



# EMT-B MEDS

# CHEAT SHEET

**Remember your six patient “rights” prior to medication administration!  
 PATIENT – MEDICATION – DOSE – TIME – ROUTE – DOCUMENTATION**

MEDICATION	DOSAGE	NYS PROTOCOL	MEDICAL CONTROL CONTACT?
Oxygen	PRN	<p>FIRST choice: Non-rebreather mask at 12 LPM or greater so that reservoir bag does not collapse during inhalation. If reservoir bag collapses and does not refill adequately, increase to 15 LPM.</p> <p>SECOND choice: Nasal cannula at 6 LPM (used only if a mask is not tolerated).</p>	No
BVM with oxygen	PRN	<p>If the patient demonstrates inadequate ventilations, assist the patient's ventilations with high-concentration oxygen using a positive-pressure adjunctive device.</p> <p>FIRST choice: Bag-valve-mask with reservoir and supplemental oxygen.</p> <p>SECOND choice: Pocket face mask with supplemental oxygen set at greater than 10 LPM.</p> <p>THIRD choice: Flow-restricted oxygen-powered ventilation device.</p>	No
Glucose gel	PRN	<p>If the patient has a known history of diabetes controlled by medication, is conscious and able to drink without assistance, provide an oral glucose solution, fruit juice or non-diet soda by mouth, then transport, keeping the patient warm.</p>	No
epinephrine auto-injector (EpiPen®)	One pen (adult: 0.3mg) (child: 0.15mg)	<p>If either cardiac or respiratory status are abnormal, proceed as follows:</p> <ol style="list-style-type: none"> <li>If the patient is having severe respiratory distress or hypoperfusion, and has been prescribed an epinephrine auto-injector, assist the patient in administering the epinephrine. If the patient's auto-injector is not available or is expired, and the EMS agency carries an epinephrine auto-injector, administer the epinephrine as authorized by the agency's medical director.</li> <li>If the patient has not been prescribed an epinephrine auto-injector, begin transport and contact Medical Control for authorization to administer epinephrine, if available.</li> </ol> <p>Dosage for children depends on the child's age or weight, as appropriate. For patients under 66 lbs. or under 9 years, administer the pediatric dose.</p>	<p>YES</p> <p>(if the patient does not have a prescription)</p> <p>(if a second dose is needed)</p>

MEDICATION	DOSAGE	NYS PROTOCOL	MEDICAL CONTROL CONTACT?
Aspirin	Four non-enteric chewable tablets (81mg each)	If patient has not taken aspirin and has no history of aspirin allergy and no evidence of recent gastrointestinal bleeding, administer non-enteric chewable aspirin (324-325mg).	No
Nitroglycerin	One spray (400mcg)  OR  One tablet (0.4mg)	If chest pain is present and if the patient possesses nitroglycerin prescribed by his/her physician, has a systolic blood pressure of 120mm Hg or greater, and has not taken any erectile dysfunction drugs within 72 hours, the EMT-B may assist the patient in self-administration of the patient's prescribed sublingual nitroglycerin as indicated on the medicine container.  <ol style="list-style-type: none"> <li>1. Confirm the systolic blood pressure is 120mm Hg or greater.</li> <li>2. Question patient on last dose administration of nitroglycerin, effects, and assure understanding of route and administration.</li> <li>3. Administer one metered dose of nitroglycerin spray OR one nitroglycerin tablet under the patient's tongue without swallowing and record the time of the administration.</li> <li>4. Re-check blood pressure within two minutes of administration and record any changes in condition.</li> <li>5. If the patient continues to have chest pain with a systolic BP above 120mm Hg, assist with up to two additional doses. Each dose must be no less than 5 minutes apart.</li> </ol>	No
Activated charcoal	One tube (adult: 50g) (child: 25g)	For use in cases of swallowed poisons.  <ol style="list-style-type: none"> <li>1. Administer oxygen.</li> <li>2. Contact Medical Control for instructions on treatment, which may include the administration of activated charcoal. Patient must be awake and able to swallow.</li> <li>3. Transport, keeping the patient warm.</li> </ol>	YES
Albuterol sulfate (Ventolin <sup>®</sup> , Proventil <sup>®</sup> )	One unit dose (2.5mg in 3ml of saline) (concentration: 0.083%)  (administered via nebulizer at 4-6 LPM)	For patients between one and sixty-five years of age, who are experiencing an exacerbation of previously diagnosed asthma.  <ol style="list-style-type: none"> <li>1. Administer high-concentration oxygen.</li> <li>2. Place patient in the Fowler's or semi-Fowler's position.</li> <li>3. Do not allow physical activity or exertion.</li> <li>4. Assess vital signs, ability to speak in complete sentences, accessory muscle use, wheezing, patient's assessment of breathing difficulty, and through use of a peak-flow meter, Borg scale, or other method.</li> <li>5. Begin transportation.</li> <li>6. Administer albuterol sulfate 0.083%, one unit dose in a nebulizer at a flow rate of 4-6 LPM. Do NOT delay transport to complete administration!</li> <li>7. Re-assess vital signs, ability to speak in complete sentences, accessory muscle use, wheezing, patient's assessment of breathing difficulty.</li> <li>8. If patient's symptoms persist, a second dose of nebulized albuterol sulfate may be administered. A maximum of two total doses may be given.</li> </ol>	YES  (for patients with history of angina, myocardial infarction, arrhythmia or congestive heart failure)

