

ADENOSINE (Adenocard) <i>VO = Intermediate</i> Paramedic	ADULT- 1 ST dose 6 mg IVP, 2 ND dose 12 mg IVP, 3 RD dose 12 mg Follow all doses with rapid 20 ml NS flush PEDI- 1 ST DOSE 0.1 mg/kg up to 6 mg 2 ND DOSE 0.2 mg/kg up to 12 mg **Contact base after 3 rd dose if no improvement
ALBUTEROL SULFATE <i>VO = EMT, EMT-IV, Intermediate</i> Paramedic	ADULT- 2.5 mg/3ml Continuous nebulizer 7.5 mg/9 ml PEDI- 0.15 mg/kg up to 10 mg in 3 ml NS Continuous nebulizer 0.5 mg/kg/hr max 15 mg/hr
AMIODARONE (Cardarone) <i>VO = Intermediate-except in cardiac arrest</i> Paramedic	ADULT- A. Cardiac Arrest, VF/Pulseless VT: 1 st dose 300 mg IV/IO bolus, 2 nd dose in 3-5 min if needed 150 mg IV/IO bolus B. Hemodynamically unstable wide complex tachycardia with pulse: 150 mg IV bolus infusion over 10 min PEDI- A. Pulseless VF/VT: 5 mg/kg IV/IO over 5 min (300 mg max dose) B. Perfusing supraventricular & ventricular arrhythmias 5 mg/kg IV/IO over 20 min bolus infusion (300 mg max dose)
ASPIRIN EMT, EMT-IV Intermediate Paramedic	ADULT- Chew four 81 mg tablets (324MG)
ATROPINE SULFATE <i>VO = Intermediate-except in cardiac arrest</i> Paramedic	ADULT- A. Hemodynamically Unstable Bradycardia- 0.5 mg IV/IO every 3-5min. Max 3mg or 0.04mg/kg. Titrate to LOC and perfusing BP. B. Symptomatic Insecticide/Organophosphate poisoning/exposure- 2-4 mg or higher may be needed. Titrate to pulmonary improvement/decreased bronchial secretions. PEDI- A. Symptomatic Bradycardia: 0.02 mg/kg IV/IO, max single dose for child 0.5 mg and for adolescent 1 mg. May repeat once.
CALCIUM CHLORIDE 10% Paramedic	ADULT- A. Magnesium sulfate overdose: 1 gm of 10% solution (100 mg/ml) SIVP over 5-10 min. B. Calcium channel blocker/beta blocker toxicity- 20-40 mg/kg slow IV over 5-10 min C. Hyperkalemia: 500-1000 mg slow IV over 5-10 min Contact base for additional dosages PEDI- 20 mg/kg/dose of 10% solution, slow push IV/IO. Do not exceed adult dose of 1 gm. May repeat in 10 min.

CEFAZOLIN (Ancef) Intermediate Paramedic With waiver	ADULT- 1 gm (dilute 1 gm in 100 mL of NS infuse over 20-30 min IV/IO) PEDI- 25 mg/kg (mix in 100 mL of NS infuse over 20-30 min IV/IO) **If giving IM mix per manufacture instructions & administer in large muscle.																																																										
DEXTROSE 50% EMT-IV Intermediate Paramedic	ADULT- 12.5-25 gm of D50W, IV/IO Repeat if needed PEDI- Newborn to 1month of age- 0.2-0.4g/kg D10NS solution Greater than 1 month- 0.5-1 g/kg of D25NS solution IV/IO ***To make D10W – 10 ml of D50W and 40 ml of NS ***To make D5NS drip – Remove 100 ml of NS from 1000 ml bag, add 2 amps of D50W in 900 ml of NS																																																										
DIAZEPAM (Valium) <i>VO = Intermediate</i> Paramedic	ADULT- 2-5 mg slow IV or deep IM for muscle spasms or anxiety 5-10 mg slow IV/IO, deep IM for seizures, combative behavior, alcohol withdrawals Maximum dose is 30 mg except in status seizures PEDI- 0.1-0.3 mg/kg slow IV/IO/IM (do not exceed the adult dose)																																																										
