



## Metropolitan Boston Emergency Medical Services Council

*SERVING THE 62 CITIES AND TOWNS OF METROPOLITAN BOSTON*

### Statewide Treatment Protocols Region IV Required Medications List – January 2004

Activated Charcoal	Lidocaine
Adenosine (Adenocard)	2% Lidocaine Jelly
Albuterol (Proventil, Ventolin)*	Lopressor (Metoprolol)*
Amiodarone	Magnesium Sulfate
Aspirin	Midazolam (Versed)
Atropine	Morphine Sulfate
Atrovent	Naloxone
Calcium Chloride	Neo-Synephrine Spray
Cetacaine Spray	Nitroglycerin (Nitrostat)
Dextrose D10, D25, and D50	Oxygen
Diazepam (Valium)	Saline Flush
Diltiazem HCL (Cardizem, LyoJect)	Sodium Bicarbonate
Diphenhydramine (Benadryl)	Terbutaline
Dopamine	Tetracaine
Epinephrine (1:1000 and 1:10,000)	Thiamine
Epinephrine Auto-Injector	IV solutions :
Furosemide (Lasix)	Normal Saline
Glucagon	Lactated Ringers
Oral glucose	<u>Optional **</u>
Syrup of Ipecac	2 PAM Auto injector
	Atropine Auto injector
	Cyanide Antidote Kits
	Lorazepam (Ativan)

\* Services utilizing Lopressor (Metoprolol) must have 12 lead EKG capabilities and personnel trained in interpretation of 12 lead.

\*\* Services utilizing the optional medications should notify the region that they are carrying them. This allows the Region to maintain a database in the event of an incident that may require the optional medication.

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