



Pennsylvania Statewide

Advanced Life Support Protocols

**Pennsylvania Department of Health
Bureau of Emergency Medical Services**

Effective September 1, 2016



(717) 787-8740

September 1, 2016

ADDENDUM: These protocols, originally effective September 1, 2015, are being republished to reflect important changes in naloxone dosing in the Statewide Adult and Pediatric Altered Mental Status protocols (#7002A and #7002P)

Dear EMS Provider:

The Bureau of EMS, Department of Health, is pleased to provide these updated "Statewide ALS Protocols" to the EMS providers of Pennsylvania.

This 2015 update of the Statewide ALS Protocols is a general update of the protocols, but there are several areas of substantial change.

- a) A new protocol has been added to define the use of transport ventilators by providers above the level of AEMT on an ALS ambulance. This protocol defines the use of transport ventilators in a volume-controlled mode by these providers and identifies situations where more complex ventilator management requires a critical care transport provider.
- b) More options are provided for vasopressor therapy. DOPamine is no longer mandatory, and pulse dose boluses of diluted EPINEPHrine are now also an option for pressor therapy.
- c) A list of required medications that must be carried by licensed ALS services has been added to reduce variation in regional lists. This list will be the standard for licensure inspection.

Recent advances have led to significant improvement in patient outcome from sudden cardiac arrest when EMS agencies have embraced a pit crew approach that focuses on CPR best practices. The Bureau of EMS, in conjunction with the Pennsylvania HeartRescue Project, has developed resources to educate EMS providers to these protocol changes. We have seen increases in survivors of cardiac arrest since the changes to CPR that were included in the 2013 protocols, and every agency is encouraged to continue to improve their pit crew approach to treating sudden cardiac arrest. All ALS ambulance services are encouraged to submit all cardiac arrest cases to the Cardiac Arrest Registry to Enhance Survival (CARES) database. The annual EMS agency survival report and benchmark comparisons to state and national results are beneficial in improving agency performance.

Pennsylvania has used Statewide ALS Protocols since July 1, 2007, and this edition is an update to the version that has been in use since July 1, 2013. To assist EMS providers

when reviewing the changes, new sections of the protocols that correspond to these 2013 updates are identified with yellow highlighting and sections that have been removed are struck through and highlighted. EMS providers may use this 2015 version of the statewide protocols as soon as they are familiar with the updates, but all providers must be using these updated protocols by the effective date of September 1, 2015.

To assist providers in becoming familiar with the changes to the protocols, a continuing education presentation will be available to regions and agencies. This update will be available for in-person presentations or the course can be completed on the Learning Management System (LMS). **The 2015 ALS Protocol Update (BEMS course #007694) will be considered a core requirement for all EMS providers above the level of AEMT that register their certification during the current time period. Furthermore, the completion of this course should be used by EMS agencies when ensuring that the agency's providers have been educated to the current protocols.**

EMS providers are permitted to perform patient care, within their PA defined scope of practice, when following the appropriate protocol(s) or when following the order of a medical command physician. Each EMS provider is responsible for being knowledgeable regarding current state-approved protocols so that he/she may provide the safest, highest quality and most effective care to patients.

The Department of Health's Bureau of EMS website will always contain the most current version of the EMS protocols, the scope of practice for each level of provider, important EMS Information Bulletins, and many other helpful resources. This information can be accessed online at www.health.state.pa.us The Statewide ALS Protocols may be directly printed or downloaded into a PDA for easy reference.

The Department is committed to providing Pennsylvania's EMS providers with the most up-to-date protocols, and to do this requires periodic updates. The protocols will be reviewed regularly, and EMS providers are encouraged to provide recommendations for improvement at any time. Comments should be directed to the Commonwealth EMS Medical Director, Pennsylvania Department of Health, Bureau of EMS, Room 606, 625 Forster Street, Harrisburg, PA 17120.

