



**ADULT/ADOLESCENT STANDING ORDER DRUG GUIDE**

MEDICATION	FORM	ROUTE	INDICATION(S)	STANDING ORDER
Adenosine	12 mg solution vial or prefilled syringe	IV	Narrow Complex Tachycardia, with pulse and regular pattern, rate greater than or equal to 150/min	12 mg rapid IV, may repeat once after 3 minutes if tachycardia $\geq$ 150 persists
Albuterol	2.5 mg / 3 mL solution	Nebulized oral inhalation	1. Wheezing 2. Known asthma or COPD with decreased breath sounds and labored breathing 3. Smoke inhalation with symptoms 4. Crush injury for elevated serum potassium control	Continuous nebulization of 6 mL (5 mg) concentration as tolerated
Albuterol	Metered dose inhaler (90 mcg albuterol base) single patient use	Oral inhaled	1. Wheezing 2. Known asthma or COPD with decreased breath sounds and labored breathing 3. Smoke inhalation with symptoms 4. Crush injury for elevated serum potassium control	2 puffs inhaled every 2 hours until symptoms clear
Amiodarone	50 mg / 1 mL solution	IV / IO	Unstable Wide Complex Tachycardia <u>with</u> pulse	150 mg slow IV or IO, may repeat once after 3 minutes
Amiodarone	50 mg / 1 mL solution	IV / IO	V-Fibrillation/Wide Complex Tachycardia <u>without</u> a pulse	300 mg IV or IO, may repeat 150 mg once after 3 minutes
Aspirin	81 mg tab or 325 mg tab	PO	Chest pain of suspected cardiac origin	four 81 mg tabs (total 324 mg) or one 325 mg tab, swallowed or chewed, once
Atropine	1 mg single dose vial or prefill syringe	IV / IO / IM	Bradycardia, rate less than 60 and symptomatic (poor perfusion signs)	1 mg IV, IO, or IM; may repeat every 3 minutes for continued symptomatic bradycardia to maximum of 3 mg
Atropine	1 mg single dose vial or prefill syringe	IV / IM	Organophosphate poisoning (including nerve agent) suspected	2 mg IV or IM, may repeat once
Dextrose	10% solution (250 mL)	IV / IO	1. Blood glucose equal to or less than 60 2. Blood glucose less than 80 and suspected hypoglycemia	250 mL IV (preferred route) or IO infusion if unable to obtain IV and no improvement with IM glucagon
Diphenhydramine (Benadryl®)	50 mg / 1 mL solution	IM / IV / *IO	1. Allergic reaction 2. Dystonic reaction to medication (extrapyramidal reaction) 3. Anaphylaxis (after Epinephrine has been given)	50 mg IM or IV; *IO only appropriate if IO site already established for fluid administration
Epinephrine	1 mg / 1 mL solution	IM	1. Allergic reaction (other than simple rash or urticaria) 2. Anaphylaxis	0.5 mg IM lateral thigh, may repeat once after 5 minutes if symptoms persist


Approved:

Review Dates: 5/16; 10/17; 10/18; 12/18; 6/21; 3/26  
Final Date for Implementation: 04/01/2026  
OCEMS copyright 2026



**ADULT/ADOLESCENT STANDING ORDER DRUG GUIDE**

MEDICATION	FORM	ROUTE	INDICATION(S)	STANDING ORDER
Epinephrine	1 mg / 10 mL (0.1 mg / 1 mL) solution	IV / IO	Allergic Reaction (other than simple rash or urticaria), Anaphylaxis	0.3 mg IV or IO once 5 minutes after IM epinephrine administered if symptoms persist
Epinephrine	1 mg / 10 mL (0.1 mg / 1 mL) solution	IV / IO	Cardiac arrest with VF, Pulseless Wide Complex Tachycardia, Asystole, PEA	1 mg IV or IO, may repeat for continued VF, Pulseless Wide Complex Tachycardia, Asystole, or PEA every 3 minutes
Epinephrine (Push Dose)	1 mL of cardiac epinephrine (0.1 mg / 1 mL) with 9 mL normal saline	IV / IO	1. Septic Shock, Distributive Shock (spinal), Cardiogenic Shock unresponsive to fluid resuscitation 2. Post-ROSC	1 mL (10 mcg) IV or IO mixture every 3 minutes to maintain a systolic BP > 90
Fentanyl	100 mcg / 2 mL solution	IV	1. Chest pain of suspected cardiac origin that is not relieved with nitroglycerin 2. Pain control	50 mcg IV; may repeat once after 3 minutes for continued pain
Fentanyl	100 mcg / 2 ml solution	IM	Pain control	50 mcg IM; may repeat once after 3 minutes for continued pain
Fentanyl	100 mcg / 2 mL solution	IN	Pain control	100 mcg IN (1 mL each nostril); may repeat once after 3 minutes for continued pain
Glucagon	1 mg ampule with diluent	IM	1. Blood glucose less than or equal 60 and unable to establish IV access 2. Blood glucose less than 80 with symptoms of hypoglycemia and unable to establish IV access	1 mg IM once
Glucose	Oral solution, gel, tablets, packets	PO	1. Blood glucose less than or equal 60 2. Blood glucose 61-80 with symptoms of hypoglycemia	PO as tolerated if airway reflexes intact
Ketamine	As determined by provider agency.	IV	Pain control of moderate to severe pain (pain scale 4-10)	0.1 mg / kg slow IV push over 1-2 minutes with max dose of 10 mg; may repeat once after 15 minutes for continued pain
Ketamine	As determined by provider agency.	IM	Pain control of moderate to severe pain (pain scale 4-10)	0.5 mg / kg IM with max dose of 50 mg; may repeat once in 15 minutes for continued pain
Ketamine	As determined by provider agency.	IN	Pain control of moderate to severe pain (pain scale 4-10)	1 mg / kg IN with max dose of 100 mg
Ketorolac	15 mg / 1 ml vial	IV / IO / IM	Pain control of moderate to severe pain (pain scale 4-10) as an adjunct to or replacement for opiate analgesics	15 mg IV, IO, or IM once
Lidocaine	2% solution	IO	IO infusion pain	20 mg IO, may repeat once after 3 minutes


