

# Clinical Practice Guidelines – Edition 2, 2017

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## Medications for Listed Organisations

(SI 449 of 2015)



## MEDICATIONS FOR LISTED ORGANISATIONS (SI 449 of 2015)

### PHECC Clinical Practice Guidelines

First Edition, 2016

Second Edition, 2017

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## MEDICATIONS FOR LISTED ORGANISATIONS (SI 449 of 2015)

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## MEDICATIONS FOR LISTED ORGANISATIONS (SI 449 of 2015)

### ACKNOWLEDGEMENTS

The process of developing CPGs has been long and detailed. The quality of the finished product is due to the painstaking work of many people, who through their expertise and review of the literature, ensured a world-class publication.

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## MEDICATIONS FOR LISTED ORGANISATIONS (SI 449 of 2015)



### INTRODUCTION

The purpose of these clinical practice guidelines (CPGs) are to provide safe guidelines to responders for administration of specified prescription-only medications, without a prescription, to a person for the purpose of saving life or reducing severe distress in emergency situations.

The responder will be an individual, appointed by a listed organisation, who has completed a PHECC-approved course of training regarding the administration of such medications and the management of any adverse reaction.

This is a significant advance in pre-hospital care in Ireland, as it now provides a pathway for responders (as opposed to practitioners) to administer prescription-only medications in certain situations.

A handwritten signature in blue ink, reading 'D Menzies', written over a horizontal line.

Dr David Menzies, Chair, Medical Advisory Committee

## MEDICATIONS FOR LISTED ORGANISATIONS (SI 449 of 2015)

### IMPLEMENTATION

#### The CPGs herein may be implemented provided:

1. The non-medical person maintains current certification on the medication(s) as outlined in PHECC's Education & Training Standard.
2. The non-medical person is authorised, by the listed organisation on whose behalf he/she is acting, to implement the specific CPG.
3. The medications are listed on the tenth schedule.

### Medication dose

The medication dose specified on the relevant CPGs shall be the definitive dose in relation to non-medical person's administration of the specified medication(s). The onus rests on the non-medical person to ensure that he/she is using the latest version of CPGs which are available on the PHECC website [www.phecc.ie](http://www.phecc.ie)

### Definitions

Adult	A patient of 16 years or greater, unless specified on the CPG
Paediatric patient	Any child, infant or neonate

### Documentation

Completing the documentation is paramount in the interest of patient safety and the risk management process. The Ambulatory Care Report (ACR) must be completed to meet these requirements.

