

Last Modified: 2023	APPROVED DRUG LIST - PARAMEDIC	2023
	Academy of Medicine of Cincinnati – Protocols for SW Ohio Prehospital Care Clinical Practice Guidelines	

Department:		License Number:	EMS.
Address:			
Department Contact:		Phone:	

Medication	Strength/Concentration	Medication	Strength/Concentration
Acetaminophen	80-650 MG/Tablet	Lidocaine Hydrochloride	100 MG/5ML
Acetaminophen (suspension)	160-500 MG/5 ML	Lorazepam	2 MG/ML
Adenosine	3 MG/ML	Magnesium Sulfate	1 GM/2ML
Albuterol Sulfate Solution	2.5 MG in 3ML	Methyprednisolone	125 MG/2 ML
Albuterol/Ipratropium	3 mg/0.5 MG in 3ML	Prednisolone Syrup	3 MG/ML
Alcaine	0.005	Midazolam	5 MG/ML
Amiodarone Hydrochloride	150 MG/3ML	Morphine Sulfate	10 MG/ML
Aspirin, Low-Dose	81 MG/Tablet	Naloxone Hydrochloride	0.4-4 MG
Atropine Sulfate	0.1 MG/ML	Evzio (Naloxone Hydrochloride)	0.4mg auto injectors (2)
Calcium Gluconate	1 GM/10ML	Nitroglycerin	0.4 MG
Cetacaine	56 GM	Nitroglycerin Ointment	2%
Dextrose 5%	5%	Ondansetron HCL	2 MG/ML
Dextrose 10%	10%	Ondansetron HCL	4 MG/Tablet
Dextrose 25%	25%	Oxygen, Medical Grade	100%
Dextrose 50%	25 GM/50ML	Phenylephrine HCL nasal	0%
Diazepam	5 MG/ML	Pralidoxime CL	600 MG
Diphenhydramine	50 MG/ML	Pralidoxime CL/Atropine	600 MG/2.1 MG
Epinephrine 1:1,000	1 MG/ML	Prednisone	20 MG/Tablet
Epinephrine 1:10,000	0.1 MG/ML	Promethazine HCL	25 MG/ML
Fentanyl Citrate	.05 MG/ML	Sodium Bicarbonate	50 MEQ/50 ML
Flu Vaccine	Unit Dose	Sodium Chloride 0.9%	0.9%
Glucagon	1 MG/ML	Sodium Chloride 3%	3%
Hydroxocabalin	5 GM/Kit	Sodium Chloride 0.9%	0.9% non injection
Ipratropium Bromide	0.02%	Tetracaine HCL	0.5 %
Ketamine	50 MG/ML	Tranexamic Acid (TXA)	1000MG/10ML
Lactated Ringer's	Injection USP	Water, Sterile-Irrigation	250-1,000ML

The below listed dangerous drugs may ONLY be administered by a health care professional AFTER receiving a verbal or written direct order from an Ohio licensed prescriber for a specific patient. These medications may NOT be administered via protocol or standing order.

Ciprofloxacin Hydrochloride	500 MG/Tablet	Doxycycline	100MG/Tablet
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I DECLARE UNDER PENALTIES OF FALSIFICATION AS SET FORTH IN CHAPTERS 2921. AND 4729. OF THE OHIO REVISED CODE THAT THE DRUGS LISTED ON THIS FORM ARE **TRUE, CORRECT, AND COMPLETE.**

Signature of Applicant's Responsible Person / Medical Director		Date Signed
Print Name of Responsible Person	Professional License No.	