Approved: 

Review Dates: 5/16; 10/17; 10/18; 12/18; 6/21; 3/26  
 Final Date for Implementation: 04/01/2026  
 OCEMS copyright 2026



**ADULT/ADOLESCENT STANDING ORDER DRUG GUIDE**

MEDICATION	FORM	ROUTE	INDICATION(S)	STANDING ORDER
Lidocaine	2% solution	IV/IO	1. Ventricular fibrillation or pulseless wide complex ventricular tachycardia 2. Wide QRS complex tachycardia with a pulse	1 mg / kg IV or IO, may repeat 0.5 mg/kg in 3-5 minutes once
Midazolam	5 mg / 1 mL single dose vial	IM	Seizure (active) control	10 mg IM (preferred) one time. If continued seizures contact BH.
Midazolam	5 mg / 1 mL single dose vial	IN	1. Seizure (active) control 2. Anxiety due to cardiac pacing of bradycardia when systolic BP greater than 90 systolic.	5 mg IN, divided between each nostril, may repeat once after 3 minutes
Midazolam	5 mg / 1 mL single dose vial	IV / IO	Seizure (active) control	If unable to deliver IM dose or IV/IO already present, 5 mg IV or IO, may repeat once after 3 minutes
Midazolam	5 mg / 1 mL single dose vial	IV	Anxiety due to cardiac pacing of bradycardia when systolic BP greater than 90 systolic	5 mg IV titrated to attain sedation
Midazolam	5 mg / 1 mL single dose vial	IV / IO / IM	1. For sedation to relieve increased muscle tone involving the jaw in order to aid in endotracheal intubation and/or LMA placement when SBP > 90. 2. During transport of an intubated patient requiring continued ventilation support and is having difficulty tolerating the ETT when SBP > 90.	5 mg IV, IO, or IM once
Midazolam	5 mg / 1 mL single dose vial	IM / IN	1. Behavioral emergency, including suspected agitated toxic delirium (field sedation to load and transport) 2. Suspected stimulant intoxication (agitation causing danger to self and others)	10 mg IM or IN once (IM route preferred)  <i>*consider 5 mg IM for patient age &gt; 65 years old, may repeat once after 5 minutes</i>
Midazolam	5 mg / 1 mL single dose vial	IV	1. Behavioral emergency, including suspected agitated toxic delirium (field sedation to load and transport) 2. Suspected stimulant intoxication (agitation causing danger to self and others)	5 mg IV once
Morphine Sulfate	4 mg/1 mL carpject	IV	1. Chest pain of suspected cardiac origin that is not relieved with nitroglycerin. 2. Pain control	4 mg IV, may repeat once after 3 minutes for continued pain; hold if BP less than or drops below 90 systolic
Morphine Sulfate	4 mg/ 1 mL carpject	IM	Pain control	4 mg IM, may repeat once after 3 minutes for continued severe pain; hold if BP less than or drops below 90 systolic

Approved: 

Review Dates: 5/16; 10/17; 10/18; 12/18; 6/21; 3/26  
 Final Date for Implementation: 04/01/2026  
 OCEMS copyright 2026