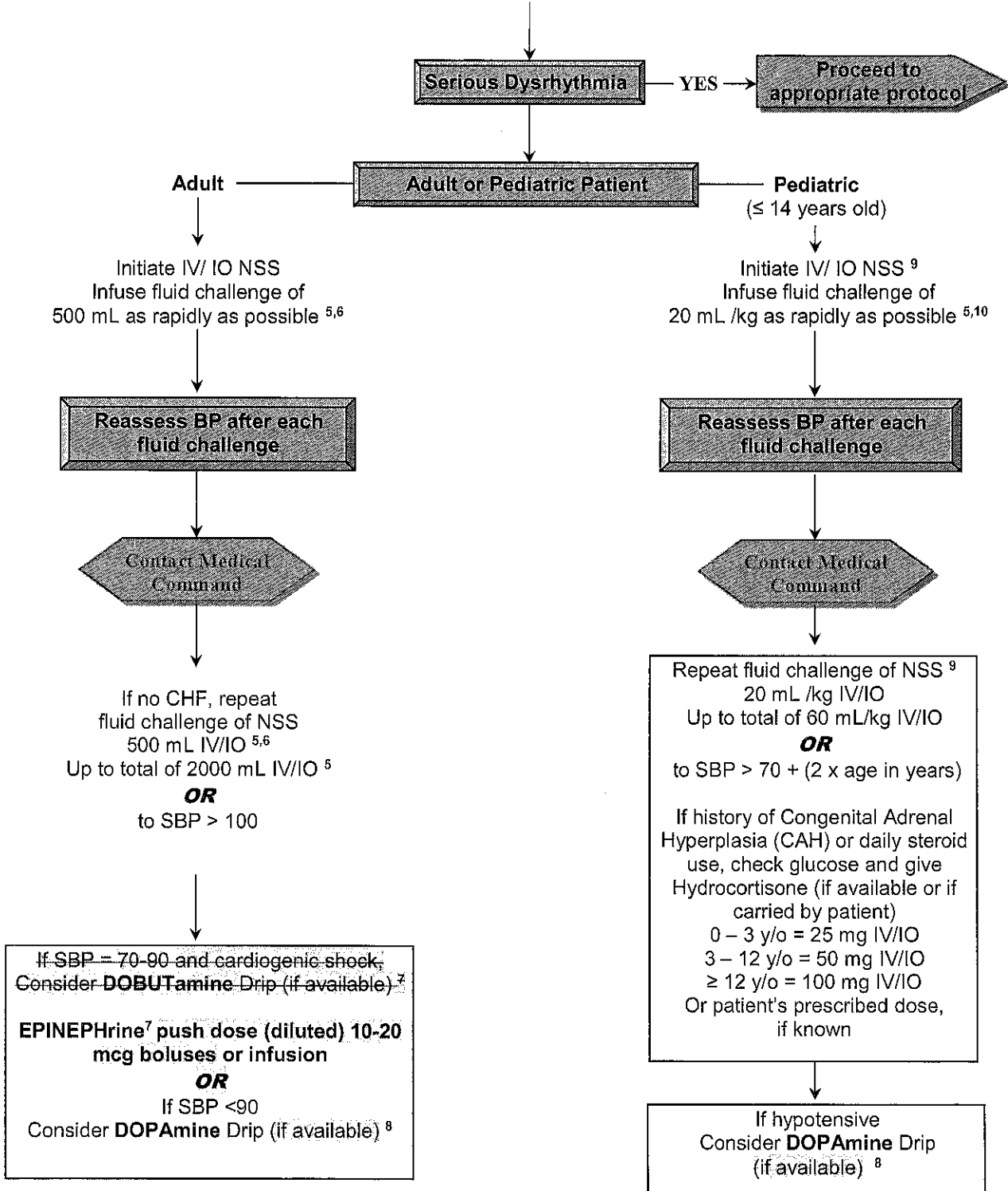
Richard L. Gibbons
Director
Bureau of Emergency Medical Services
Pennsylvania Department of Health

Douglas F. Kupas, MD
Commonwealth EMS Medical Director
Bureau of Emergency Medical Services
Pennsylvania Department of Health

