This is a draft document for Oct 2026 updates.

ADULT / ADOLESCENT STANDING ORDER DRUG GUIDE

MEDICATION	INDICATION(S)	CONTRAINDICATION(S)	ROUTE	FORM	STANDING ORDER
Adenosine	Narrow Complex Tachycardia, with pulse and regular pattern, rate ≥ 150	1. Rate < 150 2. Wide complex 3. Irregular pattern	IV	▪ 12 mg / 4mL vial or prefilled syringe ▪ 6 mg / 2 mL vial or prefilled syringe	12 mg rapid IV. May repeat once after 3 minutes.
Albuterol	• Wheezing • Known asthma or COPD with decreased breath sounds and labored breathing • Smoke inhalation with symptoms • Crush injury for elevated serum potassium control		Nebulized oral inhalation	▪ 2.5 mg / 3 mL of a 0.083% solution	Continuous nebulization of 6 mL (5 mg) concentration as tolerated.
Albuterol	• Wheezing • Known asthma or COPD with decreased breath sounds and labored breathing • Smoke inhalation with symptoms • Crush injury for elevated serum potassium control		Oral inhaled	▪ metered dose inhaler (90 mcg albuterol base) single patient use	2 puffs inhaled every 2 hours until symptoms clear
Amiodarone	Unstable Wide Complex Tachycardia with pulse		IV / IO	▪ 50 mg / 1 mL single dose vial or carpuject	150 mg slow IV or IO. May repeat once after 3 minutes
Amiodarone	V-Fibrillation (VF) / Wide Complex Tachycardia without a pulse (pVT)		IV / IO	▪ 50 mg / 1 mL single dose vial or carpuject	300 mg IV or IO. May repeat with 150 mg once after 3 minutes.
Aspirin	Chest pain of suspected cardiac origin		PO	▪ 81 mg tablet ▪ 325 mg tablet	four 81 mg tabs (total 324 mg) or one 325 mg tab, swallowed or chewed, once
Atropine	Bradycardia, rate less than 60 and symptomatic (poor perfusion signs)		IV / IO / IM	▪ 1 mg ampule, vial, or prefilled syringe	1 mg IV, IO, or IM May repeat every 3 minutes to a maximum of 3 mg.
Atropine	Organophosphate poisoning (including nerve agent) suspected		IV / IM	▪ 1 mg ampule, vial, or prefilled syringe	2 mg IV or IM May repeat once after 5 minutes.

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Calcium Gluconate 10%	Suspected hyperkalemia, hypocalcemia, calcium channel blocker overdose, or hypermagnesemia in a cardiac arrest patient.		IV / IO	• 100 mg / mL in a 10 mL vial	3 gm IV or IO once
Dextrose	• Blood glucose equal to or less than 60 • Blood glucose 61 to less than 80 and suspected hypoglycemia.		IV / IO	▪ 250 mL IV bag, 10% solution	250 mL IV (prefered route) or IO infusion if unable to obtain IV and no improvement with IM glucagon.
Diphenhydramine (Benadryl®)	• Allergic reaction • Anaphylaxis (after Epinephrine has been given) • Dystonic reaction to medication (extrapyramidal reaction)		IM / IV / *IO	▪ 50 mg / 1 mL vial or prefilled syringe	50 mg IM or IV once *IO only appropriate if IO site already established for fluid administration
Epinephrine	Anaphylaxis		IM	▪ 1 mg / 1 mL ampule or vial	0.5 mg IM lateral thigh May repeat once after 5 minutes.
Epinephrine	Anaphylaxis		IV / IO	▪ 1 mg / 10 mL (0.1 mg / 1 mL) prefilled syringe	0.3 mg IV or IO once 5 minutes after IM epinephrine administered if symptoms persist
Epinephrine	Cardiac arrest with VF, pVT, Asystole, PEA		IV / IO	▪ 1 mg / 10 mL (0.1 mg / 1 mL) prefilled syringe	1 mg IV or IO May repeat every 3 minutes.
MEDICATION	**INDICATION(S)**	**CONTRAINDIDCATIONS**	**ROUTE**	**FORM**	**STANDING ORDER**
Epinephrine (Push Dose)	• ROSC • Shock unresponsive to initial fluid bolus • Symptomatic bradycardia unresponsive to atropine and transcutaneous pacing • Deteriorating patient condition	Hemorrhagic Shock	IV / IO	▪ 1 mL of cardiac epinephrine (0.1 mg / 1 mL) with 9 mL normal saline	1 mL (10 mcg) IV or IO mixture every 3 minutes to maintain a systolic BP > 90

