

**2 0 1 9 - Montgomery County - Recommended - ALS Drug List**

Status	NAME/DESCRIPTION	Quantity					
Required	Adenosine (Adenocard ®) <b>(30 mg)</b>	5					
<b>Optional</b>	Amiodarone <b>(450 mg)</b>	3					
Required	Aspirin- 81 mg tablet	20					
Required	Atropine Sulfate- 1 mg pre-filled syringe	2					
Required	Calcium Chloride - 1 G pre-filled syringe either or the Gluconate	1					
<b>Optional</b>	Cardizem - Diltiazem 20mg	1					
Required	Dextrose 25% - 2.5g - Pre-filled syringe - <b>(5g - TOTAL)</b>	2					
<b>Either Format</b>	Dextrose 10-50%- Pre-filled syringe - <b>(50g - TOTAL)</b>	2					
	Dextrose - D-10 - ( 250cc/bag )	2					
Required	Diphenhydramine (Benadryl ®) <b>(50 mg)</b>	2					
<b>Optional-use Pulse Dose Epi</b>	Dopamine- 400 mg (pre-mixed bag or vial)	1				<b>Optional - use (Pulse Dose Epi)</b>	
	Pulse Dose Epinephrine ( 1:10,000 )	1				Epi (1:10,000 Epi + 10cc syringe)	
Required	Epinephrine- 1:1,000 (1 mg / ml ampule)	2					
Required	Epinephrine- 1:10,000 pre-filled syringe	6					
Required	Glucagon- 1 mg with 1 mL Diluting Solution or Intranasal	1					
Required	Albuterol Sulfate(Proventil ®) - 2.5 mg/3 mL	6					
<b>Either or Both</b>	Ipratropium Bromide - Atrovent - .02% - 2.5ml	4				If stocked- <b>Don't need</b> - Duo-Neb	
	Duo-Neb - (Ipratropium 0.5 mg/Albuterol 3.0 mg) - Inhalation Solution *Equivalent to 2.5 mg	4				If stocked- <b>Don't need</b> - Atrovent	
<b>Optional</b>	Racemic Epinephrine (Racemic Epinephrine) <b>(2.25%)</b>	2				<b>Optional</b>	
<b>Either Format</b>	Lidocaine- 100 mg pre-filled syringe ( * )	4				* If you <b>don't carry</b> Amiodarone	
	Lidocaine- 100 mg pre-filled syringe ( ** )	2				** If you <b>carry</b> Amiodarone	
<b>Either Format</b>	Lidocaine- 100 mg pre-filled syringe ( *** )	5				*** 5th Lidocaine - If no Lido-drip	
	Lidocaine - 500 ml pre-mix <b>or equivalent</b>	1				<b>Optional</b>	
Required	Magnesium Sulfate- 1 G in 2 mL vial	2					
Required	Naloxone (Narcan ®) <b>(6 mg)</b>	3					
<b>Either or Both</b>	Nitroglycerine - Nitrolingual Spray - Bottle	1					
	Nitroglycerine - SL 1/150 gr. Tablets - Bottle	1					
<b>Optional</b>	Nitro-BID - (paste)	1					
Required	Sodium Bicarbonate - 8.4 % (50mEq/50ml) - pre-fill syringe	2					
Required	Solumedrol - 125mg vial	2					
<b>Optional</b>	Ketorolac / Tromethamine / Toradol ( 30 mg/ml)	1					
<b>Optional</b>	Sterile water for injection <b>(10 ml)</b>	1					
<b>Optional</b>	Acetaminophen - ( Tylenol ) / Ibuprofen	1					
<b>Optional</b>	Zofran - Ondansetron	2					
<b>* * * CONTROLLED DRUGS * * *</b>							
Required	Diazepam (Valium) 10 mg pre-filled syringe * 20 mg *	2				If stocked - don't need - Ativan	
Required	Morphine Sulfate * 20 mg *	2				If stocked - don't need - Fentanyl	
Required	Midazolam - ( Versed ) - 10mg vial * 20 mg *	2					
<b>Optional</b>	Ativan - ( Lorazepam ) * 6 mg *	3				If stocked - don't need - Valium	
<b>Optional</b>	Fentanyl * 200 mg *	2				<b>If - Morphine - is also carried</b>	
<b>Optional</b>	Fentanyl * 400 mg *	4				<b>If don't stock - Morphine</b>	
<b>Optional</b>	Ketamine - <b>MAC Approval - for ED</b> * 500 mg *	2				<b>Regional MAC Approval required to carry</b>	
<b>Optional</b>	Ketamine - <b>MAC Pilot Only - for SAI</b> * 200 mg *	2				<b>Regional MAC Approval required to carry</b>	
<b>Optional</b>	Etomidate ( <b>MAC Approval ONLY</b> ) * 20mg vials *	2					

	Optional						
Optional	Benzocaine Spray						
Optional	Captopril - ( Capoten )						
Optional	Dexamethasone Sodium Phosphate						
Optional	Dobutamine						
Optional	Heparin Lock Flush						
Optional	Hydrocortisone Sodium Succinate						
Optional	Nitroglycerine Drip (Pump & Special tube required)						
Optional	Nitrous Oxide (Nitronox ®)- 50/50 Inhalation						
Optional	Oxytocin						
Optional	Pralidoxime CL						
Optional	Procainamide						
Optional	Sodium Bicarbonate - Pediatric- 4.2% -42 mEq pre-fill syringe						
Optional	Sodium thiosulfate						
Optional	Terbutaline						
Optional	Tetracaine						
Optional	Vasotec ( Enalaprilat )						
Optional	Verapamil						
I.T.O.	Antimicrobials						<b>for Interfacility Transport Only</b>
I.T.O.	Dilaudid						<b>for Interfacility Transport Only</b>
I.T.O.	Glycoprotein Iib/IIIa Inhibitors						<b>for Interfacility Transport Only</b>
I.T.O.	Heparin by IV/drip						<b>for Interfacility Transport Only</b>
I.T.O.	Isoproterenol HCL						<b>for Interfacility Transport Only</b>
I.T.O.	Levalbuterol						<b>for Interfacility Transport Only</b>
I.T.O.	Potassium						<b>for Interfacility Transport Only</b>
I.T.O.	Total Parental Nutrition						<b>for Interfacility Transport Only</b>
I.T.O.	N.A.C.						<b>for Interfacility Transport Only</b>
1/1/2019	If a Drug is listed as "Required", means that all ALS Ambulance Services Licensed in Montgomery County <u>MUST</u> carry said drug, as per the MAC Committee on December 12, 2018.						