

2020 - Montgomery County - Recommended - ALS Drug List

Status	NAME/DESCRIPTION	Quantity					
Required	Adenosine (Adenocard ®) (30 mg)	5					
Optional	Amiodarone (450 mg)	3					
Required	Aspirin- 81 mg tablet	20					
Required	Atropine Sulfate- 1 mg pre-filled syringe	2					
Required	Calcium Chloride - 1 G pre-filled syringe either or the Gluconate	1					
Optional	Cardizem - Diltiazem 20mg	1					
Required	Dextrose - D-10 - (250cc/bag)	3				Required = D10 - 3 bags of at least 250ml or D25 (5 gr) + D50 or D10 (50 gr)	
Optional	Dextrose 25% - Pre-filled syringe - (5g - Total)	2					
Optional	Dextrose 50% - Pre-filled syringe - (50g - Total)	2					
Required	Diphenhydramine - (Benadryl) (50 mg)	2					
Optional - use Pulse Dose Epi	Dopamine- 400 mg (pre-mixed bag or vial)	1				Optional - use (Pulse Dose Epi)	
	Pulse Dose Epinephrine (1:10,000)	1				Epi (1:10,000 Epi + 10cc syringe)	
Required	Epinephrine- 1:1,000 (1 mg / ml ampule)	2					
Required	Epinephrine- 1:10,000 pre-filled syringe	6					
Required	Glucagon- 1 mg with 1 mL Diluting Solution or Intranasal	1					
Required	Albuterol Sulfate(Proventil ®) - 2.5 mg/3 mL	4	Quantity reduced from 6 to 4				
Either or Both	Ipratropium Bromide - Atrovent - .02% - 2.5ml	4				If stocked - Don't need - Duo-Neb	
	Duo-Neb - (Ipratropium 0.5 mg/Albuterol 3.0 mg) - Inhalation Solution *Equivalent to 2.5 mg	4				If stocked - Don't need - Atrovent	
Optional	Racemic Epinephrine (Racemic Epinephrine) (2.25%)	2				Optional	
Either Format	Lidocaine- 100 mg pre-filled syringe (*)	4				* If - you don't carry Amiodarone	
	Lidocaine- 100 mg pre-filled syringe (**)	2				** If - you carry Amiodarone	
Either Format	Lidocaine- 100 mg pre-filled syringe (***)	5				*** 5th Lidocaine - If - no Lido-drip	
	Lidocaine - 500 ml pre-mix or equivalent	1				Optional	
Required	Magnesium Sulfate- 1 G in 2 mL vial	2					
Required	Naloxone (Narcan ®) (6 mg)	3					
Either or Both	Nitroglycerine - Nitrolingual Spray - Bottle	1					
	Nitroglycerine - SL 1/150 gr. Tablets - Bottle	1					
Optional	Nitro-BID - (paste)	1					
Required	Sodium Bicarbonate - 8.4 % (50mEq/50ml) - pre-fill syringe	2					
Required	Solumedrol - 125mg vial	2					
Optional	Ketorolac / Tromethamine / Toradol (30 mg/ml)	1					
Optional	Sterile water for injection (10 ml)	1					
Optional	Acetaminophen - (Tylenol) / Ibuprofen	1					
Optional	Zofran - Ondansetron	2					
*** CONTROLLED DRUGS ***							
Required	Midazolam - (Versed) * 20 mg *	2				Midazolam (20mg) = Required + 1 additional Benzodiazepines. (1) Additional can be 10mg of Midazolam or 10 mg Diazepam or 4 mg. of Ativan.	
Optional	Midazolam - (Versed) * 10 mg *	1					
Optional	Diazepam (Valium) * 10 mg *	1					
Optional	Ativan - (Lorazepam) * 4 mg *	2					
Required	Morphine Sulfate * 20 mg *	2				Required - if don't carry - Fentanyl	
Optional	Fentanyl * 200 mcg *	2				If - Morphine - is also carried	
Optional	Fentanyl * 400 mcg *	4				If - you don't stock - Morphine	
Optional	Ketamine - MAC Approval - for ED * 500 mg *	2				Regional MAC Approval required to carry	
Optional	Ketamine - MAC Pilot Only - for SAI * 200 mg *	2				Regional MAC Approval required to carry	
Optional	Ketamine - MAC Approval - for PM * 10mg/1ml *	2				Regional MAC Approval required to carry	
Optional	Etomidate - (MAC Approval ONLY) * 20mg vials *	2				Regional MAC Approval required to carry	

	Optional						
Optional	Benzocaine Spray						
Optional	Captopril - (Capoten)						
Optional	Dexamethasone Sodium Phosphate						
Optional	Dobutamine						
Optional	Heparin Lock Flush						
Optional	Hydrocortisone Sodium Succinate						
Optional	Nitroglycerine Drip (Pump & Special tube required)						
Optional	Nitrous Oxide (Nitronox ®) - 50/50 Inhalation						
Optional	Oxytocin						
Optional	Pralidoxime CL						
Optional	Procainamide						
Optional	Sodium Bicarbonate - Pediatric- 4.2% -42 mEq pre-fill syringe						
Optional	Sodium thiosulfate						
Optional	Terbutaline						
Optional	Tetracaine						
Optional	Vasotec (Enalaprilat)						
Optional	Verapamil						
I.T.O.	Antimicrobials						for Interfacility Transport Only
I.T.O.	Dilaudid						for Interfacility Transport Only
I.T.O.	Glycoprotein IIb/IIIa Inhibitors						for Interfacility Transport Only
I.T.O.	Heparin by IV/drip						for Interfacility Transport Only
I.T.O.	Isoproterenol HCL						for Interfacility Transport Only
I.T.O.	Levalbuterol						for Interfacility Transport Only
I.T.O.	Potassium						for Interfacility Transport Only
I.T.O.	Total Parental Nutrition						for Interfacility Transport Only
I.T.O.	N.A.C.						for Interfacility Transport Only
Effective Date 1/1/2020	If a Drug is listed as "Required", means that all ALS Ambulance Services Licensed in Montgomery County <u>MUST</u> carry said drug, as per the MAC Committee on November 20, 2019.						