	with unknown shock etiology				
Fentanyl	• Chest pain of suspected cardiac origin that is not relieved with nitroglycerin • Pain control	SBP < 90	IV	▪ 100 mcg / 2 mL vial or carpuject	50 mcg IV May repeat once after 3 minutes.
Fentanyl	Pain control	SBP < 90	IM	▪ 100 mcg / 2 ml vial or carpuject	50 mcg IM May repeat once after 3 minutes.
Fentanyl	Pain control	SBP < 90	IN	▪ 100 mcg / 2 mL vial or carpuject	100 mcg IN (1 mL each nostril) May repeat once after 3 minutes.
Glucagon	• Blood glucose less than or equal 60 and unable to establish IV access. • Blood glucose 61 to less than 80 with symptoms of hypoglycemia and unable to establish IV access.		IM	▪ 1 mg ampule with diluent	1 mg IM once
Glucose	• Blood glucose less than or equal 60 • Blood glucose 61-80 with symptoms of hypoglycemia	Airway reflexes not intact	PO	▪ Various formulations	PO ~~as tolerated if airway reflexes intact~~
MEDICATION	**INDICATION(S)**	**CONTRAINDIDCATIONS**	**ROUTE**	**FORM**	**STANDING ORDER**
Ketamine	Pain control of moderate to severe pain (pain scale 4-10).	• History of psychosis. • Pregnancy Known allergy to ketamine • Age < 15 • GCS < 14 • Concurrent alcohol or drug intoxication – this is a relative	IV	▪ As determined by provider agency.	0.1 mg / kg slow IV push over 1-2 minutes (max dose 10 mg) May repeat once after 15 minutes.

		contraindication. If the intoxication is not significant and they are not lethargic or otherwise impaired, ketamine can be authorized after base hospital contact.			
Ketamine	Pain control of moderate to severe pain (pain scale 4-10).	• History of psychosis. • Pregnancy Known allergy to ketamine • Age < 15 • GCS < 14 Concurrent alcohol or drug intoxication – this is a relative contraindication. If the intoxication is not significant and they are not lethargic or otherwise impaired, ketamine can be authorized after base hospital contact.	IM	▪ As determined by provider agency.	0.5 mg / kg IM (max dose 50 mg) May repeat once after 15 minutes.
MEDICATION	**INDICATION(S)**	**CONTRAINDIDCATIONS**	**ROUTE**	**FORM**	**STANDING ORDER**
Ketamine	Pain control of moderate to severe pain (pain scale 4-10).	• History of psychosis. • Pregnancy Known allergy to ketamine • Age < 15 • GCS < 14 Concurrent alcohol or drug intoxication – this is a relative	IN	▪ As determined by provider agency.	1 mg / kg IN (max dose 100mg)

		contraindication. If the intoxication is not significant and they are not lethargic or otherwise impaired, ketamine can be authorized after base hospital contact.			
Ketorolac	Pain control of moderate to severe pain (pain scale 4-10) as an adjunct to or replacement for opiate analgesics	• Trauma Center Designation • Snake Envenomation • Age > 65 • Hypersensitivity or allergy to NSAIDs • Active peptic ulcer disease or recent (<3 months) history of GI bleed or perforation • Concurrent use of NSAIDs and/or anti-coagulants • Recent (<6 weeks) or scheduled major surgery • Renal disease or patient with renal transplant • Pregnancy, suspected pregnancy, or breastfeeding	IV / IO / IM	▪ 15 mg / 1 ml vial	15 mg IV, IO, or IM once
MEDICATION	**INDICATION(S)**	**CONTRAINDICATIONS**	**ROUTE**	**FORM**	**STANDING ORDER**
Lidocaine	IO infusion pain		IO	▪ 2% solution in 100 mg / 5 mL prefilled syringe	40 mg slow IO push May repeat with 20mg after 3 minutes. Slow infusion is necessary to ensure the lidocaine remains in the medullary

