



BUCKS COUNTY EMERGENCY MEDICAL SERVICES

Regional Treatment & Transfer Protocols

Regional Medication List (Guidelines)

Medication	Par Quantity
Albuterol 2.5mg/3ml	2
Adenocard	18mg
Asprin 81mg (chewable tablets)	4
Atropine 1mg/10ml	2
Calcium Chloride 10% 10	1
Cordarone 150mg	3
Dextrose 25g (10%-50%)	2
Diphenhydramine 50mg/ml	2
Epinephrine 1:10,000	8mg
Epinephrine 1:1000 1mg/ml	2
Etomidate 40mg ¹ (Optional)	0
Glucagon 1mg	2
Ipratropium Bromide 0.5mg/2.5	2
Lidocaine 100mg/5ml	2
Magnesium Sulfate 1g/2ml	4
Methylprednisone 125mg ²	1
Naloxone 2mg/2ml	4
Ondansetron 4mg/2ml	2
Nitroglycerin 0.4mg ³	10
Sodium Bicarbonate 50meq/50ml	2

Minimum State requirement

Agencies must carry a minimum one analgesic and one Sedative medication

Controlled Substances	Par Quantity
Morphine ⁴	16mg
Fentanyl ⁴	100mcg
Diazepam ⁴	10mg
Lorazepam ⁴	4mg
Midazolam ⁴	10mg

Note:

1. Must be approved by Regional MAC
2. Maybe substituted with Dexamethasone 10mg
3. Must have 10 tablets or the ability to administer 10 sprays
4. Optional Medications & Controlled substances Agencies are responsible for these medications and not part of the medication exchange program..