

SREMS_STPP

ON-SHIFT MEDICATION REFERENCE

Every medication listed on the August 2025 SREMS formulary. NYS Collaborative Protocols v26.2 dosing is separated into fast-scan action cards.

ADULT

consistent throughout

PEDIATRIC

consistent throughout

MED CONTROL

consistent throughout

WT: TBW / IBW / FIXED

shown on every dose row

Unqualified mg/kg = TBW; NYS-explicit ideal-body-weight dosing = IBW.

OPEN MEDICATION INDEX

40 complete SREMS medication profiles

QUICK REFERENCE ONLY

Verify the current protocol and contact medical control when directed.

QUICK = protocol start/default; ketamine sedation defaults are evidence-based.

Medication Index

Large tiles - tap anywhere inside a medication.

Acetaminophen

OPEN

Adenosine

OPEN

Albuterol

OPEN

Amiodarone

OPEN

Aspirin

OPEN

Atropine sulfate

OPEN

Calcium chloride

OPEN

Cefazolin

OPEN

Dexamethasone sodium phosphate

OPEN

Dextrose 10% in water

OPEN

Medication Index

Large tiles - tap anywhere inside a medication.

Diltiazem

OPEN

Diphenhydramine

OPEN

Epinephrine

OPEN

Etomidate

OPEN

Fentanyl

OPEN

Glucagon

OPEN

Ibuprofen

OPEN

Ipratropium bromide

OPEN

Ketamine

OPEN

Ketorolac

OPEN

Medication Index

Large tiles - tap anywhere inside a medication.

Lidocaine
OPEN

Magnesium sulfate
OPEN

Metoprolol
OPEN

Midazolam
OPEN

Morphine sulfate
OPEN

Moxifloxacin
OPEN

Naloxone
OPEN

Nitroglycerin
OPEN

Nitrous oxide
OPEN

Norepinephrine
OPEN

Medication Index

Large tiles - tap anywhere inside a medication.

Normal saline (0.9% sodium chloride)

OPEN

Olanzapine

OPEN

Ondansetron

OPEN

Oral glucose

OPEN

Oxymetazoline

OPEN

Rocuronium

OPEN

Sodium bicarbonate

OPEN

Succinylcholine

OPEN

Tetracaine ophthalmic

OPEN

Tranexamic acid (TXA)

OPEN

Acetaminophen

SREMS • REQUIRED + OPTIONAL FORMS

INDICATIONS

Pain and fever control.

KEY CONTRAINDICATIONS

Known hypersensitivity; severe active liver disease.

SREMS FORMULARY NOTE

optional IV.

ADULT

WT: N/A - FIXED

TRAINED / EQUIPPED

Fever/pain oral

Up to 1,000 mg PO.

QUICK

1,000 mg

ADULT

WT: N/A - FIXED

TRAINED / EQUIPPED

Fever/pain IV

1,000 mg IV over 15 minutes.

QUICK

1,000 mg

MED CONTROL

PEDIATRIC

WT: TBW

TRAINED / EQUIPPED

Fever/pain oral

15 mg/kg PO using the protocol table; under 2.7 kg requires medical control and the table tops out at 325 mg for 22.3 kg or more.

QUICK

15 mg/kg /
max 325 mg

MED CONTROL

PEDIATRIC

WT: TBW

TRAINED / EQUIPPED • PARAMEDIC ONLY

Fever/pain IV

12.5 mg/kg IV over 15 minutes by medical control.

QUICK

12.5 mg/kg

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NEXT >

Acetaminophen - continued

SREMS • REQUIRED + OPTIONAL FORMS

MED CONTROL

PEDIATRIC

WT: N/A - FIXED

Additional doses

By medical control.

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Adenosine

SREMS • REQUIRED

INDICATIONS

Stable, regular narrow-complex SVT; selected stable regular monomorphic wide-complex tachycardia; diagnostic use in regular wide-complex tachycardia.

KEY CONTRAINDICATIONS

Hypersensitivity; second- or third-degree AV block; sick sinus/sinus-node disease; poison- or drug-induced tachycardia; caution with seizures or bronchospastic disease.

ADULT

WT: N/A - FIXED

Stable regular narrow-complex tachycardia

6 mg rapid IV with flush, then 12 mg if needed.

QUICK

6 mg

MED CONTROL

ADULT

WT: N/A - FIXED

Additional adenosine for narrow-complex tachycardia

By medical control.

MED CONTROL

ADULT

WT: N/A - FIXED

Stable wide-complex tachycardia

6 or 12 mg IV with rapid NS flush by medical control.

QUICK

6 or 12 mg

PEDIATRIC

WT: TBW

Stable narrow-QRS tachycardia

0.1 mg/kg IV (max 6 mg), repeat 0.2 mg/kg (max 12 mg).

QUICK

0.1 mg/kg

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Albuterol

SREMS • REQUIRED

INDICATIONS

Treatment/prevention of bronchospasm in reversible obstructive airway disease; inhaled irritant exposure; hyperkalemia.

KEY CONTRAINDICATIONS

Hypersensitivity; dysrhythmias; caution with other sympathomimetics.

ADULT

PEDIATRIC

WT: N/A - FIXED

TRAINED / EQUIPPED

Wheezing/anaphylaxis/asthma

2.5 mg nebulized, repeat to three total doses; may combine with ipratropium 0.5 mg.

QUICK

2.5 mg NEB

MED CONTROL

PEDIATRIC

WT: N/A - FIXED

Additional albuterol beyond three doses

By medical control.

MED CONTROL

ADULT

WT: N/A - FIXED

Hyperkalemia

2.5 mg/3 mL nebulized every 10 minutes by medical control.

QUICK

2.5 mg NEB

MED CONTROL

PEDIATRIC

WT: N/A - FIXED

Continuous nebulization for asthma

By medical control.

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Albuterol - continued

SREMS • REQUIRED

MED CONTROL

ADULT

WT: N/A - FIXED

Crush injury with suspected hyperkalemia

Albuterol by nebulizer by medical control; the protocol does not specify a dose.

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Amiodarone

SREMS • REQUIRED

INDICATIONS

Refractory VF/pulseless VT; selected stable atrial or ventricular tachyarrhythmias.

KEY CONTRAINDICATIONS

Hypersensitivity; iodine hypersensitivity; cardiogenic shock; second- or third-degree AV block; sick sinus syndrome.

ADULT

WT: N/A - FIXED

VF/pulseless VT

300 mg IV, repeat 150 mg after 5 minutes if persistent.

QUICK

300 mg

PEDIATRIC

WT: TBW

VF/pulseless VT

5 mg/kg IV (max 300 mg), repeat once after 5 minutes (max repeat 150 mg).

QUICK

5 mg/kg

MED CONTROL

PEDIATRIC

WT: N/A - FIXED

Additional arrest dosing

By medical control.

ADULT

WT: N/A - FIXED

Stable wide-complex tachycardia

150 mg in 100 mL NS IV over 10 minutes.

QUICK

150 mg

MED CONTROL

ADULT

WT: N/A - FIXED

Additional amiodarone for wide-complex tachycardia

By medical control.

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Amiodarone - continued

SREMS • REQUIRED

PEDIATRIC

WT: TBW

Stable wide-complex tachycardia

5 mg/kg IV (max 150 mg), diluted in 100 mL and administered over 20 minutes.