					space of the bone / allow to dwell in space for 60 seconds prior to flushing with normal saline.
Lidocaine	• VF or pVT • Wide QRS complex tachycardia with a pulse		IV / IO	▪ 2% solution in 100 mg / 5 mL prefilled syringe	1 mg / kg IV or IO May repeat with 0.5 mg / kg after 3 minutes.
Magnesium Sulfate	• SBP > 160 or DBP > 100 and symptoms of pre-eclampsia. • Eclamptic seizure.	Not pregnant or recent delivery.	IV	• 4% solution in 4 gm / 100 ml NS premixed bag	4 gm / 100 mL IV at rate of 15-20 minutes *rapid infusion can cause respiratory depression
Magnesium Sulfate	• SBP > 160 or DBP > 100 and symptoms of pre-eclampsia. • Eclamptic seizure.	Not pregnant or recent delivery.	IM	• 50% solution in 10 gm / 20 ml vial	10 mg IM, divided into 5 gm in eachgluteal muscle
Magnesium Sulfate	Torsades de pointes (polymorphic ventricular tachycardia) with a cardiac arrest event.	Not for routine ventricular fibrillation, pulseless ventricular tachycardia, or monomorphic ventricular tachycardia.	IV / IO	• 1 % solution in 500 mg / 2 mL vial	25 mg / kg (max dose 2 gm) IV or IO over 2 minutes May repeat once.
Midazolam	Seizure (active) control		IM	▪ 5 mg / 1 mL vial or carpuject ▪ 10 mg / 2 mL vial	10 mg IM once ***preferred route***
Midazolam	• Seizure (active) control • Anxiety due to cardiac pacing of bradycardia with SBP > 90.		IN	▪ 5 mg / 1 mL vial or carpuject ▪ 10 mg / 2 mL vial	5 mg IN May repeat once after 3 minutes.
Midazolam	Seizure (active) control		IV / IO	▪ 5 mg / 1 mL vial or carpuject ▪ 10 mg / 2 mL vial	5 mg IV / IO acceptable administration route if IV / IO already present for other treatments. May repeat once after 3 minutes.
Midazolam	Anxiety due to cardiac pacing of bradycardia with SBP > 90.	SBP < 90	IV	▪ 5 mg / 1 mL vial or carpuject ▪ 10 mg / 2 mL vial	5 mg IV titrated to attain sedation
MEDICATION	**INDICATION(S)**	**CONTRAINDICATIONS**	**ROUTE**	**FORM**	**STANDING ORDER**
Midazolam	• For sedation to relieve increased	SBP < 90	IV / IO /	▪ 5 mg / 1 mL vial or carpuject	5 mg IV, IO, or IM once

	muscle tone involving the jaw in order to aid in entotracheal intubation and/or LMA placement when SBP > 90. • During transport of an intubated patient requiring continued ventilation support and is having difficulty tolerating the ETT when SBP > 90.		IM	▪ 10 mg / 2 mL vial	
Midazolam	• Behavioral emergency, including suspected agitated toxic delirium (field sedation to load and transport). • Suspected stimulant intoxication (agitation causing danger to self and others).	SBP < 90	IM / IN	▪ 5 mg / 1 mL vial or carpuject ▪ 10 mg / 2 mL vial	10 mg IM or IN once (IM route preferred) **consider 5 mg IM for patient age > 65 years old, may repeat once after 5 minutes*
Midazolam	• Behavioral emergency, including suspected agitated toxic delirium (field sedation to load and transport). • Suspected stimulant intoxication (agitation causing danger to self and others).	SBP < 90	IV	▪ 5 mg / 1 mL vial or carpuject ▪ 10 mg / 2 mL vial	5 mg IV once
Morphine Sulfate	• Chest pain of suspected cardiac origin that is not relieved with nitroglycerin. • Pain control.	SBP < 90	IV	▪ 4 mg / 1 mL carpuject	4 mg IV May repeat once after 3 minutes.
Morphine Sulfate	Pain control	SBP < 90	IM	▪ 4 mg/ 1 mL carpuject	4 mg IM May repeat once after 3 minutes.
Morphine Sulfate	Crush Injury or burn injury with severe pain	SBP < 90	IO	▪ 4 mg / 1 mL carpuject	4 mg IO acceptable administration route if IO already established for other treatments. May repeat once after 3 minutes.
Morphine Sulfate	• Chest pain of suspected cardiac origin that is not relieved with	SBP < 90	IV	▪ 10 mg / 1 mL single dose vial approved for IV use	5 mg IV May repeat once after 3 minutes.

