

App A	Appendix A: Protocol Medication List	App A
2024	Academy of Medicine of Cincinnati - Protocols for SW Ohio	2024

APPROVED DRUG LIST - Paramedic

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

Medication	Strength/Concentration	Medication	Strength/Concentration
Acetaminophen	80-650mg/tablet	Lorazepam	2mg/mL
Acetaminophen suspension	160-500mg/5mL	Magnesium sulfate	1g/2mL
Adenosine	3mg/mL	Methylprednisolone	125mg/2mL
Albuterol sulfate solution	2.5mg/3mL	Midazolam	5mg/mL
Albuterol/ipratropium	3mg/0.5mg per 3mL	Naloxone HCl	0.4-4mg
Alcaine	0.005%	Evzio (Naloxone HCl)	0.4mg auto injector
Amiodarone HCl	150mg/3mL	Neosynephrine	0.5%
Aspirin	81mg/tablet	Nifedipine	10mg/tab
Atropine sulfate	0.1mg/mL	Nitroglycerine	0.4mg
Calcium chloride	1g/10mL	Nitroglycerine ointment	0.02
Calcium gluconate	1g/10mL	Ondansetron HCl	2mg/mL
Cetacaine	56g	Ondansetron HCl	4mg/ODT or /tablet
Dextrose 10%	10%	Oxygen, Medical Grade	1
Dextrose 25%	25%	Oxymetazoline	0.05%
Dextrose 50%	25g/50mL	Pralidoxime Cl	600mg
Diazepam	5mg/mL	Pralidoxime Cl/Atropine	600mg/2.1mg per auto injector
Diphenhydramine	50mg/mL	Prednisolone susp	2mg/mL
Epinephrine	1mg/mL or /auto injector	Prednisone tablet	20mg/tablet
Epinephrine	0.1mg/mL	Promethazine HCl	25mg/mL
Fentanyl citrate	0.05mg/mL	Sodium bicarbonate	50meq/50mL
Flu Vaccine	Unit Dose	Sodium chloride	0.9%
Glucagon	1mg/mL	Sodium chloride	3%
Hydroxycobalamin	5g/kit	Sodium chloride	0.9% non-injection
ipratropium bromide	0.02%	Tetracaine HCl	0.5%
Ketamine	50mg/mL	Tranexamic Acid (TXA)	1000mg/10mL
Lactated Ringers	Injection USP	Water, Sterile irrigation	250mL - 1000mL
Lidocaine HCl	100mg/5mL		

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

Medication	Strength/Concentration	Medication	Strength/Concentration
Ciprofloxacin Hydrochloride	500 MG/Tablet	Doxycycline	100MG/Tablet

Responsible Person Approval: _____ Date: _____, 20____

Certificate of Acknowledgment of Notary Public

State of Ohio; County of _____

This document was acknowledged before me, a Notary Public, this _____ day of _____, 20____ by _____ who personally appeared and is known to me to be a credible person of lawful age.

Notary Public, State of Ohio

My Commission expires: _____, 20____

App A	Appendix A: Protocol Medication List	App A
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APPROVED DRUG LIST - Basic

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

Medication	Strength/Concentration	Medication	Strength/Concentration
Aspirin, Low -Dose	81 MG Tablet	Oxygen, Medical Grade	100%
Epinephrine 1:1,000	0.3mg auto injector	Pralidoxime CL/Atropine	600 MG/2.1 MG
Naloxone Hydrochloride	0.4-4 MG	Water, Sterile-Irrigation	100%
Evzio (Naloxone Hydrochloride)	0.4mg auto injectors (2)		

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Medication	Strength/Concentration	Medication	Strength/Concentration
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