DIPHENHYDRAMINE (Benadryl) <i>VO = Intermediate</i> Paramedic	ADULT- 25-50mg SIVP, deep IM PEDI- 1 mg/kg Slow IV/IM (max 25 mg)																																																										
DOPAMINE (Inotropin) Paramedic	ADULT/PEDI- 2-20 mcg/kg/min <table border="1" data-bbox="662 961 1295 1381"> <thead> <tr> <th></th> <th colspan="4">Dose</th> <th>1600 mcg/ml</th> </tr> <tr> <th>Weight</th> <th>5</th> <th>10</th> <th>15</th> <th>20</th> <th>mcg/kg/min</th> </tr> </thead> <tbody> <tr> <td>20 kg</td> <td>4</td> <td>8</td> <td>11</td> <td>15</td> <td rowspan="9">microdrops/min</td> </tr> <tr> <td>30 kg</td> <td>6</td> <td>11</td> <td>17</td> <td>23</td> </tr> <tr> <td>40 kg</td> <td>8</td> <td>15</td> <td>23</td> <td>30</td> </tr> <tr> <td>50 kg</td> <td>9</td> <td>19</td> <td>28</td> <td>38</td> </tr> <tr> <td>60 kg</td> <td>11</td> <td>23</td> <td>34</td> <td>45</td> </tr> <tr> <td>70 kg</td> <td>13</td> <td>26</td> <td>39</td> <td>53</td> </tr> <tr> <td>80 kg</td> <td>15</td> <td>30</td> <td>45</td> <td>60</td> </tr> <tr> <td>90 kg</td> <td>17</td> <td>34</td> <td>51</td> <td>68</td> </tr> <tr> <td>100 kg</td> <td>19</td> <td>38</td> <td>56</td> <td>75</td> </tr> </tbody> </table> **put drip on a pump as soon as possible		Dose				1600 mcg/ml	Weight	5	10	15	20	mcg/kg/min	20 kg	4	8	11	15	microdrops/min	30 kg	6	11	17	23	40 kg	8	15	23	30	50 kg	9	19	28	38	60 kg	11	23	34	45	70 kg	13	26	39	53	80 kg	15	30	45	60	90 kg	17	34	51	68	100 kg	19	38	56	75
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DROPERIDOL <i>VO = Intermediate</i> Paramedic	ADULT- A. Agitation/combativeness: 5 mg IM or slow IV. May repeat once in 10 min if desired effect not achieved. B. Antiemetic: 1.25 mg slow IV or IM PEDI- A. Antiemetic: 0.05 mg/kg slow IV or IM, do not exceed Adult dose																																																										
EPINEPHRINE <i>VO = EMT-IV(Allergic reaction & Anaphylaxis)</i> <i>Intermediate-except in cardiac arrest</i> Paramedic	ADULT- A. Cardiac arrest- 1.0 mg (10 ml of 1:10,000) IV/IO every 3-5 min B. Moderate/severe allergic reactions- 0.3-0.5 mg (0.3 ml – 0.5 ml of 1:1000) IM C. Anaphylaxis- 0.3-0.5 mg IV/IO 1:10,000 (3-5 ml of 1:10,000) D. Asthma- 0.3 mg (0.3 ml of 1:1,000) IM																																																										

	<p>E. Epinephrine Drip: In 100 ml bag add 0.4 mg of Epinephrine this will yield Epinephrine 4 mcg/1mL. Begin at 1 mcg/min, titrate to BP 90 systolic to a max of 10 mcg/min. Place infusion on pump as soon as possible.</p> <p>F. Push dose presser: For transitional treatment only to maintain perfusion pressure while other therapies are being initiated. Epinephrine 10-20 mcg IVP (mix 1 mL epi 1-10,000 with 9 mL NS-concentration 10 mcg/mL)</p> <p>PEDI-</p> <p>A. Cardiac arrest- 1st dose- 0.01 mg/kg (0.1 ml/kg) of 1:10,000 every 3-5 min, max single dose 1 mg</p> <p>B. Anaphylaxis- 0.01 mg/kg (0.01ml/kg 1:1,000) IM every 3-5 min, max single dose 0.5 mg.</p> <p>C. Asthma- 0.01 mg/kg (0.01 ml/kg) 1:1,000 solution IM Max single dose 0.5 mg.</p> <p>D. Croup/Epiglottitis/Bronchiolitis- Racemic Epinephrine for inhalation</p> <p>E. Epinephrine Drip: In 100 ml bag add 0.4 mg of Epinephrine this will yield Epinephrine 4 mcg/1mL. Begin at 0.1-1 mcg/kg/min, contact with base is recommended Place infusion on pump as soon as possible.</p> <p>F. Push dose presser: For transitional treatment only to maintain perfusion pressure while other therapies are being initiated. Epinephrine 0.2 mcg/kg IVP (mix 1 mL epi 1-10,000 with 9 mL NS-concentration 10 mcg/mL)</p>