QUICK

5 mg/kg

MED CONTROL

ADULT

WT: N/A - FIXED

Narrow-complex tachycardia

150 mg/100 mL NS over 10 minutes by medical control.

MED CONTROL

ADULT

WT: N/A - FIXED

Post-ROSC antiarrhythmic treatment

150 mg in 100 mL NS over 10 minutes by medical control.

QUICK

150 mg / 10 min

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Aspirin

SREMS • REQUIRED

INDICATIONS

New-onset chest discomfort suggestive of ACS.

KEY CONTRAINDICATIONS

ASA/NSAID hypersensitivity; bleeding disorders; hemolytic anemia; lactation.

ADULT

WT: N/A - FIXED

TRAINED / EQUIPPED

Suspected ACS/STEMI/chest pain

324 mg (four 81-mg non-enteric-coated tablets) chewed, only if able to chew.

QUICK

324 mg

ADULT

WT: N/A - FIXED

TRAINED / EQUIPPED

Suspected ACS/chest pain when an effective pre-arrival dose is uncertain

Give an additional 324 mg chewed.

QUICK

324 mg

ADULT

WT: N/A - FIXED

TRAINED / EQUIPPED

Cardiogenic shock

324 mg (four 81-mg tablets) chewed, only if able to chew.

QUICK

324 mg

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Atropine sulfate

SREMS • REQUIRED

INDICATIONS

Hemodynamically unstable bradycardia; acetylcholinesterase-inhibitor poisoning; pediatric RSI adjunct; beta-blocker or calcium-channel-blocker overdose.

KEY CONTRAINDICATIONS

Hypersensitivity; narrow-angle glaucoma; GI or bladder-outlet obstruction; severe ulcerative colitis/toxic megacolon; myasthenia gravis; hemorrhage with cardiovascular instability; thyrotoxicosis.

ADULT

Symptomatic bradycardia

1 mg IV every 3 minutes, max 3 mg.

WT: N/A - FIXED

QUICK

1 mg

PEDIATRIC

Symptomatic bradycardia

0.02 mg/kg IV, minimum 0.1 mg, max 1 mg; repeat once after 5 minutes, max total 0.04 mg/kg.

WT: TBW

QUICK

0.02 mg/kg

ADULT

Organophosphate poisoning

2 mg IV every 3-5 minutes until secretions dry.

WT: N/A - FIXED

QUICK

2 mg

PEDIATRIC

Organophosphate poisoning

1 mg IV every 3-5 minutes until secretions dry.

WT: N/A - FIXED

QUICK

1 mg

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Atropine sulfate - continued

SREMS • REQUIRED

ADULT

PEDIATRIC

WT: N/A - FIXED

Age 8 or older CHEMPACK severe exposure
6 mg IM/IV.

QUICK

6 mg

ADULT

PEDIATRIC

WT: N/A - FIXED

Age 8 or older CHEMPACK moderate exposure
4 mg IM/IV.

QUICK

4 mg

MED CONTROL

PEDIATRIC

WT: N/A - FIXED

CHEMPACK use in a under 8
By medical control.

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Calcium chloride

SREMS • REQUIRED

INDICATIONS

Hypocalcemia; hyperkalemia; beta-blocker or calcium-channel-blocker toxicity; magnesium toxicity.

KEY CONTRAINDICATIONS

Hypersensitivity; digoxin toxicity; hypercalcemia; suspected severe hypokalemia.

ADULT

Suspected hyperkalemia in cardiac arrest
1 g IV.

QUICK

1 g

WT: N/A - FIXED

ADULT

RSI-associated hyperkalemia with QTc
prolongation or QRS widening
1 g IV.

QUICK

1 g

WT: N/A - FIXED

MED CONTROL

ADULT

Crush injury with suspected hyperkalemia and
ECG changes
1 g IV over 5 minutes; repeat after 10
minutes if ECG changes persist, by medical
control.

QUICK

1 g

WT: N/A - FIXED

MED CONTROL

ADULT

Calcium-channel-blocker toxicity
1 g slow IV over 10 minutes by medical
control.

QUICK

1 g

WT: N/A - FIXED

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Calcium chloride - continued

SREMS • REQUIRED

MED CONTROL

PEDIATRIC

WT: TDW

Calcium-channel-blocker toxicity

20 mg/kg IV (max 1 g) by medical control.

QUICK

20 mg/kg

ADULT

WT: N/A - FIXED

Blood administration

1 g after each 500 mL whole blood.

GENERAL

WT: N/A - FIXED

Flush at least 50 mL NS between calcium chloride and sodium bicarbonate.

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Cefazolin

SREMS • OPTIONAL

INDICATIONS

Delayed definitive care after amputation or open fracture.

KEY CONTRAINDICATIONS

Follow allergy and agency screening requirements.

ADULT

WT: N/A - FIXED

TRAINED / EQUIPPED • PARAMEDIC ONLY

Delayed definitive care after amputation/open fracture

2 g IV as regionally approved.

QUICK

2 g

PEDIATRIC

WT: TBW

TRAINED / EQUIPPED • PARAMEDIC ONLY

Delayed definitive care after amputation/open fracture

20 mg/kg IV as regionally approved.

QUICK

20 mg/kg

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Dexamethasone sodium phosphate

SREMS • REQUIRED

INDICATIONS

Anaphylaxis; asthma/bronchospasm; croup; AMS/HACE; spinal cord injury; elevated ICP; adjunct in shock; COVID-19.

KEY CONTRAINDICATIONS

Hypersensitivity; systemic fungal infection; preterm infants.

ADULT

Allergic reaction/asthma
10 mg PO/IM/IV.

QUICK

10 mg

PEDIATRIC

Allergic reaction/asthma age 2 or older
10 mg PO/IM/IV.

QUICK

10 mg

MED CONTROL

PEDIATRIC

Allergic reaction/asthma under age 2
0.6 mg/kg PO/IM/IV by medical control.

QUICK

0.6 mg/kg

PEDIATRIC

Stridor age 2 or older
10 mg PO or IM.

QUICK

10 mg

MED CONTROL

PEDIATRIC

Stridor under age 2
0.6 mg/kg PO/IM/IV, max 10 mg, by medical control.

QUICK

0.6 mg/kg

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Dexamethasone sodium phosphate - continued

SREMS • REQUIRED

MED CONTROL

ADULT

WT: N/A - FIXED

Shock/hypoperfusion

Consider 10 mg PO/IM/IV by medical control.

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Dextrose 10% in water

SREMS • REQUIRED

INDICATIONS

Hypoglycemia; altered mental status; coma or seizure of unknown origin; status epilepticus; neonatal resuscitation.

KEY CONTRAINDICATIONS

Hypersensitivity, hyperglycemia, severe dehydration, anuria, diabetic coma, intracranial/intraspinal hemorrhage, glucose-galactose malabsorption. D10W solution should not be used for volume replacement.

ADULT

WT: N/A - FIXED

Hypoglycemia under 60 mg/dL and unable to swallow

D10W up to 25 g (250 mL) IV; may redose once if hypoglycemia recurs.

QUICK

25 g / 250 mL

ADULT

WT: N/A - FIXED

Titration guidance

Use 5-g (50-mL) aliquots and stop when normal responsiveness returns.