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7087 – Post-Partum Hemorrhage		7087-1 thru 7087-2
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**SHOCK / SYSTEMIC INFLAMMATORY RESPONSE SYNDROME (SIRS)
STATEWIDE ALS PROTOCOL**

Initial Patient Contact - Follow protocol #201¹
 Manage Airway/Ventilate, if needed ^{2,3}
 High-flow oxygen
 Keep patient warm
 Monitor ECG/Pulse Oximetry ⁴



NOTICES

Approved and Required Medications Lists for Emergency Medical Services Agencies and Emergency Medical Services Providers

[45 Pa.B. 5451]

[Saturday, August 29, 2015]

Under 28 Pa. Code §§ 1027.3(c) and 1027.5(b) (relating to licensure and general operating standards; and medication use, control and security), the Department of Health (Department) has the authority to publish in the *Pennsylvania Bulletin* a list of medications approved for use by emergency medical services (EMS) agencies, by EMS provider certification level and a list of medications that an EMS agency is required to stock based upon the type of EMS service it is licensed, under 35 Pa.C.S. § 8129 (relating to emergency medical services agencies), to provide. The Department has approved the following medications for administration by emergency medical responders (EMR), emergency medical technicians (EMT), advanced emergency medical technicians (AEMT), paramedics, prehospital registered nurses (PHRN), prehospital physician extenders (PHPE) and prehospital emergency medical services physicians (PHP) when functioning on behalf of an EMS agency. This notice also specifies the medications that must be stocked on the EMS vehicle listed.

Under 28 Pa. Code § 1027.5(d), EMS providers, other than a PHP, may administer to a patient medications, or assist the patient to administer medications previously prescribed for that patient, as specified in the Statewide EMS protocols or as authorized by a medical command physician. An EMS provider may administer medications on this list if the EMS provider is credentialed to do so and the EMS vehicle on which they are providing EMS is properly licensed to carry the medication.

Unless otherwise stated or restricted to a specific level of provider, listed medications may be given by any acceptable route as listed in protocol or as ordered by a medical command physician.

Medications listed as required to be carried on a specified type of EMS vehicle must be carried in a quantity sufficient to treat, using the Statewide EMS protocols, at least one adult. If the protocol identifies repeat doses, then additional medication must be carried. When a pediatric dose option is available (for example a pediatric EPINEPHrine autoinjector), then both the adult and pediatric options must be carried.

Section 8129(j) of 35 Pa.C.S. authorizes the Department to publish, through the *Pennsylvania Bulletin*, vehicle construction, equipment and supply requirements for EMS agencies based upon the type of EMS vehicles operated and the services provided. Under this authority, the Department is requiring that, during interfacility transport, all medications given by continuous infusion (except intravenous electrolyte solutions with potassium concentrations of no more than 20 mEq/L) must be regulated by an electronic infusion pump. For prehospital transport, continuous infusions of crystalloid solutions containing medication (except intravenous electrolyte solutions with potassium concentrations of no more than 20 mEq/L) and all vasoactive medications must be rate controlled by electronic IV pump or a manual flow control device capable of setting specific numeric flow rates. Nitroglycerin infusion must be regulated with an electronic pump.

Persons with a disability who require an alternate format of this notice (for example, large print, audiotape, Braille) should contact Richard L. Gibbons, Bureau Director, Department of Health, Bureau of Emergency Medical Services, Room 606, Health and Welfare Building, 625 Forster Street, Harrisburg, PA 17120-0710, (717) 787-8740. Speech or hearing impaired persons may call by using V/TT (717) 783-6154 or the Pennsylvania AT&T Relay Service at (800) 654-5984 (TT).

Table 1. Medications that may be administered by EMS providers when functioning on behalf of an EMS agency based upon the type of EMS service an EMS agency is licensed to provide.

