

Administration of Patient Supplied Medications

Prehospital clinicians may be requested to administer medications that the patient has been prescribed and keeps at home to allow urgent treatment of unusual conditions that require medications that would not usually be carried in typical EMS drug kits.

Examples include:

hydrocortisone (Solu Cortef) for the management of adrenal insufficiency, which may occur in condition such as Congenital Adrenal Hyperplasia (CAH)

complement (C1) esterase inhibitors (Haegarda, Cinryze) for the management of hereditary angioedema

coagulation factor concentrates (Factor VIII or Factor IX) for the management of hemophilia

For patients and their care-givers:

Patients who might require the administration of home medications are encouraged to contact the EMS agency that will respond when they call 911 and develop a “pre-plan” for administration of medications that they keep at home.

This plan should include detailed instruction on the reconstitution and administration of the medication and a note from the prescribing physician that will be available to the EMS clinicians responding.

For EMS clinicians and Medical Directors:

Any medications to be administered should have detailed directions available to emergency responders for reconstitution and administration. A note from the prescribing physician would be preferred as well.

The medication and route of administration must be within the Scope of Practice of the administering EMS clinician.

EMS clinicians should make early use of on-line medical command for assistance, if required, in these situations. The agency medical director may be of most assistance as they are most likely to be familiar with the EMS clinicians, their scope of practice, and any “pre-plan” developed with the EMS agency.