





## Foreword

The intent of the Union EMS Local Formulary is to provide guidance throughout the implementation and utilization of the 2022 NCEP Protocols, Policies, and Procedures to the BLS and ALS 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:

ALGORITHM LEGEND		
	Emergency Medical Responder	
B	Emergency Medical Technician	
A	Advanced Emergency Medical Technician	
P	Paramedic	
	Notify Destination or Contact Medical Control	

- The Union EMS Local Formulary will provide further clarification of the NCEP 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 unless dictated by information in the individual protocol.
- Every step in the protocol may not have to be completed. If the patient responds adequately to earlier therapies in the protocol and is stable, further treatment listed later in the protocol may not be indicated.
- Refer to the “Procedures” section for details regarding individual procedures.
- Drug dosages are listed in each protocol and additional information can be found in the Pearls of each protocol and the drug cards.
- The general pediatric guidelines can be found in the Pearls of the Universal Patient Care protocol (UP-1). Any pediatric criteria that varies from general pediatric guidelines are noted in applicable protocols and procedures. Pediatric medication doses should not exceed adult doses.
- Contact the receiving facility for on-line medical control orders. If unable to make contact with the receiving facility, contact Atrium Union only if necessary. If desired orders are not granted, do not contact another facility. Medical control should be consulted for any deviation from protocols and reason for deviation should be documented appropriately in the patient care report.
- Obtain a signature from the physician that was contacted for on-line medical control orders in all cases, whether orders were granted or denied. Standing orders as included in the patient care protocols do not require a physician’s signature.
- Physician Assistants or Nurse Practitioners may not grant or sign for medical control orders. Speak directly to a physician when obtaining orders and not through other healthcare providers.
- EMS clinicians are expected to use sound clinical judgement and on-line medical control in conjunction with these guidelines for the best possible outcome of the patient.

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## General Information

Placement of all advanced airways will be confirmed using waveform capnography and pulse oximetry. In the event waveform capnography is not available, an end-tidal CO<sub>2</sub> detector should be used for confirmation.

The Airway Evaluation Form is integrated in the patient care report and should be completed when any advanced airway is used.

### Emergency Medical Responder (EMR)

- May perform all procedures and administer all medications indicated for the EMR credential level as listed in the 2022 Union EMS Clinical Care Protocols, with the exception of any procedure labeled "NOT IN USE". Medication doses are clarified in applicable treatment protocols.

### Emergency Medical Technician (EMT)

- May perform all procedures and administer all medications indicated for the EMR and EMT credential levels as listed in the 2022 Union EMS Clinical Care Protocols, with the exception of any procedure labeled "NOT IN USE". Medication doses are clarified in applicable treatment protocols.

### Advanced Emergency Medical Technician (AEMT)

- May perform all procedures and administer all medications indicated for the EMR, EMT, and AEMT credential levels as listed in the 2022 Union EMS Clinical Care Protocols, with the exception of any procedure labeled "NOT IN USE". Medication doses are clarified in applicable treatment protocols.

### Paramedic (EMT-P)

- May perform all procedures and administer all medications indicated for the EMR, EMT, AEMT, and Paramedic credential levels as listed in the 2022 Union EMS Clinical Care Protocols, with the exception of any procedure labeled "NOT IN USE". Medication doses are clarified in applicable treatment protocols.



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Union EMS utilizes the following medications which may be administered by the credential levels indicated below. Dosages and additional information can be found in the drug cards.

	EMR	EMT	AEMT	P
Acetaminophen		•	•	•
Adenosine				•
Albuterol		•	•	•
Amiodarone				•
Aspirin		•	•	•
Atropine				•
Atropine and Pralidoxime Auto-Injector (Nerve Agent Kit)	•	•	•	•
Calcium Chloride				•
Crystalloid Solutions (Normal Saline, Lactated Ringers, D5W)			•	•
Diltiazem				•
Diphenhydramine	•	•	•	•
Epinephrine 1:1,000	•	•	•	•
Epinephrine 1:10,000			•	•
Fentanyl				•
Furosemide				•
Glucagon			•	•
Glucose, Oral	•	•	•	•
Glucose Solutions (Dextrose 10%, Dextrose 50%)			•	•
Hydroxocobalamin (Cyanokit)				•
Ibuprofen		•	•	•
Ipratropium			•	•
Ketamine				•
Ketorolac			•	•
Labetalol				•
Lidocaine				•
Magnesium Sulfate				•
Methylprednisolone				•
Midazolam				•
Morphine				•
Naloxone	•	•	•	•
Nitroglycerin		•	•	•
Ondansetron				•
Oxygen	•	•	•	•
Oxymetazoline		•	•	•
Promethazine				•
Sodium Bicarbonate				•
Tranexamic Acid				•



## COMMON TRANSFER MEDICATION INFORMATION

### Nicardipine (Cardene)

Common anti-hypertensive which may be initiated by transferring facility. Used for blood pressure management. Calcium channel blocker.

**Common reactions:**

Headache, peripheral edema, dizziness, nausea/vomiting, tachycardia, palpitations

**Adverse reactions:**

AV block, ventricular tachycardia, angina exacerbation, allergic reactions

**IF SBP < 140 mmHg and/or DBP < 80 mmHg, STOP INFUSION.**

### Labetalol (Normodyne)

Common anti-hypertensive which may be initiated by transferring facility (infusion) or administered during transport with Medical Control orders. Used for blood pressure management. Beta blocker.

**Contraindications:**

Asthma, CHF, 2nd° or 3rd° heart block, bradycardia

**Common reactions:**

Headache, postural hypotension, dizziness, diaphoresis

**Adverse reactions:**

Bradycardia, ventricular dysrhythmias, allergic reactions

**IF SBP < 140 mmHg and/or DBP < 80 mmHg, STOP INFUSION.**

### Whole Blood and Components

Whole blood, packed red blood cells, plasma, platelets

**Common reactions:**

Urticaria, itching

**\*Adverse reactions:**

Chills, rigor, fever, dyspnea, light-headedness, flank pain

**\*IF ANY OF THESE SYMPTOMS OCCUR, STOP TRANSFUSION IMMEDIATELY AND KEEP IV OPEN WITH NORMAL SALINE.**

**Fever:** treat according to UP 10 – Fever

**Allergic Reaction:** treat according to AM 1 – Allergic Reaction/Anaphylaxis