

Community Paramedicine Clinician or Technician at the Paramedic Level Formulary

Final

Version 0.1

May 2, 2023

Approved by the MDPB – June 21, 2023
Approved by the EMS Board – August 2, 2023



Pharmacologic Expectations

Administration of medications by differing routes shall be limited to routes permitted by license level.

- EMT: Oral, Buccal, Intramuscular, Intranasal, Rectal
- AEMT: as above, plus intravenous, and intraosseous
- Paramedic: same as AEMT

Each CP should carry appropriate medications and supplies to manage an allergic reaction based on license level.

- EMT: IM epinephrine
- AEMT: IM epinephrine, fluid bolus, albuterol
- Paramedic: IM epinephrine, fluid bolus, albuterol (optional, racemic or inhaled epinephrine)

Waste disposal: medications and supplies shall be wasted appropriately and according to standard regulations. *(Please refer to dispensing pharmacy for guidance)*

Medications shall be stored and transported in a manner compliant with manufacturers requirements/recommendations.

Medications will be patient-specific; no bulk or multi dose medication shall be used for more than one patient.

Proper equipment needed to administer medications shall be used (pumps, nebulizers, needles, syringes, etc.).

Accessing and use of central lines and ports is allowed, if so trained.

Monitoring requirements shall be met for each medication administered.

Appropriate PPE shall be worn during all medication handling, preparation, and administration.

Medications supplied as samples shall *not* be permitted.

May Administer	May NOT administer
All oral medications (by mouth, sublingual, buccal)	Aminophylline, terbutaline
All topical medications (transdermal patches, creams, ointments)	Systemic anesthetics (propofol, etomidate, dexmedetomidine, etc)
Injectable antibiotics, antivirals, antifungals	Blood/ blood products
Subcutaneous anticoagulation (i.e. enoxaparin)	Intravenous chemotherapy
Inhaled medications	Investigational medications (Study drugs)
Injectable anticonvulsants	Intravenous platelet aggregation inhibitors
Intravenous Immune Globulin (IVIG)*	Neuromuscular blockers
Intravenous gastrointestinal medications (PPI, H2 blockers)	Intravenous vasoactive medications (excluding emergencies as per MEMS protocol; norepinephrine and epinephrine)
Intravenous electrolytes	Mannitol
Intravenous hydration	Hypertonic saline
Injectable corticosteroids	Inhaled gases (excluding oxygen and nitrous oxide)
Intravenous diuretics	Intravenous thrombolytics**
Nutrition- Enteral and parenteral	
Injectable antidiabetics (including insulin)	
Injectable vitamins and minerals	
Injectable antipsychotics	
Octreotide	
Medications administered via feeding tube (ex. NG, PEG, etc.) ***	
Medications administered rectally ***	
Vaccines (see appendix A)	

- * After documented first dose administration under nurse/provider supervision
- ** When accessing and using ports, heparin and alteplase may be used for this purpose
- *** Medications formulated for rectal and feeding tube use are permitted. Other medications may be administered by rectal or feeding tube route only if other routes not feasible **and** must be approved by patient's prescribing medical provider.

Changes or additions to medication list shall be approved by the MDPB.

Appendix A

The following are the vaccines that may be administered by a community paramedicine clinician. No other vaccines may be administered at this time.

Vaccines

- COVID-19
- Flu
- Pneumonia
- Shingles
- TDAP (tetanus, diphtheria, pertussis)
- Hepatitis A
- Cholera
- Polio
- Hepatitis B
- Meningitis
- MMR (Measles, mumps, rubella)
- Varicella (Chicken pox)
- Human papillomavirus (HPV)
- Typhoid
- Japanese encephalitis
- Rabies