<p>ETOMIDATE Paramedic with RSI waiver</p>	<p>ADULT- Induction agent: 0.3 mg/kg IV/IO rapid push</p>
<p>FENTANYL CITRATE <i>VO = Intermediate</i> Paramedic</p>	<p>ADULT- Loading dose- 1 mcg/kg Slow IV/IM/IN/IO Maintenance dose- 0.5-1 mcg/kg Slow IV/IM/IN/IO</p> <p>PEDI- 0.5 – 1.0 mcg/kg Slow IV/IM/IN/IO</p> <p>DRIP ADULT/PEDI- To make Fentanyl infusion: Add 500 mcg Fentanyl to the 100 ml bag of NS. Begin infusion at 0.5 ml/kg/hr (2.5 mcg/kg/hr). Intubated pt only: May increase rate by 0.5 mL/hr to a max total increase of 20 mL/hr)</p>
<p>GLUCAGON <i>VO = Intermediate-for Beta blocker or Ca Channel blocker OD</i> Intermediate/Paramedic</p>	<p>ADULT- Hypoglycemia- 1 mg IM/IN Beta Blocker/Ca⁺⁺ channel Blocker OD- 2-10 mg IV/IO</p> <p>PEDI- Hypoglycemia- 0.1 mg/kg IM/IN (max dose 1 mg) Beta Blocker/Ca⁺⁺ channel Blocker OD- 0.1 mg/kg IV/IO do not exceed adult dose</p>
<p>IPRATROPIUM BROMIDE (Atrovent) <i>VO = Intermediate</i> Paramedic</p>	<p>ADULT- 500 mcg nebulized up to 3 doses PEDI- 250 mcg nebulized up to 3 doses</p>

IV SOLUTIONS EMT-IV Intermediate Paramedic	ADULT/PED- NS, LR or D5W TKO- 30 ml/hr (unless otherwise ordered by physician) Fluid Bolus/Challenge- 250-500 ml aliquots as appropriate Fluid resuscitation 20 ml/kg PRN as rapid as possible
KETAMINE (Ketalar) Paramedic with waiver	ADULT- A. RSI dosing 2 mg/kg SIVP B. Analgesia- 0.1-0.3 mg/kg over 2-3 min IV/IO/IM/IN every 20 min PRN x 3 doses-then attempt contact with med control C. Sedation-1-2 mg/kg over 2-3 min IV/IO/IM/IN every 20 min PRN x 3 doses-then attempt contact with med control D. Excited delirium/aggressive violent behavior 5 mg/kg IM single dose (age 13 years and greater) PEDI- Analgesia 0.1-0.3 mg/kg over 2-3 min IV/IO/IM/IN every 20 min PRN x 3 doses-then attempt contact with med control
LIDOCAINE <i>VO = Intermediate</i> Paramedic	ADULT- A. Cardiac-1.5 mg/kg IV/IO bolus (contact base except for VF and pulseless VT) B. ETI/RSI premedication single dose-1- 1.5 mg/kg IV/IO PEDI- Pediatric ventricular dysrhythmias- 1 mg/kg IV/IO (over 1-2 min if pt has pulse)
LIDOCAINE JELLY EMT, EMT-IV, Intermediate, Paramedic	ADULT/PEDI- Quantity sufficient to lubricate device
MAGNESIUM SULFATE <i>VO = Intermediate for OB associated seizure management</i> Paramedic	ADULT- A. Adult Cardiac Arrest - Torsade de pointes: 1-2 gm diluted in 10 ml NS IV/IO slow push. B. Torsade de Pointe with Pulse – 1-2 gm diluted in 100 ml of NS slow over 10-20 min. C. Acute bronchospasm: 2 gm diluted in 100 ml of NS IV/IO slow bolus infusion. D. In OB associated seizures, 4 Gm in 100 ml NS, IV over 20 min consider base physician contact for order treatment of severe pre-eclampsia. E. For high-risk OB patients during