



MEDICATION ADMINISTRATION



Escambia County, Florida - ALS/BLS Medical Protocol

To define the procedure to be utilized by personnel in administering medication in compliance with the Escambia County Bureau of Public Safety Medical Protocols unless otherwise authorized by an on-line Medical Control Physician.

Indications for Administration

- a. Patient assessment is completed by on-scene EMS personnel.
- b. Need for medication identified by on-scene paramedic, or as ordered by on-line medical control.
- c. Patient is interviewed for known allergies and medication history to identify risk of drug interaction or potentiation.
- d. Paramedic is familiar with the:

Medication

Guidelines for administration

Actions

Side-effects

Drug interactions

Contraindications

Preparation for Administration


- a. Correct medication identified
- b. Supply of medication acquired



Approved: 10/01/2011
Version: 3.1

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c. Medication is checked for:

Right medication

Right dose /amount

Right time

Right route for administration

Expiration date

d. All supplies needed are gathered and organized in work area.

e. Communication is provided to patient regarding need for medication, and its effects.

f. Personal protective equipment is utilized.

Administration

Oral Medications

Open packaging over a clean work area in case medications spill from package and can be retrieved.

Provide medications to patient with direction on the administration; ie to be chewed, swallowed, held under the tongue, or buccal, etc.

For buccal administration of glucose paste to the patient.

Position the patient on their side or upright (protect airway).


Administer small amounts of the paste between the gum and the cheek wall (outside teeth). Instruct the patient to swallow as necessary.



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Rectal Medications

Attach a Teflon catheter (from an angiocath) to the end of a syringe that contains medication to be administered. Gently insert catheter (without needle) into rectum and instill medication.

Nebulizer Therapy

Self-administered by the patient with a hand-held, or mask nebulizer, OR nebulized with positive-pressure breathing device such as a bag-valve-mask, OR with the bag-valve attached to the ET tube.

Medication is measured and introduced into nebulizer using manufacturer's recommended liters per minute of oxygen attached to nebulizer.

Patient is instructed to breathe normally and to hold a deep inspiration every 4-5 breaths.

Patient is monitored throughout procedure per protocol, policy or procedure.

Treatment is continued until all medication is gone or is discontinued due to complication in patient condition.

Endotracheal Administration

When vascular access cannot be obtained by IV or IO access and an endotracheal tube is in place, specific medications can be administered down the ET tube.

The medication is rapidly injected down the tube in a bolus that is diluted or followed by normal saline to flush the tube.

The total fluid that should be administered in one bolus is 10 ml.


The medications that may be given down the ET tube are:



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epinephrine

atropine

naloxone (Narcan)

lidocaine

Subcutaneous Injections

Medication is prepared in syringe 1 ml or less with needle 25-27 ga., 1/2 - 5/8 inch.

A site is selected and cleansed (upper outer arm, front of the thigh, or abdomen).

Pinch skin up into a fat fold of at least 1 inch.

Insert needle at 45-degree angle, aspirate.

If no blood appears in syringe, inject medication slowly.

Gently massage site with alcohol wipe.

Dispose of syringe in sharps container.

Intramuscular Injections

Medication is prepared in syringe of less than 5 cc with needle 18-22 ga., 1 1/2 to 2 inches. 0.2 ml of air may be added to syringe.

Site is selected and cleansed (deltoid, dorsalgluteal, ventrogluteal, or vastus lateralis).

Spread skin taut, insert needle at 90-degree angle, aspirate.


If no blood appears in syringe, inject medication slowly.



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Apply slight pressure to site with alcohol wipe.

Dispose of syringe in sharps container.

Intravenous Medications: Bolus Dose

Medication is prepared in syringe with Luer-lock connector or protected-needle. (A needle to insert into a port should only be used as a last resort.)

All air is cleared from syringe and excess medication expelled.

Site is cleansed and syringe is attached via luer-lock to stop-cock, other luer-lock connector, or protected needle is inserted into capped port of IV line.

Patency of IV is checked by aspirating blood or by monitoring flow with no signs of infiltration.

IV line is clamped, or flow is controlled to flush medication, as medication is pushed into IV port.

Time taken to administer medication is specific to medication. Flush IV line to assure medication administration.

Monitor IV catheter site for signs of infiltration.

Dispose of syringe in appropriate container.

Intravenous Medications: Continuous Drip

Pre-mixed intravenous medications are selected or appropriate dose of medication is added to intravenous fluid bag.

Affix label to fluid container.


Calculations of drip rates are completed prior to administration of medication.



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Shake bag to distribute medication, add administration line and flush.

IV line may be connected directly to stop-cock on IV catheter or, if to be connected to main-line IV, needle must be attached to connect to port on IV line, unless needle-less port is available. Main-line fluid will be turned off during piggy-back drip administration.

Control flow rate for desired drops per minute and monitor for consistency.

Patient Assessment

Patients are assessed closely for change in condition following medication administration.

Medications are discontinued when possible if untoward effects occur or as directed by physician.

Documentation

Documentation of all medication administration on the Run Form will occur.

Documentation will include:

Name of medication

Dose and concentration of medication

Time of administration

Route/site of administration

Who ordered medication, if not part of applicable protocol.


Documentation of narcotic waste with witness signature.



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ED staff should witness narcotic wastes vs other EMS personnel.

Patient condition is documented before and after medication administration.

All non-approved medications (not included in standard protocols), administered must have a physician's order or prescription attached to the patient care form. When in doubt of any doses, indications, adverse affects, contraindications, etc., the Medical Director should be consulted prior to administering the medication.


All additional service and hospital documentation requirements for narcotic use to be completed as necessary.



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