EMT Medicine List Covered

Sr. No.	Medicine	Main EMT Use
1	Adrenaline 1:1000	Anaphylaxis / severe allergic reaction
2	Aspirin 300 mg	Cardiac chest pain / suspected myocardial infarction
3	Chlorphenamine	Allergic reaction / adjunct in anaphylaxis
4	Diazepam	Seizure / fits
5	Glyceryl Trinitrate (GTN)	Angina / cardiac chest pain with adequate BP
6	Ipratropium Bromide	Acute asthma / COPD not responding to initial Salbutamol
7	Oxygen	Hypoxia, respiratory distress, trauma, cardiac or respiratory arrest
8	Paracetamol	Fever and mild to moderate pain
9	Salbutamol	Bronchospasm, asthma, COPD exacerbation
10	Sodium Chloride 0.9% / Normal Saline	IV fluid for shock, burns, crush injury and pre-hospital care
11	Hydrocortisone	Severe/recurrent anaphylaxis and refractory asthma

ADRENALINE (1:1,000)

CLASSIFICATION

Sympathetic agonist, Sympathomimetic – Vasoconstrictor.
Acts on both **alpha & beta receptors** and increases both **heart rate** and **contractility.**

PRESENTATION

Pre-filled syringe, ampoule or **Auto injector.**
1 mg/1 mL (1:1,000).

ADMINISTRATION

Intramuscular (IM).

INDICATIONS

Severe Allergic Reaction/ Anaphylaxis.

CONTRA-INDICATIONS

Hypersensitivity.

USUAL DOSAGES

ADULT: ANAPHYLAXIS

500 mcg IM (0.5 mL of 1:1,000).

PAEDIATRIC: ANAPHYLAXIS (EMT/P/AP) OR REFRACTORY SEVERE LIFE-THREATENING BRONCHOSPASM (P/AP):

< 6 months	**10 mcg/kg** IM
6 months to < 6 years	**150 mcg** (0.15 mL IM)
≥ 6 years to < 12 years	**300 mcg** (0.3 mL IM)
≥ 12 years	**300 mcg** (0.3 mL) (if child small or prepubital) or **500 mcg** (0.5 mL IM)

SIDE EFFECTS

Palpitations/ Tachyarrhythmia's/ Hypertension/ Angina-like symptoms.

ADDITIONAL INFORMATION

N.B. Double check the concentration on pack before use.

Aspirin

Classification

Antithrombotic – Antiplatelet Drug which reduces clot formation.

Presentation

300 mg dispersible tablet.
300 mg Enteric Coated (EC) tablet.

Administration

Orally (PO) - dispersed in water, or to be chewed if not dispersible form.

Indications

- Cardiac chest pain or suspected myocardial infarction.
- Management of unstable angina and non-ST-segment elevation myocardial infarction (NSTEMI).
- Management of ST-segment elevation myocardial infarction (STEMI).

Contra-Indications

Active symptomatic gastrointestinal (GI) ulcer/
Bleeding disorder (e.g. haemophilia)/
Known severe adverse reaction/
Patients < 16 years old (risk of Reye's Syndrome).

Usual Dosages

Adult:

- 300 mg tablet.

Paediatric:

- Contraindicated.

Side effects

Epigastric pain and discomfort/ Bronchospasm/ Gastrointestinal hemorrhage/ Increased bleeding times/ skin reactions in hypersensitive Patients.

Additional information

Aspirin 300 mg is indicated for cardiac chest pain, regardless if patient is on an anti-coagulant or is already on Aspirin. If the patient has swallowed Aspirin EC (enteric coated) preparation without chewing it the patient should be regarded as not having taken any Aspirin; administer 300 mg PO.

CHLORPHENAMINE

Sedating Antihistamine – H1 receptor antagonist

CLASSIFICATION

Sedating Antihistamine – H1 receptor antagonist.

PRESENTATION

- 10 mg in 1 mL ampoule.
- 4 mg tablet.

ADMINISTRATION

Intravenous (IV),
Intramuscular (IM).
Anaphylaxis or allergic reaction.

INDICATIONS

Anaphylaxis or allergic reaction.

CONTRA-INDICATIONS

Known severe adverse reaction/ unconscious.

QUICK FACTS

- SEDATING ANTIHISTAMINE
- H1 RECEPTOR ANTAGONIST
- USE IN ANAPHYLAXIS & ALLERGIC REACTION

USUAL DOSAGES

For IV route, administer over 1 minute

IV: May dilute with Sodium Chloride 0.9% for convenient administration volume of small doses.

