

<b>Drug</b>	<b>Appendix A: Protocol Medication List</b>	<b>Drug</b>
<b>2025</b>	<b>Academy of Medicine of Cincinnati - Protocols</b>	<b>2025</b>

**APPROVED DRUG LIST - Paramedic**

<b>Department:</b>		<b>License Number:</b>	EMS.
<b>Address:</b>			
<b>Department Contact:</b>		<b>Phone:</b>	
<b>Responsible Person:</b>		<b>License Number:</b>	

Medication	Strength	Medication	Strength
Acetaminophen	80-650mg tab; 160-500mg / 5mL susp	Lactated Ringers	Infusion
Adenosine	3mg/mL inj	Lidocaine HCl	100mg/5mL inj
Albuterol sulfate neb	2.5mg/3mL neb	Lorazepam	2mg/mL inj
Albuterol/Ipratropium	3mg-0.5mg in 3mL neb	Magnesium sulfate	1g/2mL inj
Alcaine	0.005% oph drop	Methylprednisolone	125mg/2mL inj; 60mg/mL inj
Amiodarone HCl	150mg/3mL inj	Prednisolone	3mg/mL syrup
Aspirin	81mg tab	Midazolam	5mg/mL inj
Atropine sulfate	0.1mg/mL inj	Morphine sulfate	5mg/mL inj
Calcium gluconate	1g/10mL inj	Naloxone HCl	0.4-4mg/dose
Calcium chloride	1g/10mL inj	Evzio (Naloxone HCl)	0.4mg/dose auto injector
Cetacaine	56g spray	Nitroglycerin	0.4mg SL tab; 2% ointment
COVID vaccine	Unit dose	Nifedipine	10mg cap
Dextrose 5%	5% inf	Ondansetron HCl	2mg/mL inj; 4mg ODT
Dextrose 10%	10% inf	Oxygen, medical grade	100%
Dextrose 25%	25% inf	Phenylephrine HCl	1% nasal spray
Dextrose 50%	25g/50mL inj	Promethazine HCl	25mg/mL inj
Diazepam	5mg/mL inj	Pralidoxime Cl	600mg inj
Diphenhydramine	50g/mL inj	Pralidoxime Cl – Atropine	600mg – 2.1mg auto injector
Epinephrine	1mg/mL inj; 1mg/10mL inj		
Fentanyl citrate	0.05mg/mL inj	Prednisone	20mg tab
Flu vaccine	Unit dose	Sodium Bicarbonate	50meq/50mL inj
Glucagon	1mg/mL inj	Sodium Chloride	0.9% inf; 3% inj; 0.9% non-injection
Hydroxocobalamin	5g/kit inf	Tetracaine HCl	0.5% oph drop
Ipratropium bromide	0.02% neb	Tranexamic acid (TXA)	1g/10mL inj
Ketamine	10mg/mL inj; 50mg/mL inj; 100mg/mL inj	Water, sterile irrigation	250-1000mL

The below listed dangerous drugs may ONLY be administered by a health care professional AFTER receiving a verbal or w ritten direct order from an Ohio licensed prescriber for a specific patient. These medications may NOT be administered via protocol or standing order.

Medication	Strength/Concentration	Medication	Strength/Concentration
Ciprofloxacin Hydrochloride	500 MG/Tablet	Doxycycline	100MG/Tablet

Responsible Person Approval: \_\_\_\_\_ Date: \_\_\_\_\_, 20\_\_\_\_

**Certificate of Acknowledgment of Notary Public**

State of \_\_\_\_\_; County of \_\_\_\_\_

This document was acknowledged before me, a Notary Public, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_ who personally appeared and is known to me to be a credible person of lawful age.

Notary Public, State of \_\_\_\_\_

My Commission expires: \_\_\_\_\_, 20\_\_\_\_

<b>Drug</b>	<b>Appendix A: Protocol Medication List</b>	<b>Drug</b>
<b>2025</b>	<b>Academy of Medicine of Cincinnati - Protocols</b>	<b>2025</b>

**APPROVED DRUG LIST - Basic**

<b>Department:</b>		<b>License Number:</b>	EMS.
<b>Address:</b>			
<b>Department Contact:</b>		<b>Phone:</b>	
<b>Responsible Person:</b>		<b>License Number:</b>	

Medication	Strength/Concentration	Medication	Strength/Concentration
Aspirin	81mg tab	Oxygen, Medical Grade	100%
Albuterol sulfate	2.5mg/3mL neb	Pralidoxime Cl/Atropine	600mg-2.1mg auto injector
Epinephrine	1mg/mL inj; 0.3mg auto injector	Water, Sterile-Irrigation	N/A
Naloxone HCl	0.4-4mg/dose inj/nasal spray	COVID Vaccine	Unit Dose
Evzio (Naloxone HCl)	0.4mg auto injector	Flu Vaccine	Unit Dose

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Ciprofloxacin Hydrochloride	500 MG/Tablet	Doxycycline	100MG/Tablet

**Responsible Person Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_, 20\_\_\_\_

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\_\_\_\_\_  
Notary Public, State of \_\_\_\_\_

My Commission expires: \_\_\_\_\_, 20\_\_\_\_