

**Table 1: EMCT Drug Box**

EMCT’s are authorized to administer and monitor medications through their administrative medical director’s delegated authority. The Medical Direction Commission periodically reviews the following list of medications and will make recommendations for changes that the Director of the Arizona Department of Health Services must then approve.

The following list represents the most recent iteration of the Director approved medication list. Administrative Medical Directors may authorize EMCTs operating under their delegated medical authority to administer any or all medications from this list. The administrative medical directors MUST ensure that every EMCT operating under their delegated medical authority has access to the MINIMUM SUPPLY of agents required in the table below consistent with the EMCT’s certification level.

**KEY:**

A = Authorized to administer the agent

SVN = Agent shall be administered by small volume nebulizer

MDI = Agent shall be administered by metered dose inhaler

\* = Authorized to assist in patient self-administration (Note: only on hydrocortisone sodium succinate line)

[ ] = Minimum supply required if an EMS provider chooses to make the optional agent available for EMCT administration

IP = Agent shall be administered with an infusion pump

\*\* = Immunization Agents are the list of medications approved by the CDC Advisory Committee on Immunization Practices

AGENT	MINIMUM SUPPLY	EMT	AEMT	EMT-I (99)	Paramedic
Adenosine	18 mg	-	-	A	A
Albuterol Sulfate SVN or MDI (sulfite free)	10 mg	-	A	A	A
Albuterol Sulfate SVN or MDI (sulfite free)	Optional [10 mg]	A	-	-	-
Amiodarone or Lidocaine	300 mg or 3 prefilled syringes, total of 300 mg and 1 g vials or premixed infusion, total of 2 g	- -	- -	- A	A A
Aspirin	324 mg	-	A	A	A
Aspirin	Optional [324 mg]	A	-	-	-
Atropine Sulfate	1 prefilled syringe, total of 1 mg	-	-	A	A
Atropine Sulfate	Optional [8 mg multidose vial (1)]	-	-	A	A
Atropine Sulfate Auto-Injector	None	A	A	A	A
Atropine Sulfate and Pralidoxime (Combined) Auto-Injector	None	A	A	A	A
Calcium Chloride or Calcium Gluconate	1 g 2 g	- -	- -	- -	A A
Calcium Gluconate, 2.5% topical gel	Optional [50 g]	A	A	A	A
Cyanokit	Optional [5 g]	-	-	-	A
Dexamethasone or Methylprednisolone	8 mg 125 mg	- -	- -	A A	A A
Dextrose	50 g	-	A	A	A
Dextrose, 5% in H2O	Optional [250 mL bag (1)]	A	A	A	A

Diazepam or Lorazepam or Midazolam	20 mg 8 mg 10 mg	-	-	A	A
Diazepam Rectal Delivery Gel	Optional [20 mg]	-	-	A	A
Diltiazem	Optional [25 mg]	-	-	-	A
Diphenhydramine	50 mg	-	-	A	A
Epinephrine Auto-Injector	Optional [1 adult auto-injectors 1 pediatric auto-injectors]	A	A	A	A
Epinephrine, 1 mg/1 mL For IM use in anaphylaxis only	Optional 1 mg	A	A	A	A
Epinephrine, 1 mg/1 mL	2 mg	-	A	A	A
Epinephrine, 1 mg/1 mL	Optional [30 mg multidose vial (1)]	-	A	A	A
Epinephrine, 0.1 mg/1 mL	5 mg	-	-	A	A
Etomidate	Optional [40 mg]	-	-	-	A
Glucagon	1 mg	-	A	A	A
Glucose, oral	Optional [30 gm]	A	A	A	A
Hemostatic Agents	Optional	A	A	A	A
Hydrocortisone Sodium Succinate	Optional	-	*	*	*
Immunizing Agent**	Optional	-	-	A	A
Ipratropium Bromide 0.02% SVN or MDI	5 mL	-	-	A	A
Ipratropium Bromide 0.02% SVN or MDI	Optional [5 mL]	A	A	-	-
Ketamine	Optional [200 mg]	-	-	-	A
Lactated Ringers	1 L bag (2)	-	A	A	A
Lactated Ringers	Optional [1 L bag]	A	-	-	-
Lidocaine 2% preservative-free (IO insertion)	Optional [100 mg]	-	A	A	A
Magnesium Sulfate	5 g	-	-	-	A
Morphine Sulfate or Fentanyl	20 mg 200 mcg	-	A -	A A	A A
Naloxone	10 mg	-	A	A	A
Naloxone	Optional [prefilled atomizers or auto- injectors] 2 doses	A	A	A	A
Nitroglycerin Sublingual Spray or Nitroglycerin Tablets	1 bottle 6 tablets	-	A	A	A

Normal Saline	1 L bag (2) Optional [250 mL bag (1)] Optional [50 mL bag (2)]	-	A	A	A
Normal Saline	Optional [1 L bag]	A	-	-	-
Norepinephrine IP or Dopamine	Optional [4 mg] Optional [400 mg]	-	-	-	A
Ondansetron	Optional [4 mg]	-	-	A	A
Over the counter (OTC) analgesics for pain or fever	Optional	A	A	A	A
Oxygen	13 cubic feet	A	A	A	A
Oxytocin	Optional [10 units]	-	-	A	A
Phenylephrine Nasal Spray 0.5%	Optional [1 bottle]	-	-	A	A
Pralidoxime Auto-Injector	None	A	A	A	A
Proparacaine Ophthalmic or Tetracaine	Optional [1 bottle] Optional [1 bottle]	-	-	A	A
Rocuronium	Optional [100 mg]	-	-	-	A
Sodium Bicarbonate 7.5%–8.4%	Optional [100 mEq]	-	-	A	A
Succinylcholine	Optional [400 mg]	-	-	-	A
Thiamine	Optional [100 mg]	-	-	A	A
Tranexamic acid (TXA)	Optional [1 g]	-	-	-	A

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