

Appendix A: RPMDDD for Maryland BLS drugs (2021)

acetaminophen						Tylenol®	
Route	Patient		Med.	Dosage	Date	Doc.	
	<i>is</i>	<i>is not</i>					
PO (oral)	1. >2 years old 2. mild-to-moderate pain	1. head injury 2. hypotensive 3. taken acetaminophen within the previous 4 hours [†] 4. unable to swallow or take medications by mouth 5. respiratory distress 6. persistent vomiting 7. known or suspected liver disease (including patients suspected of current alcohol ingestion) 8. allergic to acetaminophen 9. ≤ 2 years old	↙	2 – 4 years: 1 x 160 mg 5 – 12 years: 2 x 160 mg >13 years: 4 x 160 mg			
Notes: Each unit does is 160 mg [†] This includes many common cold medications							

activated charcoal						
Route	Patient		Med.	Dosage	Date	Doc.
	<i>is</i>	<i>is not</i>				
PO (oral)	1. poisoned via mouth	1. altered mental status 2. [has not] had emetic 3. ingested strong acids or alkalis	↙	1 g / kg		
Notes: Should consult with poison control AND medical consult simultaneously ○ but only <i>physician</i> can prescribe it; <i>poison control</i> may only advise						

Albuterol Proventil [®] , Ventolin [®]						
Route	Patient		Med.	Dosage	Date	Doc.
	<i>is</i>	<i>is not</i>				
PO (oral)	1. signs and symptoms of respiratory distress 2. bronchospasm / wheezing associated with: ○ asthma ○ chronic bronchitis ○ emphysema ○ allergic reactions (anaphylaxis)	1. known hypersensitivity	↙	inhaler: adult/child: Max. 2 doses (4 puffs) over 30-mins nebulizer: † (≥2 years): 2.5 mg (<2 years): 1.25 mg		
Notes: Additional doses (all patients) may be administered with medical consultation † I.e. via nebulized aerosol connected to 6–8 lpm of oxygen; may repeat one (1) time						

aspirin						
Route	Patient		Med.	Dosage	Date	Doc.
	<i>is</i>	<i>is not</i>				
PO (oral)	1. suspected acute coronary syndrome (ACS) <i>and / or</i> 2. STEMI	1. a child 2. known hypersensitivity 3. [has not] already received a full dose (324 mg) of aspirin prior to EMS arrival	↙	adult: 324 mg or 325 mg		
<p>Notes:</p> <p>Aspirin treats <i>root cause</i> of ACS/STEMI, whereas nitroglycerin only treats <i>pain</i></p> <p>* 324 mg = 4 x 81 mg (baby aspirin)</p>						

epinephrine						
Route	Patient		Med.	Dosage	Date	Doc.
	<i>is</i>	<i>is not</i>				
IM (deltoid)	1. Moderate to severe allergic reaction with respiratory distress <i>or</i> mild allergic reaction with history of life-threatening allergic reaction 2. Patients with severe asthma		↙	adult: (≥5 years) 0.5 mg/mL child: (<5 years) 0.15 mg/mL		
IM (lateral thigh)			↘	adult: (≥5 years) 0.3 mg/mL child: (<5 years) 0.15 mg/mL		
	<i>is</i>	<i>is not</i>				
Route	Patient		Med.	Dosage	Date	Doc.
epinephrine (auto-injector)					EpiPen®	

Naloxone						Narcan®	
Route	Patient		Med.	Dosage	Date	Doc.	
	<i>is</i>	<i>is not</i>					
IN (intra-nasal)	1. \geq 28 days old 2. in depressed respiratory state induced by opioid/narcotic	1. <28 days old	↙	adult/child: 2 mg IN (1 mg/nare) <i>or</i> 4 mg/0.1 mL dose IN for just 1 nare Repeat as necessary			
Notes: Administer until spontaneous respiration returns, but <i>not</i> to full consciousness Naloxone has a duration of action of <u>40 minutes</u> ; effect of opioid may outlast it. ○ As such, encourage transport. Patient may be aggressive upon regaining conscious							

nitroglycerin						
Route	Patient		Med.	Dosage	Date	Doc.
	<i>is</i>	<i>is not</i>				
SL (sublingual)	1. prescribed nitroglycerin 2. an adult (≥ 13 years old) 3. complaining of angina (chest pain)	1. unprescribed nitroglycerin 2. a child (<13 years old) 3. hypotensive (≤ 90 mmHg <u>systolic</u>) 4. bradycardic (≤ 60 bpm) 5. tachycardic (≥ 150 bpm) 6. [has not] taken <ul style="list-style-type: none"> ○ Adcirca[®] ○ Revatio[®] ○ Viagra[®] ○ Levitra[®] ○ Cialis[®] within last 48 hours 7. [has not] taken 3 doses prior to EMS arrival	↙	SL: 1 tablet <i>or</i> 1 spray Repeat* in 3–5 minutes if chest pain persists Maximum of 3 doses [†]		
Notes: * Must take blood pressure in between doses (although you should be doing that anyway) † Medical consultation is required for: <ul style="list-style-type: none"> ○ <u>systolic</u> blood pressure drops more than 20 mmHg between doses ○ additional doses after the maximum of 3 have been administered Treatment for pulmonary artery hypertension: Adcirca [®] , Revatio [®] Treatment for erectile dysfunction: Viagra [®] , Levitra [®] , Cialis [®]						

oral glucose						
Route	Patient		Med.	Dosage	Date	Doc.
	<i>is</i>	<i>is not</i>				
buccal	1. altered mental status with history of diabetes 2. unconscious for an unknown reason 3. measured blood glucose <70 mg/dL		↙	adult/child: 10 – 15 g buccally (between gum and cheek)		
Notes: Patients without gag reflex may aspirate Consider single additional dose of oral glucose if not improved after <i>10 minutes</i>						

oxygen						
Route	Patient		Med.	Dosage	Date	Doc.
	<i>is</i>	<i>is not</i>				

inhale	1. hypoxic (<94% SpO ₂) 2. in respiratory distress 3. in cardiopulmonary arrest 4. suspected CO exposure 5. trauma 6. dyspnea	is wearing a MAGA hat	↖	See table below		
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Notes:

% SPO ₂	Indicates		Treatment	
			Oxygenation	Ventilation
94% – 100%	normal		if necessary	no
91% – 93%	mild	hypoxia	nasal cannula 2 – 6 L/min	no
86% – 90%	moderate		100% high-flow O ₂ NRB: 12 – 15 L/min BVM: 15 – 25 L/min (if assisting ventilations)	if necessary
<86%	severe		100% high-flow O ₂ BVM: 15 – 25 L/min	yes

CO exposure: Administer 100% oxygen via NRB mask. Maintain SPO₂ at 100%

Never withhold oxygen from those who need it

High concentrations of oxygen will reduce the respiratory drive in some COPD patients

- give them oxygen and *monitor them carefully*