Medication	QRS	BLS	IALS	ALS	CCT	Air
	(incl. providers at or above the level of EMR)	(incl. providers at or above the level of EMT)	(incl. providers at or above the level of AEMT)	(incl. providers above the level of AEMT)	(incl. providers above the level of AEMT with additional approved training)	(incl. providers above the level of AEMT with additional approved training)
Abciximab	NO	NO	NO	YES ⁴	YES ⁴ or ⁵	YES ⁴ or ⁵
Acetaminophen	NO	NO	NO	YES	YES	YES
Acetylcysteine	NO	NO	NO	YES ⁴	YES ⁴	YES ⁴
Activated charcoal	NO	YES	YES	YES	YES	YES
Adenosine	NO	NO	NO	YES	YES	YES
Albumin	NO	NO	NO	NO	YES ^{4,5}	YES ^{4,5}
Albuterol (nebulizer solution)	NO	NO	YES	YES	YES	YES
Albuterol with ipratropium bromide (nebulizer solution)	NO	NO	YES	YES	YES	YES
Amiodarone	NO	NO	NO	YES	YES	YES
Anti-coagulants/Platelet Inhibitors: all types (unless otherwise specifically listed)	NO	NO	NO	NO	YES ^{4,5}	YES ^{4,5}
Anticonvulsants: all types (unless otherwise specifically listed)	NO	NO	NO	NO	YES ⁵	YES ⁵
Anti-emetics: all types (not otherwise specifically listed)	NO	NO	NO	NO	YES ^{4,5}	YES ^{4,5}
Anti-hypertensives: all types (unless otherwise specifically listed)	NO	NO	NO	NO	YES ⁵	YES ⁵
Antimicrobials: all types	NO	NO	NO	YES ⁴	YES ⁴	YES ⁴
Antivenom: all types	NO	NO	NO	NO	YES ^{4,5}	YES ^{4,5}
Aspirin, oral	NO	YES	YES	YES	YES	YES
Atenolol	NO	NO	NO	NO	YES ^{4,5}	YES ^{4,5}
Atropine sulfate	NO	NO	NO	YES	YES	YES

Barbiturates: all types	NO	NO	NO	NO	YES ⁵	YES ⁵
Benzocaine, topical	NO	NO	NO	YES	YES	YES
Bivalirudin	NO	NO	NO	YES ⁴	YES ⁵	YES ⁵
Blood products: all types	NO	NO	NO	NO	YES ⁵	YES ⁵
Bronchodilators, short-acting medications listed in Statewide BLS protocol and contained in multidose inhaler (MDI), assist with patient's own prescribed medication	NO	YES	YES	YES	YES	YES
Calcium chloride/calcium gluconate	NO	NO	NO	YES	YES	YES
Captopril	NO	NO	NO	YES	YES	YES
Clopidogrel	NO	NO	NO	NO	YES ⁵	YES ⁵
Crystalloid solutions (the following solutions may be administered separately or in combination in various concentrations of each: dextrose, Lactated Ringers, Normosol, saline (NaCl)) (unless otherwise specifically listed). <i>Note</i> —Normal Saline Solution listed separately	NO	NO	NO	YES	YES	YES
Crystalloid solution containing potassium, interfacility transport only, potassium concentration may not exceed 20 mEq/kg unless managed by qualified CCT or Air Medical provider	NO	NO	NO	YES ⁴	YES ⁴	YES ⁴
Dexamethasone sodium phosphate	NO	NO	NO	YES	YES	YES
Dextran	NO	NO	NO	NO	YES ^{4,5}	YES ^{4,5}
Dextrose (for intravenous bolus in concentrations between 10-50%)	NO	NO	YES	YES	YES	YES
Diazepam	NO	NO	NO	YES	YES	YES
Digoxin	NO	NO	NO	NO	YES ⁵	YES ⁵
Diltiazem	NO	NO	NO	YES	YES	YES
Diphenhydramine HCl	NO	NO	NO	YES	YES	YES
DOBUTamine	NO	NO	NO	YES	YES	YES
DOPamine	NO	NO	NO	YES	YES	YES
Enalapril	NO	NO	NO	YES	YES	YES
EPINEPHrine HCl 1:1,000 (unless otherwise specifically listed)	NO	NO	YES ²	YES	YES	YES
EPINEPHrine HCl 1:10,000 solution and diluted concentrations for intravenous infusion	NO	NO	NO	YES	YES	YES

