APPROVED DRUG LIST - Paramedic

Department:		License Number:	EMS.
Address:			
Department Contact:		Phone:	
Responsible Person:		License Number:	

Medication	Strength	Medication	Strength
Acetaminophen	650 mg/20.3 mL, 325-500 mg tab	Ketamine	10mg/mL inj; 50mg/mL inj; 100mg/mL inj
Adenosine	3mg/mL inj	Lactated Ringers	1L
Albuterol sulfate neb	2.5mg/3mL neb	Lidocaine HCl	20 mg/mL inj
Albuterol/Ipratropium	2.5mg-0.5mg in 3mL neb	Lorazepam	2 mg/mL inj
Alcaine	0.005% oph drop	Magnesium sulfate	500 mg/mL inj
Amiodarone HCl	50mg/mL inj	Methylprednisolone	62.5 mg/mL inj; 60mg/mL inj
Aspirin	81mg tab	Midazolam	5 mg/mL inj, 1 mg/mL inj
Atropine sulfate	0.1mg/mL inj	Morphine sulfate	5 mg/mL inj
Benzalkonium chloride	0.13% topical	Naloxone HCl	0.4 mg/mL inj; 4 mg/0.1mL IN
Buprenorphine	8mg SL tab	Evzio (Naloxone HCl)	0.4mg/dose auto injector
Buprenorphine/Naloxone	8mg/2mg SL tab or film	Nitroglycerin	0.4 mg SL tab; 2% ointment
Calcium gluconate	100 mg/mL inj	Nifedipine	10mg cap
Calcium gluconate gel	2.5% topical	Ondansetron HCl	2 mg/mL inj; 4mg ODT
Calcium chloride	100 mg/mL inj	Oxygen, medical grade	100%
Cetacaine	2%-2%-4%	Oxymetazoline	Nasal spray
COVID vaccine	0.5 mL	Phenylephrine HCl	1% nasal spray
Dextrose 5%	50 mg/mL	Prednisone oral	20 mg tab
Dextrose 10%	100 mg/mL	Prednisolone oral	3 mg/mL liquid
Dextrose 25%	250 mg/mL	Promethazine HCl	25 mg/mL inj
Dextrose 50%	25g/50mL inj	Pralidoxime Cl	600mg inj
Diazepam	5 mg/mL inj	Pralidoxime Cl – Atropine	600mg – 2.1mg auto injector
Diphenhydramine	50 g/mL inj	Sodium Bicarbonate	1 mEq/mL
Epinephrine	1 mg/mL inj; 0. 1mg/mL inj	Sodium Chloride	0.9% inf; 3% inj; 0.9% non-injection
Fentanyl citrate	50 mcg/mL	Tetracaine HCl	0.5% oph drop
Flu vaccine	0.5 mL	Tranexamic acid (TXA)	1g/10mL inj
Glucagon	1mg/mL inj	Water, sterile irrigation	250-1000mL
Hydroxocobalamin	25 mg/mL inf		
Ipratropium bromide	0.5 mg/2.5mL neb		

The below listed dangerous drugs may ONLY be administered by a health care professional AFTER receiving a verbal or written 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_____**

APPROVED DRUG LIST - Basic

Department:		License Number:	EMS.
Address:			
Department Contact:		Phone:	
Responsible Person:		License Number:	

Medication	Strength/Concentration	Medication	Strength/Concentration
Acetaminophen	650 mg/20.3 mL, 325-500 mg tab	Nitroglycerin	0.4mg SL tab or spray
Aspirin	81mg tab	Ondansetron	4mg ODT
Albuterol sulfate	2.5 mg/3mL neb	Oxygen, Medical Grade	100%
Epinephrine	1 mg/mL inj; 0.3mg auto injector	Pralidoxime Cl/Atropine	600mg-2.1mg auto injector
Glucagon	1mg/mL inj	Water, Sterile-Irrigation	250mL-1L
Glucose	25g oral gel or tab		
Ipratropium Bromide	0.5 mg/2.5mL	Saline, Sterile-Irrigation	0.9%
Naloxone HCl	0.4-4mg/dose inj/nasal spray		
Evzio (Naloxone HCl)	0.4mg auto injector	COVID Vaccine	0.5 mL
		Flu Vaccine	0.5 mL

The below listed dangerous drugs may ONLY be administered by a health care professional AFTER receiving a verbal or written 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_____**

App L	Appendix L: Protocol Medication List	App L
2027	Academy of Medicine of Cincinnati - Protocols	2027

APPROVED DRUG LIST - AEMT

Department:		License Number:	EMS.
Address:			
Department Contact:		Phone:	
Responsible Person:		License Number:	

Medication	Strength/Concentration	Medication	Strength/Concentration
Acetaminophen	650 mg/20.3 mL, 325-500 mg tab	Lidocaine injection	20 mg/mL
Aspirin	81mg tab	Lorazepam injection	2 mg/mL
Albuterol sulfate	2.5 mg/3mL neb	Ketamine injection	10 mg/mL; 50 mg/mL; 100 mg/mL
Buprenorphine oral	8 mg SL tablet	Midazolam injection	5 mg/mL; 1 mg/mL
Buprenorphine/naloxone oral	8mg/2mg SL tablet or film	Morphine injection	5 mg/mL
Dextrose 5% infusion	50 mg/mL	Naloxone HCl	0.4-4mg/dose inj/nasal spray
Dextrose 10% infusion	100 mg/mL	Evzio (Naloxone HCl)	0.4mg auto injector
Dextrose 25% infusion	250 mg/mL	Ondansetron	4mg ODT; 2 mg/mL inj
Dextrose 50% infusion	500 mg/mL	Nitroglycerin	0.4mg SL tab or spray
Diazepam injection	5 mg/mL	Oxygen, Medical Grade	100%
Diphenhydramine	50 mg/mL	Pralidoxime Cl/Atropine	600mg-2.1mg auto injector
Epinephrine	1 mg/mL inj; 0.3mg auto injector	Water, Sterile-Irrigation	250mL-1L
Fentanyl injection	50 mcg/mL	Saline, Sterile-Irrigation	0.9%
Glucagon inj	1 mg/mL	Sodium chloride infusion	0.9%
Glucose	25g oral gel or tab	Tranexamic Acid (TXA) injection	1 g/10mL
Lactated Ringers infusion	1L	COVID Vaccine	0.5 mL
Ipratropium Bromide	0.5 mg/2.5mL	Flu Vaccine	0.5 mL

The below listed dangerous drugs may ONLY be administered by a health care professional AFTER receiving a verbal or written 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

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Notary Public, State of _____ My Commission expires:_____, 20_____