From the Desk of Dr. Joe Holley, State EMS Medical Director

**RECOMMENDED GUIDELINES FOR PLAN OF ACTION FOR EMS SERVICE MEDICAL DIRECTORS DURING THE CURRENT POTENTIAL DRUG SHORTAGE**

### 2010 Potential Drug Shortages Action Plan

Due to a manufacturing backorder throughout the United States, we will be experiencing shortages or changes to drug inventory as noted below:

- **Dextrose 50%**
  - D-50 will **ONLY** be used on unconscious, unresponsive patients.
  - All other patients will either receive Oral Glucose, Glucagen or D5W in 500cc bags.
  - In the event that we use all D-50, D5W 500cc bags will be the replacement therapy.

- **Epi 1:10,000**
  - Replacing the Epi with 1:1000 multi dose vials of Epi. The correct ratio is 9mL of NS and 1mL of Epi 1:1000 to be drawn into a 10mL syringe.

- **Furosemide (Lasix)**
  - Replaced with Bumetadine (Bumex). The usual initial dose is 0.5 to 1 mg intravenously or intramuscularly. **Intravenous administration should be given over a period of 1 to 2 minutes.** If the response to an initial dose is deemed insufficient, a second or third dose may be given at intervals of 2 to 3 hours, but should not exceed a daily dosage of 10 mg.

- **Lidocaine 2% 100mg Syringe**
  - Replaced with a 5mL vial of the same drug.

Protocols should be updated to reflect current standards and the Medical Director’s recommendations.

Services may also wish to contact their suppliers and request a written waiver of a 30-60 day extension on those drugs that are close to expiration.