



ADIRONDACK- APPALACHIAN

REGIONAL EMERGENCY MEDICAL SERVICES COUNCIL

2920 State Route 30
 PO BOX 212
 Speculator, New York 12164
 Telephone (518) 548-3535 1-800-952-7367 FAX Phone (518-7605
 e-mail: aarems@frontiernet.net
 www.aarems.org

2017 Collaborative Items Needing AAREMS REMAC/Regional Approval

Item

REMAC Decision May 18, 2017

Formulary Medication Minimum Quantities;	Cf. Appended Listing;
Nasal Intubation;	Approved for Paramedic agencies only;
Approved List of alternative airway devices	Approved: King Airway, Combitube, Supraglottic Airway Laryngo-pharyngeal Tube (S.A.L.T.) Airway, Laryngeal Mask Airway (LMA);
Cardiac Arrest: ROSC/STEMI and ROSC patients to a hospital capable of primary angioplasty, if feasible, within a transport time recommended per regional procedure;	Within one hour;
Advanced EMTs in tactical EMS may be trained and equipped for needle chest decompression, but agency must be approved by REMAC;	Agreed that such agencies must each seek REMAC approval before beginning this;
General: Agitated Patient – Ketamine and Haldol may not be available in all Regions;	Ketamine and Haldol may be carried, but Ketamine is not mandatory;
Excited delirium – all use of protocol may require agency medical director review or regional QA, depending on regional procedure;	Review by agency medical director is required;
Hypoglycemia – If patient wishes to sign off and meds have been administered, including oral glucose, regional procedure may require medical control contact;	Agreed, in every case;
Smoke Inhalation – Cyanokit may not be available in all ambulances, or all Regions. It may be available for response to scenes through County Fire, EMS Coordinators, or as otherwise regionally established;	(Informational) It is available on all Life-Net of NY helicopters, and at St. Mary's Hospital, Amsterdam;

2017 Collaborative Protocols Medication Formulary with AAREMS REMAC Minimums

Medication	Administration Route	Concentration/mL or tab	Total per unit	Minimum number of units
Adenosine	Rapid IV	3 mg	6 mg	5
Albuterol	Nebulized	0.83 mg	2.5 mg	5
Amiodarone	IV bolus, Drip	50 mg	150 mg	4
Aspirin	PO chewed	81 mg	Variable	1 bottle or 8 individual tabs
Atropine ¹	IV bolus	0.1 mg	1 mg	3
Ipratropium (Atrovent) [†]	Nebulized	0.2mg	0.5 mg	3
Calcium Chloride	IV Bolus	100 mg	1 gram	2
Dexamethasone (Decadron)	PO, IM, IV	4 mg	4 mg	5
Diltiazem (Cardizem)	IV slow	5 mg	25 mg	3
Diphenhydramine	IV slow	50 mg	50 mg	2
Epinephrine 1:1000 (1 mg/mL)	IM, IV drip	1 mg	1 mg	3
Epinephrine 1:10000 (0.1 mg/mL)	IV	0.1 mg	1 mg	6
Etomidate (Amidate) ²	IV	2 mg	40 mg (varies)	2 (total of 80 mg)
Glucagon	IM, IV	1 mg	1 mg	2
Glucose, oral	PO	Variable	Variable	2
Haloperidol (Haldol) ²	IM, IV	5 mg	5 mg	1
Ketorolac (Toradol) ²	IM, IV	30 mg	Variable	2*
Lidocaine 2%	IV, IV drip	20 mg	100 mg	3
Magnesium	IV, IV drip	500 mg	Variable	2*
Metoprolol	IV slow	1 mg	5 mg	4
Naloxone (Narcan)	IM, IV, IN	1 mg	2 mg	2
Nitroglycerin (PO)	SL, Lingual	0.4 mg	Variable	1 bottle or spray
Nitrous Oxide ²	Inhaled	N/A	N/A	1 - see below
Norepinephrine	IV drip	1 mg	4 mg	1
Ondansetron (Zofran) (inj)	IM, IV slow	2 mg	4 mg	2
Ondansetron (Zofran) (PO)	SL dissolve	4 mg	4 mg	2
Sodium Bicarbonate	IV, IV drip	1 mEq	50 mEq	2
Tetracaine ³	Ophthalmic	N/A	N/A	1 bottle

¹ Does not include atropine included in DOH field deployment stock

² Etomidate (Amidate), ketorolac (Toradol), nitrous oxide, haloperidol (Haldol), and ondansetron ODT may not be required by every region - NB., no REMAC decision reached on Nitrous Oxide as of May 18, 2017

³ Tetracaine is required only if Morgan Lenses are utilized

[†]A combination unit dose (such as a DuoNeb[®]) may be carried in place of ipratropium (Atrovent)

*Minimum number of units will depend on concentration availability

Medication Infusion Formulary

Medication	Concentration	Volume	Total per unit	Minimum number of units
Dextrose 10 %	100 mg/mL	250 mL	25 Grams	3
Normal saline 0.9%*		100 mL		3
Normal saline 0.9%**		1000 mL		4

*D5W 100 mL bags may be substituted for normal saline 100 mL, if there is a persistent shortage and normal saline is not available.

**Lactated Ringers may be substituted for normal saline, if there is a persistent shortage and normal saline is not available

Resource: Medication Formulary Controlled Substances

Medication	Administration Route	Concentration/mL	Total per unit	Minimum number of units
Fentanyl	IM, IV, IN	50 mcg	100 mcg	2
Ketamine (Paramedic access only)	IM, IV, IN	100 mg	500 mg	2
Midazolam	IM, IV, IN	5 mg	5 mg	4
Morphine	IM, IV	10 mg	10 mg	2

Not all controlled substances are required

Medication Formulary RSI (Optional)

Medication	Administration Route	Concentration/mL	Total per unit	Minimum number of Units
Succinylcholine	IV Rapid	20 mg	200 mg	2
Vecuronium	IV	1 mg (reconstituted)	10 mg	2
Rocuronium	IV	10 mg	Variable	2*

RSI is not required

*Minimum number of units will depend on concentration availability