EPINEPHrine HCl autoinjector, assist with patient's own prescribed medication	NO	YES	YES	YES	YES	YES
EPINEPHrine HCl autoinjector (adult and pediatric dose sizes), (unless otherwise specifically listed)	NO	NO	YES	YES	YES	YES
EPINEPHrine HCl autoinjector (adult and pediatric dose sizes), applies only to EMTs in BLS services approved for EMT EPINEPHrine program	NO	YES	N/A	N/A	N/A	N/A
EPINEPHrine HCl, including racemic (by nebulizer)	NO	NO	NO	YES	YES	YES
Eptifibatide	NO	NO	NO	YES ⁴	YES ⁴ or ⁵	YES ⁴ or ⁵
Esmolol	NO	NO	NO	NO	YES ⁵	YES ⁵
Etomidate	NO	NO	NO	YES ³	YES ³	YES ³
FentanNYL	NO	NO	NO	YES	YES	YES
Fibrinolytics/thrombolytics: all types	NO	NO	NO	NO	YES ⁵	YES ⁵
Furosemide	NO	NO	NO	YES	YES	YES
Flumazenil	NO	NO	NO	NO	YES ⁴	YES ⁴
Glucagon	NO	NO	YES ⁹	YES	YES	YES
Glucocorticoids/mineralcorticoids (unless otherwise specifically listed)	NO	NO	NO	NO	YES ^{4,5}	YES ^{4,5}
Glucose, oral	NO	YES	YES	YES	YES	YES
Heparin (unless otherwise specifically listed)	NO	NO	NO	NO	YES ⁵	YES ⁵
Heparin (by continuous intravenous infusion)	NO	NO	NO	YES ⁴	YES ⁴ or ⁵	YES ⁴ or ⁵
Hespan	NO	NO	NO	NO	YES ^{4,5}	YES ^{4,5}
Hydralazine	NO	NO	NO	NO	YES ^{4,5}	YES ^{4,5}
Hydrocortisone sodium succinate	NO	NO	NO	YES	YES	YES
HYRDROmorphone	NO	NO	NO	YES ⁴	YES ⁴ or ⁵	YES ⁴ or ⁵
Hydroxocobalamin	NO	NO	NO	NO	YES ^{4,5}	YES ^{4,5}
Insulin	NO	NO	NO	NO	YES ⁵	YES ⁵
Isoproterenol HCl	NO	NO	NO	YES ⁴	YES ⁴	YES ⁴
Ketamine	NO	NO	NO	NO	YES ^{4,5}	YES ^{4,5}
Ketorolac	NO	NO	NO	NO	YES ^{4,5}	YES ^{4,5}
Labetolol	NO	NO	NO	NO	YES ^{4,5}	YES ^{4,5}
Levalbuterol	NO	NO	NO	YES ⁴	YES ⁴	YES ⁴
Lidocaine HCl	NO	NO	NO	YES	YES	YES
LORazepam	NO	NO	NO	YES	YES	YES

