

Drug Shortage

Referenced Drug	Time Frame ¹	Scope Of Relief ²	Relief Granted
Diltiazem Hydrochloride	11/1/2021 to 5/31/2022	Statewide	Verapamil may be substituted for diltiazem in protocol 4208. Acute setting 5mg IV over 2 minutes 2nd dose of 10 mg IV PER MEDICAL COMMAND PHYSICIAN may be given 15-30 minutes later if needed. Further dosages need an order PER MEDICAL COMMAND PHYSICIAN. Elderly In general, use lower adult dosage and administer over at least 3 minutes. Contraindications severe LV dysfunction hypotension SBP 90 cardiogenic shock sick sinus syndrome without pacemaker 2nd or 3rd degree AV block without pacemaker A-Fib/flutter conducted via accessory pathway ie, Wolff -Parkinson-White Major Side Effects hypotension, heart block, HF
Fentanyl (Sublimaze), 200 mcg total	11/1/2021 to 5/31/2021	Statewide	morphine may be used in lieu of fentanyl.
Epinephrine, 1:10,000, 1 mg pre-loaded syringe	11/1/2021 to 5/31/2022	Statewide	Use 1ml of Epinephrine 1:1,000 solution (1.mg per ml) added to 9ml of Normal Saline results in 10 ml of 1:10,000 concentration. (.1mg per ml)
CCT ONLY Vecuronium	11/1/2021 to 5/31/2022	Statewide	May use Rocuronium in place of Vecuronium following current DAI protocol

1. All relief granted by the Office of Emergency Medical Services are temporary and have a defined time-frame in which the relief is valid.
2. Relief may be granted to an agency, a region, or to the whole state. Relief which was granted to an agency is only valid for that agency.