QUICK

5 g / 50 mL

MED CONTROL

ADULT

WT: N/A - FIXED

Additional D10W while still hypoglycemic

By medical control.

PEDIATRIC

WT: TBW

Glucose under 60 mg/dL and unable to swallow

5 mL/kg IV by syringe, max 25 g/250 mL.

QUICK

5 mL/kg

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Dextrose 10% in water - continued

SREMS • REQUIRED

PEDIATRIC

WT: TBW

Newborn glucose under 40 mg/dL
5 mL/kg IV by syringe.

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Diltiazem

SREMS • REQUIRED

INDICATIONS

Stable narrow-QRS tachycardia after vagal maneuvers/adenosine or if recurrent; ventricular rate control in AF/flutter without preexcitation.

KEY CONTRAINDICATIONS

Hypersensitivity; hypotension; cardiogenic shock; wide-complex tachycardia; second-/third-degree AV block; sick sinus syndrome; poison/drug-induced tachycardia; AF/flutter with accessory pathway; LV systolic dysfunction/decompensated HF; extreme caution with oral beta blockers.

ADULT

WT: TBW

Stable irregular narrow-complex tachycardia

0.25 mg/kg IV over 2 minutes (max 25 mg);
after 15 minutes, 0.35 mg/kg IV over 2
minutes (max 35 mg).

QUICK

0.25 mg/kg

MED CONTROL

ADULT

WT: N/A - FIXED

Additional slow IV dose

By medical control.

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Diphenhydramine

SREMS • REQUIRED

INDICATIONS

Symptomatic allergic reactions; dystonia/extrapyramidal symptoms; antiemetic; chemical restraint.

KEY CONTRAINDICATIONS

Hypersensitivity; newborn/premature infant; breastfeeding; caution with severe vomiting, asthma, narrow-angle glaucoma, BPH, alcohol intoxication, or lower-respiratory disease.

ADULT

Allergic reaction
50 mg IV or IM.

QUICK

50 mg

PEDIATRIC

Allergic reaction at CC level
1 mg/kg IM, max 50 mg.

QUICK

1 mg/kg

PEDIATRIC

Allergic reaction at paramedic level
1 mg/kg IM/IV, max 50 mg.

QUICK

1 mg/kg

ADULT

Nausea/motion sickness
25 mg IV or IM.

QUICK

25 mg

ADULT

Dystonia
50 mg IV/IM.

QUICK

50 mg

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Diphenhydramine - continued

SREMS • REQUIRED

MED CONTROL

PEDIATRIC

WT: TBW

Dystonia

1 mg/kg IV/IM, max 50 mg, by medical control.

QUICK

1 mg/kg

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Epinephrine

SREMS • REQUIRED + OPTIONAL FORMS

INDICATIONS

Cardiac arrest; bradycardia; shock; anaphylaxis; severe refractory wheezing; croup/bronchiolitis/stridor.

KEY CONTRAINDICATIONS

Hypersensitivity, coronary insufficiency/cardiac dilation, uncontrolled hypertension, hypothermia, pulmonary edema, myocardial ischemia, and hypovolemic shock; in life-threatening arrest/anaphylaxis there is no practical absolute contraindication.

SREMS FORMULARY NOTE

racemic epinephrine is optional.

ADULT

WT: N/A - FIXED

TRAINED / EQUIPPED

Anaphylaxis

0.3 mg of 1 mg/mL IM; repeat once after 5 minutes if not improved.

QUICK

0.3 mg IM

ADULT

WT: N/A - FIXED

Anaphylaxis infusion

Start 5 mcg/min IV and titrate to MAP over 65 mmHg or SBP over 100 mmHg.

QUICK

5 mcg/min

PEDIATRIC

WT: N/A - FIXED

TRAINED / EQUIPPED

Anaphylaxis

0.3 mg IM if 30 kg or more, 0.15 mg if under 30 kg; 0.1 mg may be used under 15 kg; repeat once after 5 minutes if not improved.

QUICK

0.3 / 0.15 / 0.1
mg IM

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Epinephrine - continued

SREMS • REQUIRED + OPTIONAL FORMS

MED CONTROL

PEDIATRIC

WT: TBW

Anaphylaxis infusion

0.1-1.5 mcg/kg/min IV by medical control;
start at 0.1 mcg/kg/min and titrate gradually.

QUICK

0.1
mcg/kg/min

ADULT

WT: N/A - FIXED

Arrest

1 mg of 0.1 mg/mL IV every 3-5 minutes,
max 5 doses.

QUICK

1 mg IV

PEDIATRIC

WT: TBW

Asystole/PEA arrest

0.01 mg/kg of 0.1 mg/mL IV/IO every 3-5 minutes, max 5
doses.

PEDIATRIC

WT: TBW

VF/pulseless VT arrest

0.01 mg/kg of 0.1 mg/mL IV every 3-5 minutes, max 5 doses.

MED CONTROL

PEDIATRIC

WT: N/A - FIXED

Additional arrest epinephrine after the standing maximum

By medical control.

ADULT

WT: N/A - FIXED

Symptomatic bradycardia

Epinephrine infusion starting at 5 mcg/min
IV, titrated to MAP over 65 mmHg or SBP
over 100 mmHg.

QUICK

5 mcg/min

< PREV

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Epinephrine - continued

SREMS • REQUIRED + OPTIONAL FORMS

PEDIATRIC

WT: TBW

Bradycardia

0.01 mg/kg of 0.1 mg/mL IV (max 0.3 mg), repeat every 3-5 minutes.

QUICK

0.01 mg/kg

MED CONTROL

PEDIATRIC

WT: TBW

Bradycardia infusion

0.1-1.5 mcg/kg/min IV by medical control; start at 0.1 mcg/kg/min and titrate gradually.

QUICK

0.1
mcg/kg/min

PEDIATRIC

WT: TBW

Newborn/neonatal resuscitation with heart rate under 60 after 60 seconds of compressions: 0.01 mg/kg of 0.1 mg/mL IV every 3 minutes until heart rate exceeds 60.

QUICK

0.01 mg/kg

ADULT

WT: N/A - FIXED

TRAINED / EQUIPPED

Post-ROSC hypotension after crystalloid

Prepare 10 mcg/mL push-dose epinephrine, give 10-20 mcg IV every 3-5 minutes and titrate to SBP over 100 mmHg.

QUICK

10 mcg

ADULT

WT: N/A - FIXED

TRAINED / EQUIPPED

Post-RSI hypotension

Use the same 10 mcg/mL preparation; give 10-20 mcg IV every 3-5 minutes and titrate to SBP over 100 mmHg.

QUICK

10-20 mcg

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Epinephrine - continued

SREMS • REQUIRED + OPTIONAL FORMS

ADULT

WT: N/A - FIXED

Severe asthma

0.3 mg of 1 mg/mL IM; may repeat after 5 minutes.

QUICK

0.3 mg IM

MED CONTROL

ADULT

WT: N/A - FIXED

Asthma nebulized epinephrine

3 mg of 1 mg/mL or racemic epinephrine 2.25% 0.5 mL in 3 mL NS by medical control.