Magnesium sulfate	NO	NO	NO	YES	YES	YES
Mannitol	NO	NO	NO	NO	YES ⁵	YES ⁵
Metaproterenol	NO	NO	NO	NO	YES ^{4,5}	YES ^{4,5}
MethylPREDNISolone	NO	NO	NO	YES	YES	YES
Metoprolol	NO	NO	NO	NO	YES ^{4,5}	YES ^{4,5}
Midazolam	NO	NO	NO	YES	YES	YES
Milrinone	NO	NO	NO	NO	YES ^{4,5}	YES ^{4,5}
Morphine sulfate	NO	NO	NO	YES	YES	YES
Naloxone (unless otherwise specifically listed).	NO	NO	YES ⁹	YES	YES	YES
<i>Note</i> —autoinjector listed separately						
Naloxone, intranasal or autoinjector.	YES ¹	YES ¹	YES ⁹	YES	YES	YES
<i>Note</i> —EMRs and EMTs must complete additional required education with QRS or BLS service participating in naloxone program						
Nerve agent antidote kit, autoinjector only (may include atropine, pralidoxime and diazepam)	NO	YES ^{6,7}	YES ^{6,7}	YES	YES	YES
Non-depolarizing neuromuscular blocking agents: all types, intravenous bolus during rapid sequence induction, assisting PHRN, PHPE or PHP	NO	NO	NO	NO	YES ⁵	YES ⁵
Non-depolarizing neuromuscular blocking agents: all types, intravenous infusion during interfacility transport	NO	NO	NO	NO	YES ⁴	YES ⁴
Nitroglycerin, intravenous and topical	NO	NO	NO	YES	YES	YES
Nitroglycerin, sublingual (unless otherwise specifically listed)	NO	NO	YES	YES	YES	YES
Nitroglycerin, sublingual, assist with patient's own prescribed medication	NO	YES	YES	YES	YES	YES
Nitrous oxide	NO	NO	YES	YES	YES	YES
Norepinephrine	NO	NO	NO	NO	YES ⁵	YES ⁵
Normal Saline Solution (0.9% NaCl solution for intravenous volume infusion)	NO	NO	YES	YES	YES	YES
Ondansetron	NO	NO	NO	YES	YES	YES
Oxygen, delivered by devices within the published scope of practice for the EMS provider	YES	YES	YES	YES	YES	YES
Oxytocin	NO	NO	NO	YES	YES	YES

Phenylephrine	NO	NO	NO	NO	YES ⁵	YES ⁵
Potassium Cl (in concentrations above 20 mEq/L)	NO	NO	NO	NO	YES ^{4,5}	YES ^{4,5}
Plasmanate	NO	NO	NO	NO	YES ^{4,5}	YES ^{4,5}
Pralidoxime	NO	NO	NO	YES	YES	YES
Procainamide	NO	NO	NO	YES	YES	YES
Propofol	NO	NO	NO	NO	YES ^{4,5}	YES ^{4,5}
Propranolol	NO	NO	NO	NO	YES ^{4,5}	YES ^{4,5}
Prostaglandins: all types	NO	NO	NO	NO	YES ⁵	YES ⁵
Quinidine sulfate/quinidine gluconate	NO	NO	NO	NO	YES ⁵	YES ⁵
Sodium bicarbonate	NO	NO	NO	YES	YES	YES
Sodium thiosulfate	NO	NO	NO	YES	YES	YES
Sterile water, for injection	NO	NO	NO	YES	YES	YES
Succinylcholine	NO	NO	NO	NO	YES ⁵	YES ⁵
Terbutaline	NO	NO	NO	YES	YES	YES
Tetracaine, topical	NO	NO	NO	YES	YES	YES
Theophylline	NO	NO	NO	NO	YES ^{4,5}	YES ^{4,5}
Tirofiban	NO	NO	NO	YES ⁴	YES ^{4 or 5}	YES ^{4 or 5}
Tocolytics: all types (unless otherwise specifically listed)	NO	NO	NO	NO	YES ⁵	YES ⁵
Total Parenteral Nutrition	NO	NO	NO	YES ⁴	YES ⁴	YES ⁴
Verapamil	NO	NO	NO	YES	YES	YES
Medications not listed above, but within DOH-approved air ambulance service protocol for use by PHRN, PHPE and PHP	NO	NO	NO	NO	NO	YES ⁵

Table 2. Medications required to be carried by a specified EMS vehicle based upon the type of EMS service an EMS agency is licensed to provide. (R=Required)