ADULT

Allergic reaction
Severe/Anaphylaxis:
10 mg IM or **10 mg IV.**

PAEDIATRIC:

Severity: Age		Dose and route of administration
Severe	1 month – 6 months	0.25 mg/kg IM or 0.25 mg/kg IV.
	> 6 months - < 6 years	2.5 mg IM or 2.5 mg IV.
	6 to < 12 years	5 mg IM or 5 mg IV.
	≥ 12 years	10 mg IM or 10 mg IV.

V1, 01/2026

SIDE EFFECTS

Causes drowsiness, do not drive or operate machinery.

ADDITIONAL INFORMATION

- Use with caution in epilepsy/ Prostatic hypertrophy/ Glaucoma/ Hepatic disease/ Bronchitis/ Bronchiectasis/ Thyrotoxicosis/ Raised intra-ocular pressure/ Severe hypertension/ cardiovascular disease/ Bronchial asthma.

USE ONLY AS DIRECTED BY A QUALIFIED HEALTHCARE PROFESSIONAL

24/7 EMERGENCY CARE
ALLERGY MANAGEMENT

DIAZEPAM

Classification

Hypnotics, sedatives and anxiolytics: Benzodiazepine.
CNS depressant that acts as an anticonvulsant and sedative.

Presentation

Ampoule 10 mg in 2 mL.

Administration

Intravenous (IV).

Indications

Seizure/ Fits

Contra-Indications

Known severe adverse reaction/ Respiratory depression/ Shock/ Depressed vital signs or alcohol-related altered level of consciousness.

Usual Dosages

Adult:

- 5 mg IV.

Paediatric:

- > 1 month: 0.1 mg/kg IV.

Maximum 4 doses of Benzodiazepine for adult and Paediatric patients.

Side effects

Hypotension/ Respiratory depression/ Drowsiness and light-headedness (the next day). Confusion.
Specific side effects with IV route (rare):
Psychiatric disorder.

Additional information

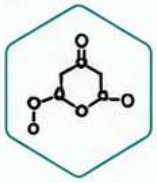
- Diazepam can cause injection site reactions/ thrombophlebitis, ensure large vein is used.
- The maximum dose of Diazepam includes that administered by care prior to arrival of practitioner.
- If a patient recommences seizing, regard it as a new event, administer one dose of Benzodiazepine, then consult medical advice.

GLYCERYL TRINITRATE (GTN)

A POTENT CORONARY VASODILATOR

RELIEVES ANGINA | REDUCES BP | DILATION OF SYSTEMIC VEINS

1 CLASSIFICATION



Nitrate.
Potent coronary vasodilator/ reduces BP/ Dilation of systemic veins.

2 PRESENTATION

Sublingual:

0.5 mg

3 ADMINISTRATION

Sublingual

4 INDICATIONS

Angina/Chest Pain
suspected myocardial infarction (MI) with systolic BP ≥ 110 mmHg.

5 CONTRA-INDICATIONS

SBP < 90 mmHg

Viagra or other phosphodiesterase type 5 inhibitors (Sildenafil, Tadalafil and Vardenafil) used within previous 24 hours

Severe mitral stenosis

Known severe adverse reaction

6 USUAL DOSAGES

ADULT:
Angina or MI: **0.5 mg** sublingual.
(Repeat at 3–5 min intervals,
Max: 120 mcg).

PAEDIATRIC: Not indicate.

7 SIDE EFFECTS

Headache

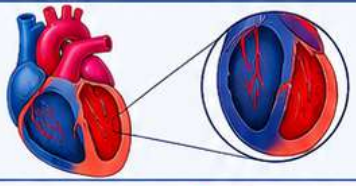
Transient Hypotension

Flushing

Dizziness

8 ADDITIONAL INFORMATION

Caution **with inferior wall MI with right ventricular** involvement as this may lead to **profound hypotension.**



USE WITH CAUTION • MONITOR BP • RELIEVE PAIN • SAVE LIVES

RIGHT DRUG
RIGHT DOSE
BETTER OUTCOME

IPRATROPIUM BROMIDE

BRONCHODILATOR • BETTER BREATHING • RELIEF

CLASSIFICATION

Inhaled Antimuscarinic:
Airways disease, Obstructive.

