

# TENNESSEE EMERGENCY MEDICAL SERVICES PROTOCOL GUIDELINES

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### 310B Non Formulary Medications

To provide authorization for the use of medications not commonly used within the current guidelines. For Emergency Use Only.

#### Assessment

The patient must exhibit the signs and symptoms for which the medication is prescribed.

## BASIC IV

1. Oxygen and airway maintenance appropriate to the patients' condition.
2. Other treatments will be in accordance with the BLS / ALS SOPs.
3. Necessary medication(s) administration as requested by caregiver(s):
  - a. Caregiver must provide the medication(s) to be administered
  - b. Caregiver must provide a written copy of the physician order and care plan for attachment to the patient care report
  - c. This documentation by the patient's primary physician should list the following:
    - i. Name of the patient
    - ii. Name of primary physician
    - iii. Document must be signed by the primary physician
    - iv. Contact phone number of the primary physician
    - v. Name of medication(s)
    - vi. Signs and symptoms for which the medication(s) is prescribed
    - vii. Dosage of the medication(s)
    - viii. Number of repeat doses of the medications(s)
    - ix. Route(s) of administration(s)
    - x. Potential side-effects of medication(s)
4. Medication(s) will only be administered if the patient meets the signs and symptoms for that medication.
5. Copies of the care plan and physician order must be attached to the patient care report.
6. If the medication(s) is not administered documentation must include those reasons for withholding
7. Whenever medication is administered under these circumstances, transport is mandatory

**Note:** If you have any additional questions or concerns please contact Medical Control