intra-facility transport: To make mag sulfate continuous infusion mix 20 gm in 1000 ml NS (Discard same amount of ml from base fluid as added from Magnesium Sulfate) Magnesium Sulfate is infused via IV/medication pump. Total fluid rate of Magnesium Sulfate and NS mainline should not exceed 125 ml/hr. 0.5 grams = 25 ml/hour 1.0 grams = 50 ml/hour 1.5 grams = 75 ml/hour 2.0 grams = 100 ml/hour 2.5 grams = 125 ml/hour F. Monitor vital signs, contractions, and fetal heart tones every 15 minutes G. For all pregnancy related Magnesium Sulfate administration: Monitor deep tendon reflexes (+1 to +4) every 30 minutes, contact base medical control for decreased deep tendon reflexes

	<p>H. A urinary catheter is required to be in place for a patient on a magnesium sulfate drip. Notify base physician for urine output < 30 ml/hr</p> <p>PEDI-</p> <p>A. Pediatric pulseless torsades de pointe: 25 to 50 mg/kg diluted in 10 ml NS IV/IO bolus infusion max dose 2 gm.</p> <p>B. Torsade de Pointe w/pulse – 25-50 mg/kg diluted in 100 ml of NS IV/IO over 10-20 min, max dose 2 gm.</p> <p>C. Pediatric severe asthma: 25-50 mg/kg in 100 ml NS over 20 minutes IV/IO, max dose 2 gm</p>
<p>METERED DOSE INHALERS <i>VO = EMT, EMT-IV, Intermediate</i> Paramedic</p>	<p>ADULT/PEDI-</p> <p>A. Confirm prescription identification.</p> <p>B. Ascertain how many times the patient has used the inhaler.</p> <p>C. If needed, contact Base Physician for an order to administer.</p> <p>D. Up to 2 puffs</p> <p>E. Contact Base Physician for additional orders if needed.</p>
<p>METHYLPREDNISOLONE (Solu-medrol) <i>VO = Intermediate</i> Paramedic</p>	<p>ADULT-</p> <p>A. 250 mg slow IV</p> <p>PEDI-</p> <p>A. 2 mg/kg IV, do not exceed adult dose</p>
<p>MIDAZOLAM (Versed) <i>VO = Intermediate</i> Paramedic</p>	<p>ADULT-</p> <p>A. Cardioversion premedication: up to 2.5 mg IV/IN/IM</p> <p>B. Status seizures, pacing, agitation and post intubation agitation: 1 mg every min IV, titrate to seizure cessation or decreased agitation (max single dose 0.1 mg/kg or 10 mg)</p> <p>C. Combative behavior compromising patient care: up to 0.1 mg/kg IV/ IM/IN (maximum single dose 10 mg)</p> <p>D. Induction agent for RSI: 0.1 mg/kg IV/IO (Paramedic only)</p> <p>E. Patients being paced may tolerate procedure without sedation, administer only if indicated</p> <p>PEDI-</p> <p>A. Analgesics/Sedative: 0.1 mg/kg IV/IN/IM max single dose 10 mg.</p> <p>B. Seizures: 0.2 mg/kg IV/IM/IO/IN</p> <p>Adult/Pedi Infusion for ventilated patients only: Add 15 mg Midazolam to 100 mL bag NS (yields 0.15 mg/mL). Begin at 0.075 mg/kg/hr. Hypotension risk, especially when combined with Fentanyl.</p>
<p>MORPHINE SULFATE <i>VO =Intermediate</i> Paramedic</p>	<p>ADULT-</p> <p>A. STEMI: 2-4 mg IV every 5-15 min intervals to relieve chest discomfort.</p> <p>B. Pain Control: 0.1 mg/kg IV/IM slowly, titrate as necessary (may need to reduce dose in the elderly)</p> <p>PEDI-</p> <p>A. Pain Control: 0.05 mg - 0.1 mg/kg IV/IM slowly</p> <p>B. Repeat as needed to effect.</p>