PRESENTATION

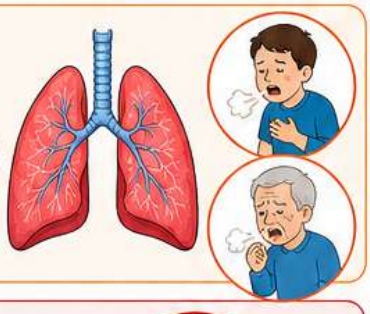
Nebulizer Solution 250 mcg in 1 mL.
(0.25 mg/mL).

ADMINISTRATION

Nebulized (NEB) mixed with age specific dose of Salbutamol.

INDICATIONS

Acute moderate asthma, SOB or **exacerbation of COPD** not responding to initial Salbutamol dose.



CONTRA-INDICATIONS

Known severe adverse reaction.

USUAL DOSAGES

ADULT: **500 mcg NEB** (Max 2 mg/24 hours).

PAEDIATRIC:

- **< 12 years:** **250 mcg NEB** (Max 1 mg/24 hours).
- **≥ 12 years:** **500 mcg NEB** (Max 2 mg/24 hours).

SIDE EFFECTS

Transient dry mouth

Blurred vision

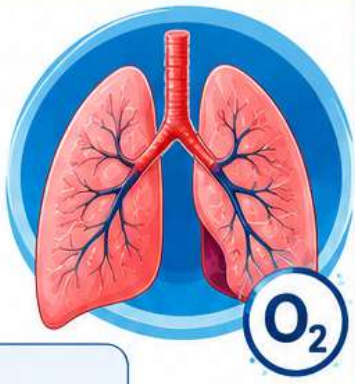
Tachycardia

Headache

EFFECTIVE BRONCHODILATION • IMPROVED BREATHING • BETTER CARE

OXYGEN

ESSENTIAL FOR LIFE • SUPPORTS EVERY BREATH



CLASSIFICATION Gas.

PRESENTATION Medical gas: White cylinder.

ADMINISTRATION

Inhalation via:

- High concentration reservoir (non-Rebreather) mask
- Simple face mask
- Venturi mask
- Tracheostomy mask
- Nasal cannula
- CPAP device
- Bag Valve Mask

INDICATIONS

- Absent / Inadequate ventilation following an acute medical or traumatic event. SpO_2 < 94% adults and < 96% Paediatric.
- SpO_2 < 92% for patients with acute exacerbation of COPD.

CONTRA-INDICATIONS

- Bleomycin lung injury.

USUAL DOSAGES

ADULT:

- Cardiac and respiratory arrest or sickle cell crisis: 100%.
- Life threats identified during primary survey: 100% until a reliable SpO_2 measurement obtained then titrate O_2 to achieve SpO_2 of 94% - 98%.
- For patients with acute exacerbation of COPD, administer O_2 titrate to achieve SpO_2 92% or as specified on COPD Oxygen Alert Card.
- All other acute medical and trauma titrate O_2 to achieve SpO_2 94% - 98%.

PAEDIATRIC:

- Cardiac and respiratory arrest or sickle cell crisis: 100%.

SIDE EFFECTS

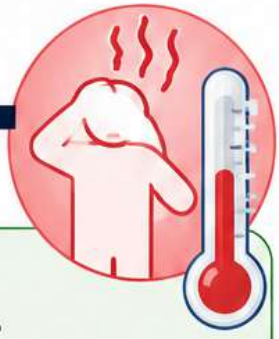
- Prolonged use of O_2 with chronic COPD patients may lead to reduction in ventilation stimulus.

ADDITIONAL INFORMATION

- Consider humidifier if oxygen therapy for Paediatric patients is > 30 minutes duration.
- Caution with paraquat poisoning, administer Oxygen if SpO_2 < 92%.
- Avoid naked flames, powerful oxidizing agent

RIGHT OXYGEN • RIGHT PATIENT • RIGHT TIME • SAVE LIVES

PARACETAMOL



CLASSIFICATION
Analgesic – Non-opioid.

PRESENTATION
500 mg tablet.

ADMINISTRATION
Orally (PO).

INDICATIONS
- **Adult:** Pyrexia/ Temperature > 100F/ Mild or moderate pain.
- **Paediatric:** Pyrexia/ Temperature >100F/ Mild or moderate pain.

CONTRA-INDICATIONS
- < 1 month old/
- Known severe adverse reaction/
- Chronic liver disease.

USUAL DOSAGES
1 g PO.

SIDE EFFECTS
If Paracetamol IV is administered too fast it may result in hypotension.

ADDITIONAL INFORMATION
If Paracetamol administered in the previous 4 hours, adjust the dose downward by the amount given by other sources resulting in a maximum of 15 mg/kg.