QUICK

3 mg NEB

MED CONTROL

PEDIATRIC

WT: N/A - FIXED

TRAINED / EQUIPPED

Critical asthma at EMT/AEMT level

0.3 mg IM if 30 kg or more, 0.15 mg IM if under 30 kg, or 0.1 mg IM if under 15 kg, by medical control.

QUICK

0.3 / 0.15 / 0.1 mg IM

PEDIATRIC

WT: TBW

Severe asthma when not improving

0.01 mg/kg of 1 mg/mL IM (max 0.3 mg).

QUICK

0.01 mg/kg IM

MED CONTROL

PEDIATRIC

WT: TBW

Repeat IM asthma dosing

0.01 mg/kg, max 0.3 mg, by medical control.

MED CONTROL

PEDIATRIC

WT: TBW

Asthma infusion

0.1-1.5 mcg/kg/min IV by medical control; start at 0.1 mcg/kg/min and titrate gradually.

QUICK

0.1 mcg/kg/min

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Epinephrine - continued

SREMS • REQUIRED + OPTIONAL FORMS

MED CONTROL

PEDIATRIC

WT: N/A - FIXED

Asthma nebulized epinephrine

3 mg of 1 mg/mL or racemic epinephrine
2.25% 0.5 mL in 3 mL NS by medical
control.

QUICK

3 mg NEB

PEDIATRIC

WT: N/A - FIXED

Severe stridor

3 mg of 1 mg/mL nebulized or racemic
epinephrine 2.25% 0.5 mL in 3 mL NS.

QUICK

3 mg NEB

MED CONTROL

PEDIATRIC

WT: N/A - FIXED

Additional stridor dosing or use by CC

By medical control.

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Etomidate

SREMS • OPTIONAL

INDICATIONS

Induction/premedication for medication-facilitated intubation; procedural sedation.

KEY CONTRAINDICATIONS

Hypersensitivity; labor/delivery; septic shock, especially in children.

MED CONTROL

ADULT

WT: TBW

TRAINED / EQUIPPED

Procedural sedation

0.1 mg/kg IV once, no repeat, by medical control.

QUICK

0.1 mg/kg

ADULT

WT: TBW

RSI

0.3 mg/kg rapid IV push based on total body weight; may round to nearest 10 mg, max 40 mg.

QUICK

0.3 mg/kg

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Fentanyl

SREMS • REQUIRED CONTROLLED

INDICATIONS

Pain management; anesthesia adjunct; palliative severe respiratory distress.

KEY CONTRAINDICATIONS

Hypersensitivity; MAOI in prior 14 days; caution with GCS under 15, hypotension, persistent hypoxia, or hypoventilation.

ADULT

WT: TBW

Pain

1-1.5 mcg/kg IV/IM/IN; may repeat after 10 minutes, max total 200 mcg.

QUICK

1 mcg/kg

MED CONTROL

ADULT

WT: N/A - FIXED

Additional fentanyl beyond the standing maximum
By medical control.

PEDIATRIC

WT: TBW

Pain at CC level

1-1.5 mcg/kg IN; may repeat once after 10 minutes, max total 100 mcg.

QUICK

1 mcg/kg

PEDIATRIC

WT: TBW

Pain at paramedic level

1-1.5 mcg/kg IN/IV/IM; may repeat after 10 minutes, max total 100 mcg.

QUICK

1 mcg/kg

ADULT

WT: TBW

Procedural sedation

1-1.5 mcg/kg IV/IM/IN; may repeat after 5 minutes, max total 200 mcg.

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Fentanyl - continued

SREMS • REQUIRED CONTROLLED

MED CONTROL

PEDIATRIC

WT: TBW

Procedural sedation

1-1.5 mcg/kg IV/IM/IN, max 100 mcg, by medical control.

ADULT

WT: N/A - FIXED

Post-intubation

100 mcg IV once, then 50 mcg IV every 5 minutes as needed.

QUICK

100 mcg

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Glucagon

SREMS • REQUIRED

INDICATIONS

Suspected hypoglycemia with altered mental status; beta-blocker or calcium-channel-blocker overdose.

KEY CONTRAINDICATIONS

Hypersensitivity; pheochromocytoma; hyperglycemia; insulinoma.

ADULT

Hypoglycemia without vascular access
1 mg IM.

WT: N/A - FIXED

QUICK

1 mg

PEDIATRIC

Under 20 kg, 0.5 mg IM; 20 kg or more, 1 mg IM.

WT: N/A - FIXED

QUICK

1 mg / 0.5 mg

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Ibuprofen

SREMS • REQUIRED

INDICATIONS

Acute pain; fever.

KEY CONTRAINDICATIONS

ASA/NSAID hypersensitivity or aspirin-sensitive asthma; renal impairment; pregnancy; peptic ulcer; active intracranial/GI bleeding; thrombocytopenia/coagulopathy; suspected NEC; peri-CABG pain.

ADULT

WT: N/A - FIXED

TRAINED / EQUIPPED

Fever/pain

Up to 400 mg PO.

QUICK

400 mg

PEDIATRIC

WT: TBW

TRAINED / EQUIPPED

Fever/pain over 6 months

10 mg/kg PO using the protocol table; the table tops out at 200 mg for 22.3 kg or more.

QUICK

10 mg/kg /
max 200 mg

MED CONTROL

PEDIATRIC

WT: N/A - FIXED

Additional doses

By medical control.

QUICK

10 mg/kg /
max 200 mg

GENERAL

WT: N/A - FIXED

Protocol exclusions include recent dose, severe renal impairment, shock/overdose, anticoagulants, pregnancy/active bleeding, and NSAID/aspirin allergy.

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Ipratropium bromide

SREMS • REQUIRED

INDICATIONS

Persistent bronchospasm; COPD exacerbation; toxic inhalation with albuterol.

KEY CONTRAINDICATIONS

Hypersensitivity to ipratropium, atropine, alkaloids, or peanuts; caution in urinary retention, narrow-angle glaucoma, cardiovascular disease, or hypertension.

GENERAL

WT: N/A - FIXED

TRAINED / EQUIPPED

0.5 mg in 2.5 mL nebulized with albuterol 2.5 mg; albuterol may repeat to three total doses.

GENERAL

WT: N/A - FIXED

A combination unit dose such as DuoNeb may substitute.

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Ketamine

SREMS • REQUIRED CONTROLLED

INDICATIONS

Procedural sedation; severe agitation/violent behavior; pain control.

KEY CONTRAINDICATIONS

Hypersensitivity; age under 3 months; pregnancy; angina/heart failure; symptomatic hyperthyroidism; suspected schizophrenia; conditions where hypertension is hazardous; caution with raised ICP.

PEDIATRIC

WT: TBW

TRAINED / EQUIPPED • PARAMEDIC ONLY

Severe agitation

2 mg/kg IM, max 250 mg; may repeat once after 5 minutes if still uncontrolled.

QUICK

2 mg/kg IM

ADULT

WT: N/A - FIXED

TRAINED / EQUIPPED • PARAMEDIC ONLY

Severe agitation

250 mg IM; may repeat once after 5 minutes if still uncontrolled.

QUICK

250 mg IM

MED CONTROL

ADULT

WT: TBW

TRAINED / EQUIPPED • PARAMEDIC ONLY

Agitation

0.5-2 mg/kg IV/IM by medical control.

