Procedure Guidelines

<table>
<thead>
<tr>
<th>Protocol Title:</th>
<th>Assisted Administration of Patient Medications</th>
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<td>Original Adoption Date:</td>
<td>08/2010</td>
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<tr>
<td>Past Protocol Updates</td>
<td>NOT APPLICABLE PROTOCOL NEW IN 2010</td>
</tr>
<tr>
<td>Date of Most Recent Update:</td>
<td>December 26, 2013</td>
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<tr>
<td>Medical Director</td>
<td>Chad Tortenson M.D.</td>
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**Indications:**
Although the situations may be rare, occasionally EMS personnel will need to assist a patient in administering his/her medications. Approved medications for administration by assistance are inhalers, Auto-injection Epi-Pens, and Nitroglycerin.

**Contraindications:**
Basic ECP’s should use caution in that they are delaying transport of a patient that needs further medical attention. Patient condition should dictate the extent of self-medication treatment. If you suspect the need for further treatment, DO NOT, waste time treating a patient on scene with his/her own medications.

**Medications:**
- **INHALERS**
The Basic ECP may assist the patient in administering prescribed inhalers (i.e. albuterol, proventil, ventolin, isotharine, alupent, metaproteranol, bronkosol, bronkometer, etc.) when the patient is experiencing respiratory distress.

- **NITROGLYCERIN**
The Basic ECP may assist the patient in administering prescribed nitroglycerin when the patient is experiencing chest pain and the systolic BP is > 100 mm/Hg.

- **EPINEPHRINE AUTO-INJECTOR**
The Basic ECP may assist the patient in administering prescribed **EPINEPHRINE** Auto-Injectors when the patient is experiencing respiratory distress associated with an exposure to an allergen known or unknown to the patient.

**Basic Treatment Guidelines**
**INHALERS**
1. Follow initial protocols for all patients.
   o Assure that the inhaler is prescribed for patient
   o Check expiration date
   o If patient is short of breath, has wheezes and has not administered more than one dose in the last hour, assist the patient in administering inhaler.
2. Administer one metered dose by first shaking the inhaler forcefully, then depressing the canister of medication.
3. Ensure that the dose has been administered by having the patient inhale as forceful as possible.
4. Encourage the patient not to exhale for a few seconds. This will allow time for the medication to absorb.

**NITROGLYCERIN**
1. Follow initial protocols for all patients.
   o Assure that nitroglycerin is prescribed to patient
   o Check expiration date
   o Ask patient about the use of erectile dysfunction medications
      • If patient has taken a erectile dysfunction drug such as Viagra, Cialis, or Levitra within the last 72 hours contact medical direction prior to giving Nitroglycerin
   o ECP's should be alert for more severe signs and symptoms associated with an acute cardiac episode (i.e. pulmonary edema, nausea/vomiting, respiratory distress)
2. Monitor ECG if paramedic is present.
3. If patient is having chest pain and systolic BP is > 100 mg/Hg, administer nitroglycerin 0.4 mg (either tablet or spray) under the tongue.
4. After 3-5 minutes, if chest pain continues, recheck BP, if systolic BP is > 100 mm/Hg, repeat dose.
5. After 3-5 minutes, if chest pain continues, recheck BP, if systolic BP is > 100 mm/Hg, repeat dose.
6. Do not repeat after third dose is given.

**EPINEPHRINE AUTO-INJECTOR (Epi-Pen)**
1. Follow initial protocols for all patients.
   o Assure that Epi-Pen is prescribed to patient
   o Check expiration date
   o ECP's should be alert for more severe signs and symptoms associated with an anaphylaxis (i.e. edema, nausea/vomiting, respiratory distress)
2. Administer one Epi-Pen Auto-Injector into the patient’s medial thigh by forcefully depressing the auto-injector.
3. Ensure that the dose has been administered by holding the auto-injector in place for at least 10 seconds.
4. Encourage the patient massage the injection area to help disperse the medication.
5. Discard Epi-Pen into sharps container.

Reassess patient to include vital signs after administration of each medication dose.