



Hartford Hospital Sponsored Paramedic Service Required Formulary:

Acetaminophen 1 gram tablets
Acetaminophen pediatric oral elixir
Acetaminophen IV formulation (suitable substitute: ketorolac)
Adenosine
Albuterol
Amiodarone
Aspirin
Atropine
*Benzocaine Spray
Calcium Chloride 10%
Dextrose 10% - **Must be separate from other IV solutions and labeled with high visibility sticker**
Diltiazem
Diphenhydramine (both oral and IV formulations)
Epinephrine 1:1,000 suitable to administer nebulized epinephrine (multidose) – (suitable substitute: racemic epinephrine with diluent vial)
Epinephrine 1:10,000
Fentanyl
Glucagon
Glucose Oral Glucose Solutions
*Haloperidol
*Ibuprofen 200 mg tablets
*Ibuprofen pediatric oral elixir
Ipratropium Bromide
*Ketamine
Ketorolac 15mg vial (suitable substitute: acetaminophen IV formulation) - **Must attempt to source 15mg vials. Notify sponsor hospital if only able to source 30mg or larger vials**
Lidocaine (for IO anesthetic only)
Magnesium Sulfate – 5 grams
*Methylprednisolone
Metoclopramide
Metoprolol
Midazolam
Morphine Sulfate
Naloxone
Nitroglycerine SL and paste
Norepinephrine
Ondansetron



Oxygen

*Phenylephrine nasal spray

Racemic epinephrine (suitable substitute: multi-dose vial 1:1000 epinephrine) - Must be stored separate from albuterol/duonebs and clearly labeled. Saline diluent and racemic epi vial must be kept tightly together (in a ziplock bag, etc.)

Sodium Bicarbonate

Tetracaine

*Indicates not on present State minimum equipment list or in quantity different than list

Summary of required medication beyond 2019 State minimum equipment list:

- Benzocaine Spray
- Diphenhydramine, pediatric oral formulation
- Haloperidol
- Ibuprofen 200 mg tablets
- Ibuprofen pediatric oral elixir
- Ketamine
- Methylprednisolone 125mg (will be added to 2020 State list)
- Phenylephrine spray
- Ondansetron (Zofran) AND metoclopramide (Reglan) – State minimum list allows one or the other

Optional Formulary:

Atropine and Pralidoxime Auto- Injector (DuoDote) Nerve Agent Kit
Dexamethasone – 10mg (IV/IM formulation OK for PO administration)
Hydroxocobalamin (Cyanokit)
Lidocaine 2% Jelly
Pralidoxime (2-PAM)

Not authorized:

Calcium Gluconate
Diazepam
Etomidate
Famotidine IV: Treatment of urticaria
Hydrocortisone (Solu-Cortef) (solely listed for adrenal insufficiency –use alternative solumedrol in these cases)
Hydromorphone



Levalbuterol
Lorazepam
Nitroglycerin IV
Procainamide - (Will rely on alternate antiarrhythmics instead.)
Phenylephrine - IV formulation
Prochlorperazine
Proparacaine
Rocuronium
Succinylcholine
Vecuronium
Zyprexa

Sponsor hospital specific direction regarding State minimum equipment list:

- Approved adult cricothyrotomy is bougie assisted surgical with kit to include:
 - Bougie
 - 6.0 ETT
 - #10 blade scalpel
 - Chlorahexadine
 - Method for securing the tube.
- Pedi CPAP mask
- Pediatric needle cric (<12): Over-the-needle catheter or pediatric Quicktrach
- Approved supraglottic airways are: King Airway, I-Gel and Laryngeal Mask