MED CONTROL

PEDIATRIC

WT: TBW

TRAINED / EQUIPPED • PARAMEDIC ONLY

Agitation

0.5-2 mg/kg IV/IM by medical control.

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Ketamine - continued

SREMS • REQUIRED CONTROLLED

ADULT

WT: TBW

TRAINED / EQUIPPED • PARAMEDIC ONLY

Pain

25 mg IV over 5 minutes or 50 mg IM; may instead use 0.1-0.3 mg/kg IV, not to exceed 25 mg IV or 50 mg IM.

QUICK

25 mg IV / 50 mg IM

ADULT

WT: N/A - FIXED

TRAINED / EQUIPPED • PARAMEDIC ONLY

Post-intubation

Up to 100 mg IV every 15 minutes as needed.

QUICK

100 mg

MED CONTROL

ADULT

WT: TBW

TRAINED / EQUIPPED • PARAMEDIC ONLY

Procedural sedation

0.5-2 mg/kg IV or 3-5 mg/kg IM, max 250 mg, by medical control.

QUICK

1 mg/kg IV / 4 mg/kg IM

MED CONTROL

PEDIATRIC

WT: TBW

TRAINED / EQUIPPED • PARAMEDIC ONLY

Procedural sedation

1 mg/kg IV/IM, max 100 mg, by medical control.

QUICK

1 mg/kg IV

ADULT

WT: IBW

TRAINED / EQUIPPED • PARAMEDIC ONLY

RSI

2 mg/kg rapid IV push based on ideal body weight; may round to the nearest 50 mg, max 500 mg.

QUICK

2 mg/kg IBW

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Ketamine - continued

SREMS • REQUIRED CONTROLLED

MED CONTROL

ADULT

WT: N/A - FIXED

TRAINED / EQUIPPED • PARAMEDIC ONLY

Refractory seizure after two midazolam doses
100 mg by medical control.

QUICK

100 mg

MED CONTROL

PEDIATRIC

WT: TBW

TRAINED / EQUIPPED • PARAMEDIC ONLY

Refractory seizure after two midazolam doses
1 mg/kg, max 100 mg, by medical control.

QUICK

100 mg

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Ketorolac

SREMS • REQUIRED

INDICATIONS

Acute moderate-to-severe pain.

KEY CONTRAINDICATIONS

NSAID/ASA allergy or aspirin-sensitive asthma; renal insufficiency; pregnancy/labor/breastfeeding; peptic ulcer or GI/intracranial bleeding; hypotension; coagulopathy/high bleeding risk.

ADULT

WT: N/A - FIXED

TRAINED / EQUIPPED

Pain at CC or Paramedic level

15 mg IV/IM.

QUICK

15 mg

PEDIATRIC

WT: TBW

TRAINED / EQUIPPED

Pain at Paramedic level, over age 2

0.5 mg/kg IV/IM.

QUICK

0.5 mg/kg

ADULT

WT: N/A - FIXED

Protocol exclusions include age over 60, pregnancy, active bleeding, chest pain or suspected ACS, severe renal impairment, shock/overdose, anticoagulants, and NSAID/aspirin allergy.

PEDIATRIC

WT: N/A - FIXED

Exclusions include pregnancy, active bleeding, severe renal impairment, shock/overdose, anticoagulants, and NSAID/aspirin allergy.

QUICK

0.5 mg/kg

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Lidocaine

SREMS • REQUIRED

INDICATIONS

Alternative antiarrhythmic for VF/pulseless VT and selected perfusing ventricular tachyarrhythmias; local anesthesia.

KEY CONTRAINDICATIONS

Hypersensitivity to lidocaine/amide anesthetics; second- or third-degree AV block; prophylactic use in AMI.

ADULT

WT: TBW

VF/pulseless VT

1.5 mg/kg IV, repeat 0.75 mg/kg after 5 minutes.

QUICK

1.5 mg/kg

PEDIATRIC

WT: TBW

VF/pulseless VT

1.5 mg/kg IV, repeat 0.75 mg/kg after 5 minutes.

QUICK

1.5 mg/kg

MED CONTROL

PEDIATRIC

WT: N/A, FIXED

Additional arrest dosing

By medical control.

QUICK

1.5 mg/kg

ADULT

WT: TBW

Stable wide-complex tachycardia

1.5 mg/kg IV.

QUICK

1.5 mg/kg

MED CONTROL

ADULT

WT: TBW

Additional stable wide-complex dosing

0.75 mg/kg IV by medical control.

QUICK

1.5 mg/kg

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Lidocaine - continued

SREMS • REQUIRED

PEDIATRIC

WT: TBW

Stable wide-complex tachycardia
1.5 mg/kg IV.

QUICK

1.5 mg/kg

MED CONTROL

ADULT

WT: TBW

Post-ROSC antiarrhythmic treatment
1.5 mg/kg IV, may repeat once at 0.75 mg/kg, by medical control.

QUICK

1.5 mg/kg

ADULT

WT: N/A - FIXED

Conscious IO placement
40 mg (2 mL of 2%) IO by the manufacturer method.

QUICK

40 mg IO

PEDIATRIC

WT: TBW

Conscious IO placement
1 mg/kg of 2% lidocaine IO, max 40 mg, by the manufacturer method.

QUICK

1 mg/kg IO

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Magnesium sulfate

SREMS • REQUIRED

INDICATIONS

Torsades de pointes/hypomagnesemia; severe bronchoconstriction; eclamptic seizure/preeclampsia.

KEY CONTRAINDICATIONS

Hypersensitivity; heart block; myocardial damage; diabetic coma; hypermagnesemia; hypercalcemia; caution in renal insufficiency.

MED CONTROL

ADULT

WT: N/A - FIXED

Stable wide-complex/TdP

2 g IV over 10 minutes by medical control.

QUICK

2 g

MED CONTROL

ADULT

WT: N/A - FIXED

Unstable wide-complex/TdP

2 g IV over 2 minutes by medical control.

QUICK

2 g

ADULT

WT: N/A - FIXED

Cardiac arrest with suspected TdP/hypomagnesemia

2 g IV.

QUICK

2 g

ADULT

WT: N/A - FIXED

Asthma

2 g in 100 mL NS IV over 10 minutes.

QUICK

2 g

MED CONTROL

ADULT

WT: N/A - FIXED

Repeat magnesium or use for COPD exacerbation

By medical control.

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Magnesium sulfate - continued

SREMS • REQUIRED

MED CONTROL

PEDIATRIC

WT: TBW

Asthma

50 mg/kg IV over 10 minutes, max 2 g, by medical control.

QUICK

50 mg/kg

ADULT

WT: N/A - FIXED

Pre-eclampsia/eclampsia

4 g in 100 mL NS IV over 20 minutes.

QUICK

4 g

MED CONTROL

ADULT

WT: N/A - FIXED

Additional magnesium or magnesium infusion for pre-eclampsia/eclampsia

By medical control.

MED CONTROL

ADULT

WT: N/A - FIXED

Preterm labor

4 g in 100 mL NS IV over 20 minutes by medical control.

QUICK

4 g

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Metoprolol

SREMS • REQUIRED

INDICATIONS

Rate reduction during myocardial ischemia and selected atrial tachycardias.

KEY CONTRAINDICATIONS

Bradycardia, hypotension, conduction delay, reactive-airway disease, and major conduction effects with calcium-channel blockers.