ADULT/ADOLESCENT STANDING ORDER DRUG GUIDE

MEDICATION	FORM	ROUTE	INDICATION(S)	STANDING ORDER
Morphine Sulfate	4 mg / 1 mL carpject	IO	Crush Injury or burn injury with severe pain	If IO already established for other treatments, 4 mg IO, may repeat once after 3 minutes for continued pain; hold if BP less than or drops below 90 systolic
Morphine Sulfate	10 mg / 1 mL single dose vial approved for IV use	IV	1. Chest pain of suspected cardiac origin that is not relieved with nitroglycerin. 2. Pain control	5 mg IV, may repeat once after 3 minutes for continued pain; hold if BP less than or drops below 90 systolic
Morphine Sulfate	10 mg / 1 mL single dose vial approved for IM use	IM	Pain control	5 mg IM, may repeat once after 3 minutes for continued severe pain; hold if BP less than or drops below 90 systolic
Morphine Sulfate	10 mg / 1 mL single dose vial approved for IV use	IO	Crush Injury or burn injury with severe pain	5 mg IO acceptable administration route if IO already established for other treatments, may repeat once after 3 minutes for continued pain; hold if BP less than or drops below 90 systolic.
Naloxone (Narcan®)	various solutions	IM / IN	Narcotic overdose suspected, RR ≤ 12 / minute	0.8, 1 or 2 mg IM / IN, repeat every 3 minutes as needed to maintain adequate respiratory rate
Naloxone (Narcan®)	various solutions	IV	Narcotic overdose suspected, RR ≤ 12/ minute	0.4, 0.8 or 1 mg IV, repeat every 3 minutes as needed to maintain adequate respiratory rate
Naloxone (Narcan®)	various solutions	IN	Narcotic overdose suspected, RR ≤ 12/ minute	Administer preloaded dose, repeat every 3 minutes as needed to maintain adequate respiratory rate
Nitroglycerin	0.4 mg tablet or powder packet	SL	1. Chest pain of suspected cardiac origin. 2. Pulmonary rales/suspected CHF, systolic BP up to 150	0.4 mg SL (1 tablet or packet) may repeat every 3 minutes to total of 3 doses; hold if BP less than or drops below 100 systolic
Nitroglycerin	0.4 mg per metered dose spray	SL	1. Chest pain of suspected cardiac origin. 2. Pulmonary rales/suspected CHF, systolic BP up to 150	0.4 mg SL (1 spray) may repeat approximately every 3 minutes to total of 3 doses; hold if BP less than or drops below 100 systolic


Approved:

Review Dates: 5/16; 10/17; 10/18; 12/18; 6/21; 3/26  
Final Date for Implementation: 04/01/2026  
OCEMS copyright 2026



**ADULT/ADOLESCENT STANDING ORDER DRUG GUIDE**

MEDICATION	FORM	ROUTE	INDICATION(S)	STANDING ORDER
Nitroglycerin	0.4 mg tablet or powder packet	SL	Pulmonary rales/ suspected CHF, systolic BP greater than 150	0.8 mg SL (2 tablets or packets), may repeat every 3 minutes to total of 3 doses; use 1 tablet or packet if BP decreases below 150 systolic
Nitroglycerin	0.4 mg per metered dose spray	SL	Pulmonary rales/ suspected CHF, systolic BP greater than 150	0.8 mg SL (2 sprays), may repeat every 3 minutes to total of 3 doses; use 0.4 mg SL (1 spray) if BP decreases below 150 systolic
Normal Saline	Crystalloid in IV bag	IV / IO	1. Hypotension or signs of poor perfusion suspected to be due to conditions such as: hemorrhage, hypovolemia, sepsis, dehydration, anaphylaxis, PEA/Asystole, stimulant intoxication, toxic delirium 2. Crush injury of a major muscle group > 1 hour 3. Hyperglycemia with symptoms	250 mL bolus IV, repeat to a total of 1 liter to maintain perfusion
Ondansetron (Zofran®)	ODT tablet	Dissolve in mouth	Continuous Nausea or vomiting and not known or suspected to be pregnant	8 mg (2 ODT tablets) to dissolve orally
Ondansetron (Zofran®)	4 mg / 2 mL IV solution	IV	Continuous Nausea or vomiting and not known or suspected to be pregnant	4 mg IV, may repeat once after 3 minutes for continued symptoms
Oxygen	Gas	Mask / Nasal Cannula	1. Suspected hypoxia or O <sub>2</sub> Saturation < 95% 2. Smoke inhalation 3. Suspected carbon monoxide toxicity 5. SCUBA diving accidents / decompression sickness / air embolism	High flow oxygen by mask (preferred), 10 L/min flow rate -or- nasal cannula, 6 L/min flow rate
Oxygen	Gas	Nasal Cannula	Patient on chronic oxygen therapy (home O <sub>2</sub> )	To maintain home O <sub>2</sub> flow rate
Sodium Bicarbonate	7.5% or 8.4% Solution	IV / IO	1. Crush injury of major muscle group greater than 1 hour 2. Cardiac arrest after 10 minutes of arrest management	50 mL prefilled syringe IV or IO once *IO route appropriate if patient unconscious and IV cannot be established

Approved: 

Review Dates: 5/16; 10/17; 10/18; 12/18; 6/21; 3/26  
Final Date for Implementation: 04/01/2026  
OCEMS copyright 2026