	nitroglycerin. • Pain control.				
Morphine Sulfate	Pain control	SBP < 90	IM	▪ 10 mg / 1 mL single dose vial approved for IM use	5 mg IM May repeat once after 3 minutes.
Morphine Sulfate	Crush Injury or burn injury with severe pain	SBP < 90	IO	▪ 10 mg / 1 mL single dose vial approved for IV use	5 mg IO acceptable administration route if IO already established for other treatments. May repeat once after 3 minutes.
Naloxone (Narcan®)	Narcotic overdose suspected, RR ≤ 12 / minute		IM / IN	▪ Various formulations	0.8, 1 or 2 mg IM / IN, repeat every 3 minutes as needed to maintain adequate respiratory rate
Naloxone (Narcan®)	Narcotic overdose suspected, RR ≤ 12/ minute		IV	▪ Various formulations	0.4, 0.8 or 1 mg IV, repeat every 3 minutes as needed to maintain adequate respiratory rate
Naloxone (Narcan®)	Narcotic overdose suspected, RR ≤ 12/ minute		IN	▪ Various formulations	Administer preloaded dose, repeat every 3 minutes as needed to maintain adequate respiratory rate
MEDICATION	**INDICATION(S)**	**CONTRAINDICATIONS**	**ROUTE**	**FORM**	**STANDING ORDER**
Nitroglycerin	• Chest pain of suspected cardiac origin. • Pulmonary raltes / suspected CHF, SBP up to 150	SBP < 100	SL	▪ 0.4 mg tablet or powder packet	0.4mg SL (1 tablet or packet) May repeat every 3 minutes to a total of 3 doses.
Nitroglycerin	• Chest pain of suspected cardiac origin. • Pulmonary raltes / suspected CHF, SBP up to 150	SBP < 100	SL	▪ 0.4 mg per metered dose spray	0.4mg SL (1 spray) May repeat every 3 minutes to a total of 3 doses.
Nitroglycerin	Pulmonary rales / suspected CHF with SBP > 150	SBP < 100	SL	▪ 0.4 mg tablet or powder packet	0.8 mg SL (2 tablets or packets), may repeat every 3 minutes to a total of 3 doses. *Use 1 tablet or packet if BP decreases below 150 systolic.*
Nitroglycerin	Pulmonary rales / suspected CHF with SBP > 150	SBP < 100	SL	▪ 0.4 mg per metered dose spray	0.8 mg SL (2 sprays), may repeat every 3 minutes to a total of 3 doses. *Use 0.4 mg SL (1 spray) if SBP decreases below 150.*

Normal Saline	• Hypotension (SBP < 90) or signs of poor perfusion (poor skin signs, altered mental status, weak pulses) • Crush injury of a major muscle group > 1 hour Hyperglycemia with symptoms. • Suspected sepsis. • Decompression sickness.	• Pulmonary rales • Suspected CHF	IV / IO	▪ Crystalloid in IV bag in either 250 mL, 500 mL, or 1000 mL	250 mL bolus IV, repeat to a total of 1 liter to maintain perfusion.
Ondansetron (Zofran®)	Continuous nausea or vomiting.	Known or suspected to be pregnant.	Dissolve in mouth	▪ 4 mg oral dissolving tablet (ODT)	8 mg (2 ODT tablets) to dissolve orally
Ondansetron (Zofran®)	Continuous nausea or vomiting.	Known or suspected to be pregnant.	IV	▪ 4 mg / 2 mL IV vial or prefilled syringe	4 mg IV, may repeat once after 3 minutes for continued symptoms
Oxgyen	• Suspected hypoxia or O2 Saturation < 95% • Smoke inhalation. • Suspected carbon monoxide toxicity. • Decompression sickness.		Mask / Nasal Cannula	▪ Gas	High flow oxygen by mask (preferred), 10 L/min flow rate-or-nasal cannula, 6 L/min flow rate
Oxygen	Patient on chronic oxygen therapy (home O_2).		Nasal Cannula	▪ Gas	To maintain home O_2 flow rate
Sodium Bicarbonate	• Crush injury of major muscle group > 1 hour. • Cardiac arrest.		IV / IO	▪ 44.6 mEq / 50 mL prefilled syringe of 7.5% solution ▪ 1 mEq / 1 mL of 50 mL prefilled syringe of 8.4% solution	50 mL ~~prefilled syringe~~ IV or IO once *IO route appropriate if patient unconscious and IV cannot be established
Tranexamic Acid (TXA)	• Evidence of hemorrhagic shock related to blunt or penetrating trauma and SBP < 90 or Shock Index > 1.0. • Evidence of hemorrhagic shock related to miscarriage or post-partum uterine bleeding and SBP < 90 or Shock Index > 1.0.	• Traumatic injury > 3 hours. • Vaginal delivery > 3 hours. • Isolated neurogenic shock. • Isolated extremity injury when bleeding has been controlled.	IV / IO	• 1 gm / 10 mL vial	1 gm in 100 mL IV / IO infused over 10 minutes once

		• Active thromboembolic event (within the last 24 hours); i.e. stroke, myocardial infraction, pulmonary embolism, or DVT. • History of hypersensitivity or anaphylactic reaction to TXA. • Traumatic arrest without ROSC. • Drowning or hanging victims.			