ADULT

WT: N/A - FIXED

Stable irregular narrow-complex tachycardia
5 mg IV over 2 minutes instead of diltiazem when the patient takes a prescribed beta blocker.

QUICK

5 mg

ADULT

WT: N/A - FIXED

Persistent/recurrent stable irregular narrow-complex tachycardia
Repeat 5 mg IV over 2 minutes after 15 minutes if metoprolol was given initially.

QUICK

5 mg

MED CONTROL

ADULT

WT: N/A - FIXED

Additional or initial metoprolol outside the standing narrow-complex order
5 mg slow IV by medical control.

QUICK

5 mg

MED CONTROL

ADULT

WT: N/A - FIXED

STEMI
5 mg slow IV if HR over 80 and BP over 120 mmHg or MAP over 90, to four total doses, by medical control.

QUICK

5 mg

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Metoprolol - continued

SREMS • REQUIRED

MED CONTROL

ADULT

WT: N/A - FIXED

Post-ROSC hypertension with SBP over 200

5 mg IV over 5 minutes, up to four doses, by medical control.

QUICK

5 mg

MED CONTROL

ADULT

WT: N/A - FIXED

Stroke with SBP over 220 mmHg or DBP over 120 mmHg

5 mg slow IV push by medical control.

QUICK

5 mg

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Midazolam

SREMS • REQUIRED CONTROLLED

INDICATIONS

Seizures; chemical restraint; procedural sedation; shivering with heat illness; severe respiratory distress; poisoning/overdose care.

KEY CONTRAINDICATIONS

Hypersensitivity; neurologic/respiratory depression; narrow-angle glaucoma; sleep apnea; shock; alcohol intoxication/overdose; depressed vital signs; concurrent CNS depressants.

ADULT

Agitation

Up to 5 mg IM/IV, repeat to 10 mg.

WT: N/A FIXED

QUICK

5 mg

PEDIATRIC

Agitation

Up to 5 mg IM/IV, repeat to 10 mg.

WT: N/A FIXED

QUICK

5 mg

PEDIATRIC

Severe agitation pathway

0.1 mg/kg IM, max 5 mg; repeat to a total of 10 mg.

WT: TBW

QUICK

0.1 mg/kg IM

MED CONTROL

PEDIATRIC

Agitation

0.1 mg/kg IV/IM by medical control.

WT: TBW

QUICK

0.1 mg/kg

ADULT

Hospice hallucinations/delusions/psychosis

1-2 mg IN/IM/IV.

WT: N/A FIXED

QUICK

1-2 mg

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Midazolam - continued

SREMS • REQUIRED CONTROLLED

ADULT

WT: N/A - FIXED

Hospice terminal delirium without psychosis

2.5 mg IN/IM/IV; may repeat after 15 minutes by IV/IN or 30 minutes by IM.

QUICK

2.5 mg

MED CONTROL

ADULT

WT: N/A - FIXED

Nausea/motion sickness

IV/IM/IN by medical control; dose not specified in protocol.

MED CONTROL

ADULT

WT: N/A - FIXED

Pain

IV/IM/IN by medical control; dose not specified in protocol.

ADULT

WT: N/A - FIXED

Sympathomimetic overdose

2.5 mg IV or 5 mg IM/IN; repeat once.

QUICK

2.5 mg IV / 5 mg IM

MED CONTROL

PEDIATRIC

WT: TBW

Sympathomimetic ingestion

0.1 mg/kg IV/IM/IN, max 5 mg, by medical control.

QUICK

0.1 mg/kg

ADULT

PEDIATRIC

WT: N/A - FIXED

Age 8 or older CHEMPACK severe exposure with seizures

10 mg IM or 5 mg IV.

QUICK

10 mg IM / 5 mg IV

MED CONTROL

PEDIATRIC

WT: N/A - FIXED

CHEMPACK use in a under 8

By medical control.

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Midazolam - continued

SREMS • REQUIRED CONTROLLED

ADULT

WT: N/A - FIXED

Post-intubation sedation

Up to 5 mg IV every 10 minutes as needed.

QUICK

5 mg IV

ADULT

WT: N/A - FIXED

Procedural sedation

2.5 mg IV or 5 mg IM; may repeat every 5 minutes if SBP over 100 mmHg or MAP over 65 mmHg.

QUICK

2.5 mg IV / 5 mg IM

MED CONTROL

PEDIATRIC

WT: TBW

Procedural sedation

0.1 mg/kg IV/IM/IN, max 5 mg, by medical control.

QUICK

0.1 mg/kg

ADULT

WT: N/A - FIXED

Seizure

10 mg IM/IN or 5 mg IV; may repeat once after 5 minutes.

QUICK

5 mg IV / 10 mg IN

MED CONTROL

ADULT

WT: IBW

Additional seizure dosing

2.5-5 mg IV/IM/IN by medical control.

QUICK

2.5-5 mg

PEDIATRIC

WT: IBW

Seizure

0.2 mg/kg IM/IN (max 10 mg) or 0.1 mg/kg IV (max 5 mg), based on ideal body weight.

QUICK

0.1 mg/kg IV / 0.2 mg/kg IN

MED CONTROL

PEDIATRIC

WT: IBW

Additional seizure dosing

Same doses by medical control.

QUICK

2.5-5 mg

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Morphine sulfate

SREMS • REQUIRED CONTROLLED

INDICATIONS

Acute pain.

KEY CONTRAINDICATIONS

Hypersensitivity; MAOI within 14 days; paralytic ileus; toxin-mediated diarrhea; selected head/CNS disorders; anticipated premature delivery; severe asthma/upper-airway obstruction; caution with low GCS, hypotension, hypoxia, or hypoventilation.

ADULT

WT: TBW

Pain

0.05 mg/kg IV or 0.1 mg/kg IM; repeat after 10 minutes, max total 10 mg.

QUICK

0.05 IV / 0.1 IM

PEDIATRIC

WT: TBW

Pain at CC level

0.1 mg/kg IM; repeat after 10 minutes, max total 10 mg.

QUICK

0.1 mg/kg IM

PEDIATRIC

WT: TBW

Pain at paramedic level

0.05 mg/kg IV or 0.1 mg/kg IM; repeat after 10 minutes, max total 10 mg.

QUICK

0.05 IV / 0.1 IM

MED CONTROL

PEDIATRIC

WT: N/A - FIXED

Additional morphine beyond the standing maximum
By medical control.

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Morphine sulfate - continued

SREMS • REQUIRED CONTROLLED

MED CONTROL

ADULT

WT: N/A - FIXED

Procedural sedation

IV or IM by medical control; dose not specified in protocol.

MED CONTROL

PEDIATRIC

WT: TBW

Procedural sedation

0.1 mg/kg IV/IM, max 5 mg, by medical control.

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Moxifloxacin

SREMS • OPTIONAL

INDICATIONS

Delayed definitive care after amputation or open fracture in adults.

KEY CONTRAINDICATIONS

Follow allergy, QT-risk, age, pregnancy, and agency screening requirements.

ADULT

WT: N/A - FIXED

TRAINED / EQUIPPED

Delayed extrication or delayed definitive care after amputation/open fracture

400 mg PO as regionally approved.

QUICK

400 mg PO

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Naloxone

SREMS • REQUIRED

INDICATIONS

Reversal of opioid-induced CNS and respiratory depression.