Medication	QRS	BLS	IALS	ALS	CCT	AIR
Adenosine				R	R	R
Aspirin, oral		R	R	R	R	R
Atropine sulfate				R	R	R
Benzodiazepines (diazepam, lorazepam or midazolam) At least one type must be carried.				R ^{10,12}	R ^{10,12}	R ^{10,12}
Bronchodilators (nebulizer solution), (albuterol or albuterol with ipratropium bromide) At least one type must be carried.			R ⁸	R ⁸	R ⁸	R ⁸
Dextrose (for intravenous bolus in concentration between 10-50%)			R	R	R	R
DiphenhydrAMINE HCl				R	R	R

EPINEPHrine HCl, 1:1,000 concentration (IALS may meet requirement with EPINEPHrine as autoinjector—both adult and pediatric dose sizes—or as solution in vial/ampoule; ALS, CCT, and Air must carry 1:1,000 in vial or ampoule)	R	R	R	R
EPINEPHrine HCl, 1:10,000 concentration		R	R	R
EPINEPHrine, autoinjector (adult and pediatric dose sizes)—applies only to BLS services approved for EMT EPINEPHrine program	R ³			
Etomidate—applies only to ALS services approved by regional etomidate program		R ³	R ³	R ³
Glucagon	R		R	R
Glucose, oral	R	R	R	R
Lidocaine HCl			R	R
Naloxone (restrictions on forms for QRS/BLS services listed separately)	R	R	R	R
Naloxone, intranasal kit or intramuscular autoinjector—applies only to QRS/BLS services that meet training requirements.	R ³	R ³		
Narcotic analgesics (fentaNYL or morphine sulfate) At least one type must be carried.			R ^{11,12}	R ^{11,12}
Nitroglycerin, sublingual	R	R	R	R
Normal Saline Solution (0.9% NaCl solution for intravenous volume infusion)	R	R	R	R
Oxygen	R	R	R	R
Sodium bicarbonate			R	R
Medication within DOH-approved air ambulance service protocol for use by PHRN, PHPE or PHP on crew				R

QRS—Quick Response Service; BLS—Basic Life Support ambulance service; IALS—Intermediate Advanced Life Support ambulance service; ALS—Advanced Life Support ambulance service; CCT—Critical Care Transport ambulance service; Air—Air ambulance service.

1. EMRs and EMTs are restricted to administering this medication by intranasal and intramuscular autoinjector routes only, consistent with Statewide BLS protocols.

2. AEMTs are restricted to administering this medication by intramuscular route only, consistent with Statewide AEMT protocols. AEMTs may not administer this medication by intravenous or intraosseous route.

3. Permitted for services that meet Department requirements for training, medication stocking and any agency or quality improvement requirements, as verified by the agency's assigned regional EMS council.

4. During interfacility transport, paramedics who are authorized to function for an EMS agency that has been licensed as an ALS, CCT or air ambulance service are restricted to the maintenance and monitoring of medication administration that is initiated at the sending medical facility.

5. This medication must be carried on a CCT ambulance so that it is only accessible when a PHRN, PHPE or PHP is part of the crew. Paramedics who are authorized to function for an EMS agency that

has been licensed as a CCT or air ambulance service may only administer this medication when in the direct physical presence of, and supervised by, a PHRN, PHPE or PHP.

6. May administer to a patient when assisting an EMS provider above the level of AEMT who has determined the dose for the patient consistent with Statewide ALS protocols.

7. For self or peer rescue only.

8. One listed type of bronchodilator medication must be carried on each licensed vehicle.

9. AEMTs are restricted to administering this medication by intranasal, intramuscular or subcutaneous routes only, consistent with Statewide AEMT protocols. AEMTs may not give this medication by intravenous route.

10. One benzodiazepine class medication must be carried on each licensed vehicle.

11. One opioid class medication must be carried on each licensed vehicle.

12. For additional information relating to security and medication tracking requirements for controlled substances, see 28 Pa. Code § 1027.5.

KAREN M. MURPHY, PhD, RN,
Secretary

[Pa.B. Doc. No. 15-1586. Filed for public inspection August 28, 2015, 9:00 a.m.]

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