



OFFICE OF THE CHIEF OF RESCUE

February 28, 2013

INSTRUCTIONAL BULLETIN #13-11

TO: All Fire and Rescue Personnel

FROM: Ivan T. Mote, Division Chief/Rescue *ITM*
Robert F. Kiely, MD – Medical Director *RFK*

RE: Pharmaceutical Substitutions and Additions

Due to the national shortage of pre-hospital medications throughout the United States, the JFRD will be forced to substitute medications and delivery systems in certain instances.

As always, **patient safety is of the highest concern**. With these substitutions, possible label differences, differences in container distribution size and appearance, medication administration safety **must be** followed closely, as it always has in the past.

The 5-Rights of Medication administration must continually be monitored and followed:

- Right Patient
- Right Drug
- Right Route
- Right Amount
- Right Time



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D5W 250 ml for D50

SOG-430.2405 – Diabetic Emergencies is here by amended to reflect the substitution of D5W 250 ml for D50 when D50 is indicated. Each 250ml bag of D5W contains 12.5 grams of dextrose.

When D50 is indicated, a 250ml bag of D5W will be administered via a 10 gtts drip solution set over a time period of 5-10 minutes running the solution set wide open. After administration, recheck the blood glucose in 5 minutes.

Epinephrine Drip for Atropine

In the event that a patient has hemodynamically unstable bradycardia and no Atropine is available, an Epinephrine Drip may be substituted.

Add 1 mg of Epinephrine 1:1000 into a 100 ml bag of Normal Saline. Using a 60 gtts set, initiates the infusion between 2 to 10 mcg/min and titrates to the desired effect.

15 gtts /min equals 2.5 mcg/min

30 gtts /min equals 5 mcg/min

45 gtts / min equals 7.5 mcg/min

60 gtts / min equals 10 mcg/min

Epinephrine 1:10 000 from Epinephrine 1:1000

Epinephrine 1:10000 is also on the FDA shortage list, although JFRD has not experienced this shortage as of this bulletin, we may in the future.

Using a 10 ml prefilled NS flush syringe, waste 1 ml of NS and draw up 1 mg of Epinephrine 1:1000 (1 mg / 1 ml) into the syringe. This will mix an Epinephrine 1:10000 solution.



Versed (midazolam) in Multi-dose Vials

Versed (midazolam) will soon be distributed in a multi-dose vials with 25 mg in 5 ml (5 mg/ml). The vials will have a Tevadaptor® syringe adapter also distributed with each vial for access. Extreme care must be exercised to draw up the correct dosage per SOG-430.4031. You must utilize a 3 ml syringe with an 18g removable needle to draw the Versed up. The 3 ml syringes with the non-removable needle should not be used as it will not properly connect to either the INT or the drip set. Use of the 3 ml syringe will also allow for ease of visualization to increase accuracy of medication administration.



Tevadaptor®

All unit captains are instructed to review these changes with their crews including lieutenants, engineers and firefighters whether paramedic or EMT. During this review the two person validation method of medication administration must be stressed to prevent errors. If there are any questions they should be directed toward the appropriate District/Battalion Chief. After review each individual must complete the Instructional Bulletin sign off in Target Safety. Upon completion each captain must email their appropriate District/Battalion Chief of their unit's compliance.

Any questions, please contact your District or Battalion as appropriate.

ITM/jsg/af