KEY CONTRAINDICATIONS

Hypersensitivity; caution in opioid dependence and neonates of opioid-dependent mothers.

GENERAL

WT: N/A - FIXED

Suspected opioid overdose with respiratory insufficiency/arrest

One prefilled IN unit dose (max 4 mg), repeat once after 5 minutes.

QUICK

1 unit IN

GENERAL

WT: N/A - FIXED

ALS

Titrate to ventilation, max 2 mg per dose IV/IM or 4 mg IN; if IV, consider increments of 0.5 mg or less.

QUICK

0.5 mg IV increments

GENERAL

WT: N/A - FIXED

Intubated patient

Do not administer without a medical-control order unless the patient is in cardiac arrest.

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Nitroglycerin

SREMS • REQUIRED + OPTIONAL FORMS

INDICATIONS

Ischemic chest pain; acute symptomatic hypertension; heart failure/pulmonary edema.

KEY CONTRAINDICATIONS

Hypersensitivity; hypotension/hypovolemia; intracranial bleed/head injury; tamponade; severe bradycardia/tachycardia; RV infarction; sildenafil/vardenafil within 24 h or tadalafil within 48 h.

SREMS FORMULARY NOTE

optional IV.

ADULT

WT: N/A - FIXED

Chest pain/STEMI

0.4 mg SL every 5 minutes as needed if SBP over 120 mmHg or MAP over 90 mmHg.

QUICK

0.4 mg SL

MED CONTROL

ADULT

WT: N/A - FIXED

Additional nitroglycerin for EMT/AEMT

0.4 mg SL every 5 minutes by medical control.

ADULT

WT: N/A - FIXED

TRAINED / EQUIPPED • PARAMEDIC ONLY

Pulmonary edema medication options

0.4 mg SL or 0.1 mg IV.

QUICK

0.4 mg SL / 0.1 mg IV

ADULT

WT: N/A - FIXED

Pulmonary edema with SBP 120-160 mmHg

One dose/tablet every 5 minutes.

QUICK

1 dose/tablet

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Nitroglycerin - continued

SREMS • REQUIRED + OPTIONAL FORMS

ADULT

Pulmonary edema with SBP 160-200 mmHg
Two doses/tablets every 5 minutes.

QUICK

2
doses/tablets

WT: N/A - FIXED

ADULT

Pulmonary edema with SBP over 200 mmHg
Three doses/tablets every 5 minutes.

QUICK

3
doses/tablets

WT: N/A - FIXED

MED CONTROL

ADULT

WT: N/A - FIXED

Additional sublingual nitroglycerin
By medical control.

ADULT

Total artificial heart with BP over 150 mmHg
0.4 mg SL; repeat every 5 minutes while BP
remains over 150 mmHg.

QUICK

0.4 mg SL

WT: N/A - FIXED

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Nitrous oxide

SREMS • OPTIONAL

INDICATIONS

Analgesia in a patient able to self-administer.

KEY CONTRAINDICATIONS

Hypersensitivity; impaired consciousness/inability to follow instructions; head injury; decompression illness; significant respiratory compromise; suspected closed gas cavity; facial trauma/burns. Relative: stroke, hypotension, pregnancy, cardiac disease, B12 deficiency.

SREMS FORMULARY NOTE

the August 2025 SREMS formulary lists a 30% concentration.

ADULT

PEDIATRIC

WT: N/A - FIXED

TRAINED / EQUIPPED

Self-administered inhalation for pain.

GENERAL

WT: N/A - FIXED

Protocol exclusions include hypoxia, inability to self-administer, pneumothorax, and suspected bowel obstruction.

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Norepinephrine

SREMS • REQUIRED

INDICATIONS

Neurogenic shock; hypotension unresponsive to fluid resuscitation.

KEY CONTRAINDICATIONS

Hypersensitivity; hypotension caused by hypovolemia; pregnancy is relative.

ADULT

WT: N/A - FIXED

ROSC after fluid bolus

2 mcg/min IV, titrate to 20 mcg/min for MAP over 65 mmHg or SBP over 100 mmHg.

QUICK

2 mcg/min

ADULT

WT: N/A - FIXED

Cardiogenic shock after fluid bolus

2 mcg/min IV, titrate to 20 mcg/min for MAP over 65 mmHg or SBP over 100 mmHg.

QUICK

2 mcg/min

ADULT

WT: N/A - FIXED

Shock/hypoperfusion after fluid bolus

2 mcg/min IV, titrate to 20 mcg/min for MAP over 65 mmHg or SBP over 100 mmHg.

QUICK

2 mcg/min

ADULT

WT: N/A - FIXED

Septic shock after at least 1 L of fluid

2 mcg/min IV, titrate to 20 mcg/min for MAP over 65 mmHg or SBP over 100 mmHg.

QUICK

2 mcg/min

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Norepinephrine - continued

SREMS • REQUIRED

MED CONTROL

ADULT

WT: N/A - FIXED

VAD patient after fluid bolus

2 mcg/min IV, titrate to 20 mcg/min by medical control.

QUICK

2 mcg/min

MED CONTROL

ADULT

WT: N/A - FIXED

Obstetric hemorrhage after fluid

2 mcg/min IV, titrate to 20 mcg/min by medical control.

QUICK

2 mcg/min

MED CONTROL

ADULT

WT: N/A - FIXED

Traumatic hemorrhagic shock after fluid

2 mcg/min IV, titrate to 20 mcg/min by medical control.

QUICK

2 mcg/min

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Normal saline (0.9% sodium chloride)

SREMS • REQUIRED

INDICATIONS

Heat illness; freshwater drowning; hypovolemia; DKA; KVO/medication carrier.

KEY CONTRAINDICATIONS

Avoid/caution in heart or renal failure because of circulatory overload.

GENERAL

WT: N/A - FIXED

Used IV/IO as bolus, infusion, flush, medication diluent, and KVO fluid throughout the protocols.

ADULT

WT: N/A - FIXED

Common shock ceiling

Up to 2 L when no concern for pulmonary edema; many condition-specific protocols use 500-mL boluses with reassessment.

PEDIATRIC

WT: TBW

Shock commonly uses 20 mL/kg boluses, condition-dependent.

GENERAL

WT: N/A - FIXED

Follow the named protocol rather than a universal dose.

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Olanzapine

SREMS • OPTIONAL

INDICATIONS

Agitated/violent behavioral emergency; chemical restraint.

KEY CONTRAINDICATIONS

Hypersensitivity; caution with dehydration/heat exposure, anticholinergic drugs, impaired thermoregulation, seizures, or urinary retention.

ADULT

PEDIATRIC

WT: N/A - FIXED

TRAINED / EQUIPPED • PARAMEDIC ONLY

Agitation

10 mg IM once or 5 mg SL once.

QUICK

10 mg IM

ADULT

WT: N/A - FIXED

Age 65 or older

2.5-5 mg IM.

ADULT

WT: N/A - FIXED

Use caution

Use caution if midazolam was or will be given.

MED CONTROL

ADULT

WT: N/A - FIXED

Hospice delirium/psychosis

Same dose by medical control.

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Ondansetron

SREMS • REQUIRED + OPTIONAL FORMS

INDICATIONS

Prevention and control of nausea or vomiting.