<p>NALOXONE (Narcan) EMT, EMT-IV Intermediate Paramedic</p>	<p>ADULT- A. 0.5-2 mg IV/IO/IM/ IN B. If no response is observed, this dose may be repeated after 5 min., if opiate overdose is suspected. PEDI- A. 0.1 mg/kg/dose IV/IO/IN/IM with single max dose 2 mg.</p>
<p>NITROGYCERIN (NITRO, NTG) <i>VO = EMT, EMT-IV-for patient assisted</i> Intermediate Paramedic</p>	<p>ADULT- A. 0.4 mg (1/150 grain) tablet sublingually, may repeat every 5 minutes as needed for effect. Maximum 3 doses in 15 min for cardiac ischemia. B. Blood pressure to be checked prior to each dose.</p>
<p>ONDANSETRON (Zofran) <i>VO = EMT (ODT route only)</i> EMT-IV Intermediate Paramedic</p>	<p>ADULT (4 yrs and up)- 4 mg slow IV over 2-3 min. Max dose 12 mg (May give ODT tablets if no IV) PEDI (under 4 years)- 2 mg slow IV over 2-3 min, (May give ODT tablets if no IV)</p>
<p>ORAL GLUCOSE EMT EMT-IV Intermediate Paramedic</p>	<p>ADULT- A. The dosage of oral glucose is 15g PEDI- A. 1gm/kg up to 15gm total one time dose.</p>
<p>PHENYLEPHRINE INTERNASAL EMT EMT-IV Intermediate Paramedic</p>	<p>ADULT/PEDI 2 sprays into each nostril prior to instrumentation If using for epistaxis, have patient expel clots before administration</p>
<p>PROMETHAZINE (Phenergan) <i>VO = Intermediate</i> Paramedic</p>	<p>ADULT- A. 12.5 mg deep IM, dose may be repeated once for max dose of 25 mg. B. Dose adjustment for elderly: 6.25-12.5 mg deep IM max dose of 25 mg. PEDI- 0.5 -1 mg/kg deep IM, up to 6.25 mg single dose. **IM is the preferred route due to possibility of tissue gangrene, Slow IV route can be considered. Dilute the dose in 10-20 ml of NS prior to administering.</p>
<p>RACEMIC EPINEPHRINE <i>VO = Intermediate</i> Paramedic</p>	<p>ADULT/PEDI- 0.5 ML OF 2.25% solution in 3 ml of NS via nebulizer If no improvement after 2 doses change therapy</p>
<p>ROCURONIUM BROMIDE Paramedic (with RSI waiver)</p>	<p>ADLUT- Paralytic agent 1 mg/kg</p>

<p>SODIUM BICARBINATE <i>VO = Intermediate-for Cardiovascular</i> Paramedic</p>	<p>ADULT- A. 1 mEq/kg (1 ml/kg) IV/IO of 8.4% solution B. TCA overdose: 2-4 mEq/kg, titrated to ECG and BP PEDI- A. 1 mEq/kg (1 ml/kg) IV/IO of 8.4% solution B. 4.2% solution should be used for infants less than 1 month of age: 1 mEq/kg (2 ml/kg) IV/IO C. TCA overdose:2-4 mEq/kg, titrated to ECG and BP</p>
<p>SUCCINYLCHOLINE CHLORIDE (Anectine) Paramedic (with RSI waiver)</p>	<p>ADULT- A. Paralytic agent : 1.5 mg/kg IV/IO rapid push</p>
<p>VECURONIUM BROMIDE (Norcuron) Paramedic (with waiver)</p>	<p>ADULT- 0.1 mg/kg IV PEDI- 0.1 mg/kg IV</p>
<p>INTERFACILITY TRANSPORT FORMULARY</p>	
<p>ANTIBIOTIC INFUSIONS-HOSPITAL INITIATED Intermediate, Paramedic</p>	<p>ADULT/PEDI- Antibiotics maybe given via slow IV drip or via an infusion pump at the physician ordered drip rate.</p>
<p>LABETALOL (Trandate, Normodyne) Paramedic with waiver</p>	<p>ADULT- BOLUS- 2-20 mg IVP over 2min (as ordered by physician). Do not exceed a total dose of 300 mg INFUSION-2-8 mg/kg per physician orders Normal Infusion Concentration- 400 mg/330 ml = 1.2 mg/ml **Medication must be put on Medication IV pump</p>