SAFE DOSING • BETTER RELIEF • BETTER CARE

Salbutamol

Classification

Beta-2 Adrenoceptor agonist selective – Short acting.

Presentation

Nebule 5 mg in 2.5 mL.

Administration

- Nebule Inhalation via aerosol inhaler.

Indications

- Bronchospasm/ Exacerbation of COPD/ Respiratory distress following submersion incident.

Contra-Indications

- Known severe adverse reaction.

Usual Dosages

Adult:

- 5 mg NEB or 100 mcg metered aerosol spray (Repeat aerosol x 11). Repeat NEB at 5-minute intervals PRN

Paediatric:

- < 5 yrs - 2.5 mg NEB.
- > 5 yrs - 5 mg NEB.
- (Repeat NEB at 5-minute intervals PRN).

Side effects

- Tachycardia/ Tremors/ Tachyarrhythmias/ High doses may cause Hypokalemia.

Additional information

- If an oxygen driven nebuliser is used to administer Salbutamol for a patient with acute exacerbation of COPD it should be limited to 6 minutes maximum.

Sodium Chloride 0.9% (NaCl)

Classification

Electrolytes & Minerals: Isotonic crystalloid solution

Presentation

500 mL and 1,000 mL.

Administration

- IV infusion/ IV flush.
- Paramedic: maintain infusion once commenced.

Indications

- IV fluid for pre-hospital emergency care.

Contra-Indications

- Known severe adverse reaction.

Usual Dosages

Adult:

- Keep vein open (KVO) or medication flush for cardiac arrest PRN.
- Crush injury - 20 mL/kg IV infusion.
- Suspension Trauma – 2 L IV (Maintain systolic BP > 90 mmHg).
- Hypothermia: 250 mL IV infusion (warmed to 40°C approx.) (Repeat to max 1 L).
- Shock from blood loss: 500 mL IV infusion. Repeat in aliquots of 250 mL IV to maintain SBP of 90-100 mmHg. For associated Head injury with GCS ≤ 8 maintain SBP of 120 mmHg.
- Burns: > 25% TBSA and / or 1 hour from time of injury to ED, 1000 mL IV infusion.
  > 10% TBSA consider 500 mL IV infusion.
  1,000 mL IV infusion.

Paediatric:

- Glycaemic Emergency/ Neonatal Resuscitation/ Sickle Cell Crisis: 10 mL/kg IV infusion.

Pharmacology /Action

Isotonic crystalloid solution/ Fluid replacement

Side effects

- Excessive volume replacement may lead to heart failure.

Additional information

- Sodium Chloride 0.9% (NaCl) is the IV fluid of choice for pre-hospital emergency care.

Hydrocortisone

Classification

Systemic Corticosteroid and anti-inflammatory.

Presentation

Powder and solvent for solution for injection or infusion. Vial containing off-white powder and vial containing water for injections.

- Prepare the solution aseptically by adding not more than 2 mL of sterile water for injections to the contents of one 100 mg vial, shake and withdraw for use.

Administration

- Intravenous (IV infusion).
- Intramuscular (IM).

The preferred route for initial emergency use is intravenous.

Indications

- Severe or recurrent anaphylactic reactions.
- Asthma refractory to Salbutamol and Ipratropium Bromide.

Contra-Indications

- No major contraindications in acute management of anaphylaxis.

Usual Dosages

Adult: Infusion over 20-30 minutes

- 200 mg IV (infusion in 100 mL NaCl) or IM injection.

Paediatric:

- < 6 months: - 25 mg IV (infusion in 100 mL NaCl) or IM.
- ≥ 6 months - < 6 years: - 50 mg IV (infusion in 100 mL NaCl) or IM.
- ≥ 6 years - < 12 years: - 100 mg IV (infusion in 100 mL NaCl) or IM.
- ≥ 12 years: - 200 mg IV (infusion in 100 mL NaCl) or IM.

Pharmacology /Action

Potent anti-inflammatory properties and inhibits many substances that cause inflammation.

Side effects

CCF/ Hypertension/ Abdominal distension/ Vertigo/ Headache/ Nausea/ Malaise and hiccups.

Additional information

- Intramuscular injection should avoid the deltoid area because of the possibility of tissue atrophy.
- Dose should not be less than 25 mg. IV is the preferred route for adrenal crisis.

- If the patient, in an adrenal crisis, is still unwell following Hydrocortisone administration prior to arrival of the practitioner the standard dose of Hydrocortisone should be administered.