KEY CONTRAINDICATIONS

Hypersensitivity to ondansetron or another 5-HT3 receptor antagonist; known or suspected long-QT syndrome; coadministration with apomorphine.

SREMS FORMULARY NOTE

ODT is optional.

ADULT

WT: N/A - FIXED

Nausea/vomiting

4 mg ODT/PO, IV, or IM; may repeat once after 10 minutes.

QUICK

4 mg

PEDIATRIC

WT: N/A - FIXED

Nausea/vomiting at Advanced or CC level

2 mg IM if 25 kg or less; 4 mg IM/IV if over 25 kg; or 4 mg ODT/PO.

QUICK

2 mg $\leq$ 25 kg /
4 mg >25 kg

PEDIATRIC

WT: N/A - FIXED

Nausea/vomiting at Paramedic level

2 mg IM/IV if 25 kg or less; 4 mg IM/IV if over 25 kg; or 4 mg ODT/PO.

QUICK

2 mg $\leq$ 25 kg /
4 mg >25 kg

PEDIATRIC

WT: N/A - FIXED

Patient under age 2

No protocol or standing order for nausea/vomiting management.

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Ondansetron - continued

SREMS • REQUIRED + OPTIONAL FORMS

MED CONTROL

ADULT

WT: N/A - FIXED

Opioid-withdrawal pilot

4 mg ODT as needed by medical control under a Pilot Program Physician order.

QUICK

4 mg ODT

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Oral glucose

SREMS • REQUIRED

INDICATIONS

Conscious patient with suspected hypoglycemia.

KEY CONTRAINDICATIONS

Hypersensitivity; decreased level of consciousness; nausea/vomiting; inability to swallow on command.

ADULT

PEDIATRIC

WT: N/A - FIXED

Suspected hypoglycemia with ability to swallow
One unit dose, 15-30 g PO, or available
sugar source.

QUICK

15 g PO

GENERAL

WT: N/A - FIXED

Do not give if unable to swallow on command.

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Oxymetazoline

SREMS • REQUIRED

INDICATIONS

Epistaxis associated with facial trauma.

KEY CONTRAINDICATIONS

Known hypersensitivity; severe hypertension.

ADULT

PEDIATRIC

WT: N/A - FIXED

TRAINED / EQUIPPED

Epistaxis at CC or Paramedic level

Have the patient blow the nose vigorously, deliver two sprays in each nare, and reapply direct pressure.

QUICK

2 sprays/nare

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Rocuronium

SREMS • OPTIONAL RSI

INDICATIONS

Neuromuscular blockade for RSI and continued paralysis after airway security.

KEY CONTRAINDICATIONS

Do not administer before the airway can be secured and ventilation supported.

SREMS FORMULARY NOTE

REMAC Policy 321 requirements apply.

ADULT

WT: IBW

RSI

1.5 mg/kg IV based on ideal body weight; may round to nearest 20 mg, max 150 mg.

QUICK

1.5 mg/kg

ADULT

WT: IBW

TRAINED / EQUIPPED

Post-intubation blockade only when necessary

0.5 mg/kg ideal body weight IV every 30 minutes, with ongoing sedation and analgesia.

QUICK

0.5 mg/kg

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Sodium bicarbonate

SREMS • REQUIRED

INDICATIONS

Arrest with suspected hyperkalemia or TCA overdose; QRS prolongation from sodium-channel blocker/TCA; crush syndrome.

KEY CONTRAINDICATIONS

Hypersensitivity; metabolic/respiratory alkalosis; hypokalemia; hypernatremia; hypocalcemia; caution in heart or renal failure.

ADULT

Arrest with suspected hyperkalemia
50 mEq IV.

WT: N/A - FIXED

QUICK

50 mEq

ADULT

PEDIATRIC

Cardiac arrest after extreme agitation
50 mEq IV.

WT: N/A - FIXED

QUICK

50 mEq

ADULT

RSI-associated suspected hyperkalemia with QTc
over 500 ms or QRS over 150 ms
50 mEq IV.

WT: N/A - FIXED

QUICK

50 mEq

MED CONTROL

PEDIATRIC

Arrest
1 mEq/kg IV by medical control.

WT: TBW

QUICK

1 mEq/kg

ADULT

Sodium-channel-blocker/TCA toxicity
1 mEq/kg IV every 5 minutes until QRS is
under 120 ms.

WT: TBW

QUICK

1 mEq/kg

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Sodium bicarbonate - continued

SREMS • REQUIRED

MED CONTROL

PEDIATRIC

WT: TBW

Sodium-channel-blocker/TCA toxicity

1 mEq/kg IV every 5 minutes until QRS is under 120 ms, max 100 mEq per dose, by medical control.

QUICK

1 mEq/kg

ADULT

WT: N/A - FIXED

Crush syndrome

50 mEq slow IV every 30 minutes while trapped plus 50 mEq one minute before extrication.

QUICK

50 mEq

GENERAL

WT: N/A - FIXED

Separate sodium bicarbonate from calcium chloride with at least 50 mL NS.

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Succinylcholine

SREMS • OPTIONAL RSI

INDICATIONS

Skeletal muscle relaxation to facilitate tracheal intubation/ventilation.

KEY CONTRAINDICATIONS

Hypersensitivity; inability to control airway/ventilation; renal failure; neuromuscular disease; paraplegia/quadruplegia; penetrating eye injury; prolonged immobilization; stroke with motor deficit; malignant hyperthermia; major burn/multisystem trauma/crush injury or suspected hyperkalemia.

SREMS FORMULARY NOTE

REMAC Policy 321 requirements apply.

ADULT

WT: TBW

RSI

1.5 mg/kg rapid IV push based on total body weight; may round to nearest 50 mg, max 200 mg.

QUICK

1.5 mg/kg

GENERAL

WT: N/A - FIXED

Protocol specifically excludes suspected hyperkalemia and malignant-hyperthermia history.

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Tetracaine ophthalmic

SREMS • CONDITIONAL

INDICATIONS

Topical anesthesia before eye irrigation for chemical eye injury.

KEY CONTRAINDICATIONS

Hypersensitivity; known/suspected trauma with possible intraocular injury.

GENERAL

WT: N/A - FIXED

TRAINED / EQUIPPED

0.5% solution, 2 drops in affected eye every 5 minutes as needed for burns/chemical exposure or eye injury.

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Tranexamic acid (TXA)

SREMS • OPTIONAL

INDICATIONS

Blunt or penetrating trauma within 3 hours with hemorrhage and hemodynamic compromise.

KEY CONTRAINDICATIONS

Hypersensitivity; injury over 3 hours before EMS care; subarachnoid hemorrhage; history of PE/DVT/thromboembolic disorder; dose reduction in renal insufficiency.

ADULT

WT: N/A - FIXED

TRAINED / EQUIPPED • PARAMEDIC ONLY

Traumatic hemorrhagic shock

2 g in 100 mL IV over 10 minutes.

QUICK

2 g

ADULT

WT: N/A - FIXED

TRAINED / EQUIPPED • PARAMEDIC ONLY

Obstetric hemorrhage

1 g in 100 mL IV over 10 minutes; if bleeding continues after 30 minutes, repeat 1 g/100 mL over 10 minutes.

QUICK

1 g

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