

Mauston Area Ambulance Association, Inc.

PROCEDURE: Medications that may be stocked on the ambulance are limited to those listed in the *Approved Medications* guideline on pages 119-120 of this publication. The medications used for interfacility transports at the EMR, EMT, AEMT, and Intermediate levels are limited to these medications.

Medications used for interfacility transports by Paramedics include all medications listed in the *Wisconsin Paramedic Curriculum Based Medication List*. Medications that are included in this list but that are not carried on the ambulance must be provided by the sending facility or the orders must be changed to a medication that is available on the ambulance.

If written care/medication orders are not provided by the sending facility, care will be provided/medications administered per our current patient care guidelines. Written orders must be provided by the sending facility for any medications that are not stocked on the ambulance.

Additional medications that are not included in the *Wisconsin Paramedic Curriculum Based Medication List* may be used for interfacility transfers by Paramedics with medical director approval. The additional medications are not to be used prior to receiving separate approval from state EMS office. The medical director approved additional medications are as follows:

Antibiotics:

<ul style="list-style-type: none"> • Ampicillin • Ampicillin/Sulbactam (Unasyn) • Azithromycin (Zithromax) • Cefazolin (Ancef) • Cefepime • Cefotetan • Ceftazidime • Cefuroxime • Ceftriaxone (Rocephin) • Ciprofloxacin (Cipro) • Clindamycin (Cleocin) • Doxycycline (Vibramycin) • Ertapenem • Erythromycin (E-Mycin) 	<ul style="list-style-type: none"> • Fluconazole (Diflucan) • Gentamicin • Imipenem/Cilastin • Meropenem • Metronidazole (Flagyl) • Moxifloxacin (Avelox) • Nafcillin • Penicillin • Piperacillin/Tazobactam (Zosyn) • Rifampin • Sulfameth/Trimeth (Bactrim/Septra) • Tobramycin • Ticarcillin/Clavulanate (Timentin) • Vancomycin (Vancocin)
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Thrombolytics/Anticoagulants:

<ul style="list-style-type: none"> • t-PA (Alteplase) • Tenecteplase (TNKase) 	<ul style="list-style-type: none"> • Heparin Drip • Integrilin
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Blood Products */**:

<ul style="list-style-type: none"> • Whole Blood • Fresh Frozen Plasma 	<ul style="list-style-type: none"> • Packed Red Blood Cells • Albumin
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* Any blood product must have been started prior to MAAA assuming patient care. We will only monitor/continue blood products. We will not initiate any new blood product at the Paramedic level.

**Any blood product used for patient care must be double checked by both the Paramedic and the sending facility's nurse prior to accepting them for transport.

Pain Medications/Anti-Emetics:

<ul style="list-style-type: none"> • Meperidine (Demerol) – [IV Bolus ONLY] 	<ul style="list-style-type: none"> • Promethazine (Phenergan)
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Other Medications:

<ul style="list-style-type: none"> • 0.9% Normal Saline with 20 mEq Potassium Chloride 	<ul style="list-style-type: none"> • Pantoprazole (Protonix) • Total Parenteral Nutrition (TPN)
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