<p>INSULIN DRIP Paramedic</p>	<p>ADULT/PEDI- 0.1 units/kg/hour. BGL checks are mandatory every 30min during transport or more often if ordered by the physician. A decrease in blood sugar of 30-50 dl/hr is anticipated. If the blood sugar decreases more than 30 dl during a 30 minute recheck, contact the base physician for further orders. **Medication must be put on Medication IV pump</p>

NITROGLYCERIN DRIP Paramedic	Nitroglycerin is a concentrated medication that is administered after dilution. Usual mixtures include 25 mg in 250 ml of D5w or NS. This yields a concentration of 100 mcg/ml. As ordered by physician **Medication must be put on Medication IV pump																															
NOREPINEPHRINE (Levophed) Paramedic with waiver	ADULT- A. Administration via pump is required B. Infusion is made by placing 4 mg of norepinephrine in D5W or D5NS which yields 16 mcg/mL. C. Begin the infusion at 2 mcg/min and titrate to a max of 20 mcg/min PEDI- A. Mix as per adult instructions and administration via pump is required. B. Begin infusion at 0.1 mcg/kg/min and titrate to a max of 2 mcg/kg/min. Do not exceed adult maximum dose.																															
ALTEPLASE (Activase, tPA) Paramedic with waiver	ADULT- 0.9mg/kg (max 90mg) 10% total dose administered as an initial IV bolus over 1 min and remaining 90% infused over 60 min																															
Medication drips for interfacility transport <i>Verify medication dosage, concentration, and rate is correct. Medications are to be infused via IV pump- verify pump rate is correct prior to transport.</i>	<table border="1"> <tr><td>Amiodarone (Cardarone)</td><td>Intermediate, Paramedic</td></tr> <tr><td>Collids(Plasmanate, Albumin, Dextran, Hespan)</td><td>Intermediate, Paramedic</td></tr> <tr><td>Diltiazem (Cardizem)</td><td>Paramedic</td></tr> <tr><td>Glycoprotein IIb/IIIb inhibitors</td><td>Paramedic</td></tr> <tr><td>Heparin</td><td>Paramedic</td></tr> <tr><td>Mannitol (Osmitrol)</td><td>Paramedic</td></tr> <tr><td>Methylprednisolone (Solu-Medrol)</td><td>Paramedic</td></tr> <tr><td>Nicardipine (Cardene)</td><td>Paramedic</td></tr> <tr><td>Octreotide (Sandostatin)</td><td>Paramedic</td></tr> <tr><td>Oxitocin (Pitocin)</td><td>Paramedic</td></tr> <tr><td>Pantoprazole (Protonix)</td><td>Paramedic</td></tr> <tr><td>Potassium Chloride</td><td>Paramedic</td></tr> <tr><td>Sodium Bicarbonate</td><td>Paramedic</td></tr> <tr><td>TPN and/or Vitamins</td><td>Intermediate, Paramedic</td></tr> <tr><td>Hospital initiated antibiotics</td><td>Intermediate, Paramedic</td></tr> </table>	Amiodarone (Cardarone)	Intermediate, Paramedic	Collids(Plasmanate, Albumin, Dextran, Hespan)	Intermediate, Paramedic	Diltiazem (Cardizem)	Paramedic	Glycoprotein IIb/IIIb inhibitors	Paramedic	Heparin	Paramedic	Mannitol (Osmitrol)	Paramedic	Methylprednisolone (Solu-Medrol)	Paramedic	Nicardipine (Cardene)	Paramedic	Octreotide (Sandostatin)	Paramedic	Oxitocin (Pitocin)	Paramedic	Pantoprazole (Protonix)	Paramedic	Potassium Chloride	Paramedic	Sodium Bicarbonate	Paramedic	TPN and/or Vitamins	Intermediate, Paramedic	Hospital initiated antibiotics	Intermediate, Paramedic	
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