid	1 gram (packed w/NS 100 ml)
2	verapamil	5mg/2ml

KITS

ALS MINI-KIT

1	Atomizer	
2	Clave Adapter	
2	IV Start Kit	
2	Saline Flush Syr	10 ml
2	Safety IV Catheter	18 GA x 1.16"
2	Safety IV Catheter	20 GA x 1.16"
2	Safety IV Catheter	22 GA x 1"
2	Syringe	3 ml
2	Safety Needle	21 GA x 1 1/2"
1	Primary Macro Drip Tubing	
1	Red plastic reseal lock	
1	Paper Bag	
2	acetaminophen	500 mg tab
2	albuterol (Proventil)	2.5 mg/3 ml
4	aspirin	81 mg chew tab
1	dextrose 10%	250 ml
4	ibuprofen	200 mg tab
2	ipratropium (Atrovent)	0.5 mg/2.5 ml
1	methylprednisolone	125 mg/2 ml
2	naloxone	2 mg/2 ml
1	nitroglycerin	0.4 mg tab (#25)
2	ondansetron (Zofran) ODT	4 mg tab
1	ondansetron (Zofran)	4 mg/2 ml
5	prednisone	10 mg tab

BLS KIT

1	Epinephrine Kit	
1	Nebulizer	
4	aspirin	81 mg chew tab
2	albuterol (Proventil)	2.5 mg/3 ml
1	naloxone	2 mg/2 ml
1	atomizer	

MFR KIT

1	Epinephrine Kit	
1	naloxone	2 mg/2 ml
1	atomizer	

Revised - June 2021

Tachycardia

This protocol is for paramedic use only

Aliases: SVT, V-tach, Supraventricular tachycardia, Ventricular Tachycardia, Uncontrolled Atrial Fibrillation, A-fib

This protocol is used for the care of patients with persistent tachycardia (ventricular rate greater than or equal to 150/minute) where the tachycardia is believed to be the primary cause of the patient's symptoms. It is not intended to treat tachycardia that is secondary to underlying conditions (i.e., dehydration, trauma or toxins). Consultation with online medical control should be considered for complex patients in whom the cause of the arrhythmia is not obvious. SYNCHRONIZED CARDIOVERSION PRECEDES DRUG THERAPY FOR UNSTABLE PATIENTS. Unstable patients may be defined as those suffering a tachycardia with: hypotension, acutely altered mental status, signs of shock, significant ischemic chest discomfort, shortness of breath, or pulmonary edema that is likely due to the arrhythmia. Adenosine is only used for regular monomorphic rhythm tachycardia.

1. Follow the **General Pre-Hospital Care Protocol**.
2. Identify and treat reversible causes.
3. Determine if patient is stable or unstable.

UNSTABLE

4. If time and condition allow prior to cardioversion, sedate per MCA selection. Refer to **Patient Sedation Procedure**.
5. For unstable patients with a **REGULAR NARROW OR WIDE** rhythm, perform synchronized cardioversion beginning at 100 J, increasing to 200 J, 300 J, 360 J. (Use manufacturers suggested biphasic energy dose, 100 J).
6. For unstable patients with an **IRREGULAR NARROW** rhythm, perform synchronized cardioversion beginning at 200 J, increasing to 300 J, 360 J. (Use manufacturers suggested biphasic energy dose, 120 – 200 J).
7. For patients that are unstable with an **IRREGULAR WIDE** rhythm, perform defibrillation beginning at 200 J, increasing to 300 J, 360 J. (Use manufacturers suggested biphasic energy dose 150 – 200 J).

STABLE

8. Attempt Vagal Maneuvers
    a. Ensure the patient is on oxygen and on a cardiac monitor.
    b. Run ECG strip during the procedure.
    c. Instruct the patient to cough forcefully several times or
    d. Have the patient take a deep breath and bear down.
    e. DO NOT USE CAROTID MASSAGE.
9. Start an IV NS KVO. A large bore antecubital IV should be secured whenever possible.
10. Obtain 12 lead ECG, if immediately available.
11. *If the rhythm is **REGULAR:***
    a. Consider Adenosine 6 mg rapid IV push through the most proximal injection site. This should be followed immediately with 20 ml NS flush.

b. If conversion does not occur, administer Adenosine 12 mg IV using the same technique as stated above.

*12. If the rhythm is **IRREGULAR (likely atrial fibrillation):***

a. Consider administration of verapamil (Isoptin) 0.1 mg/kg (up to 10 mg) IV over not less than 2 minutes.

13. If rhythm is stable with narrow QRS contact medical control for possible orders.
14. If rhythm is stable with wide QRS administer Amiodarone ***OR*** Lidocaine per MCA Selection.

Medication Options
(Choose One)
☒Amiodarone - 150 mg IV over 10 minutes
OR
☐Lidocaine - 1 mg/kg IV

15. If at any point a patient becomes unstable, perform synchronized cardioversion.
16. Administer Magnesium Sulfate 2 gm IV/IO for suspected torsades de pointes.

17. Per MCA selection, administer additional Amiodarone 150 mg IV over 10 minutes as needed to a maximum of 450 mg OR Lidocaine 0.5 -1.0 mg/kg IV push every 5 - 10 minutes to a maximum of 3 mg/kg.

NOTES:

1. Administration of Amiodarone is best accomplished by adding Amiodarone 150 mg to 100 or 250 ml of NS and infusing over approximately 10 minutes.
2. Administration of Magnesium Sulfate is best accomplished by adding Magnesium Sulfate 2gm to 100 or 250 ml of NS and infusing over approximately 10 minutes.