## MEDICATIONS FOR LISTED ORGANISATIONS (SI 449 of 2015)

### CODES

#### Clinical Practice Guidelines for Listed Organisations

##### Codes explanation

**1/2/3.4.1**  
Version 2, 07/11

**1/2/3.x.y**  
Version 2, mm/yyyy

Sequence step

#### CPG numbering system

1/2/3 = clinical levels to which the CPG pertains

x = section in CPG manual, y = CPG number in sequence

mm/yyyy = month/year CPG published

**Start from**

A clinical condition that may precipitate entry into the specific CPG

**Mandatory sequence step**

A mandatory sequence (skill) to be performed



Ring ambulance control  
112 /999



Request an AED from local area

Consider treatment options

Given the clinical presentation consider the treatment option specified



Reassess the patient following intervention

Medication, dose & route

#### A medication which may be administered by a CFR or higher clinical level

The medication name, dose and route is specified

Medication, dose & route

#### A medication which may be administered by an EFR or higher clinical level

The medication name, dose and route is specified

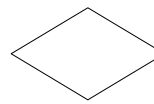
Go to xxx CPG

#### A direction to go to a specific CPG following a decision process

Note: only go to the CPGs that pertain to your clinical level

#### A decision process

The responder must follow one route



Instructions

An instruction box for information

Special instructions

#### Special instructions

Which the Responder must follow

Special authorisation

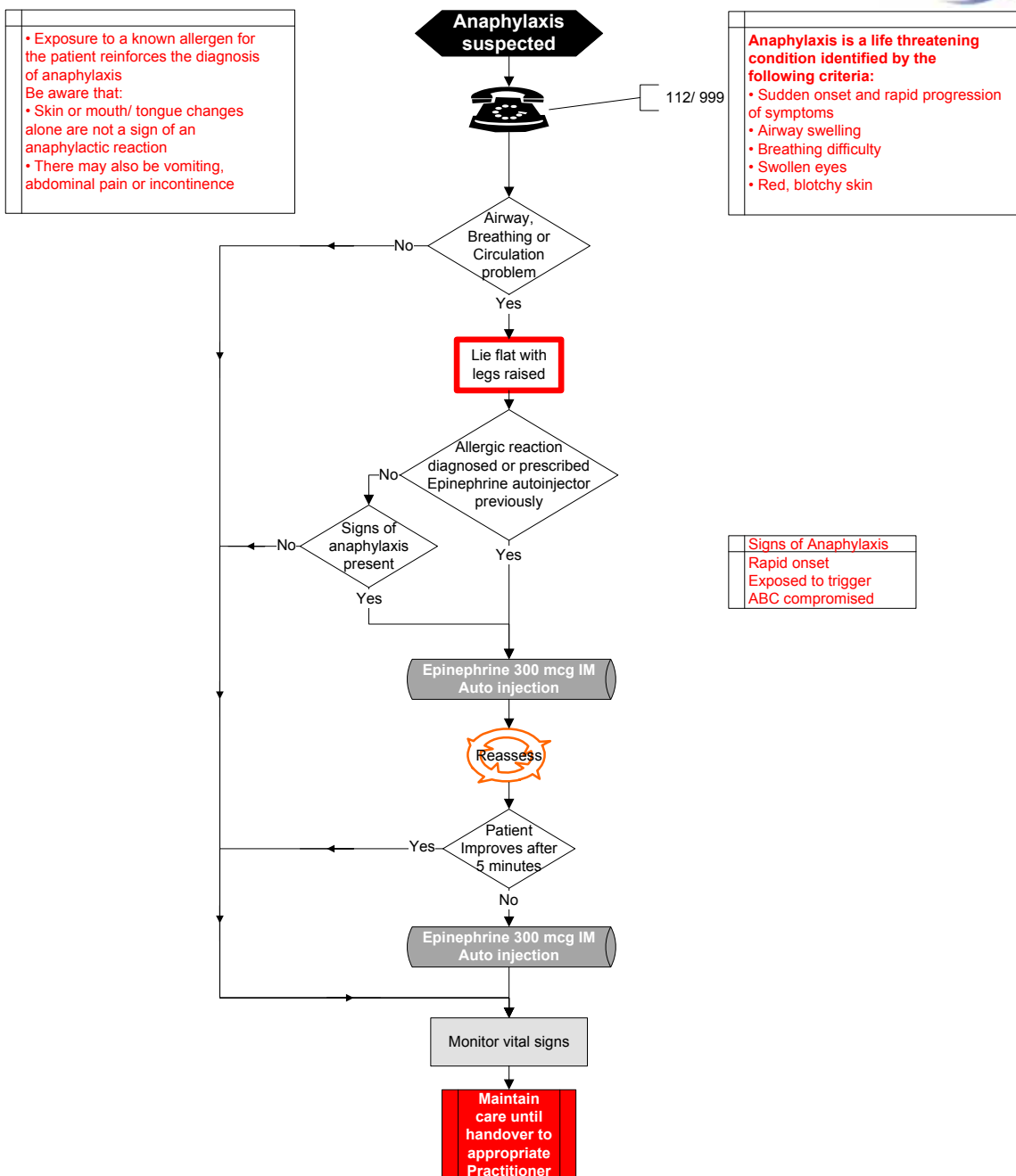
#### Special authorisation

This authorises the responder to perform an intervention under specified conditions

## MEDICATIONS FOR LISTED ORGANISATIONS (SI 449 of 2015)

**1.4.15**  
Version 1, 02/2016

### Listed Organisations and Epinephrine (auto injector adult)



#### Special Authorisation:

You are authorised to administer Epinephrine (auto injector) IM following successful completion of the training module, provided you are acting on behalf of an organisation listed with the HPRA as specified in SI 449 of 2015

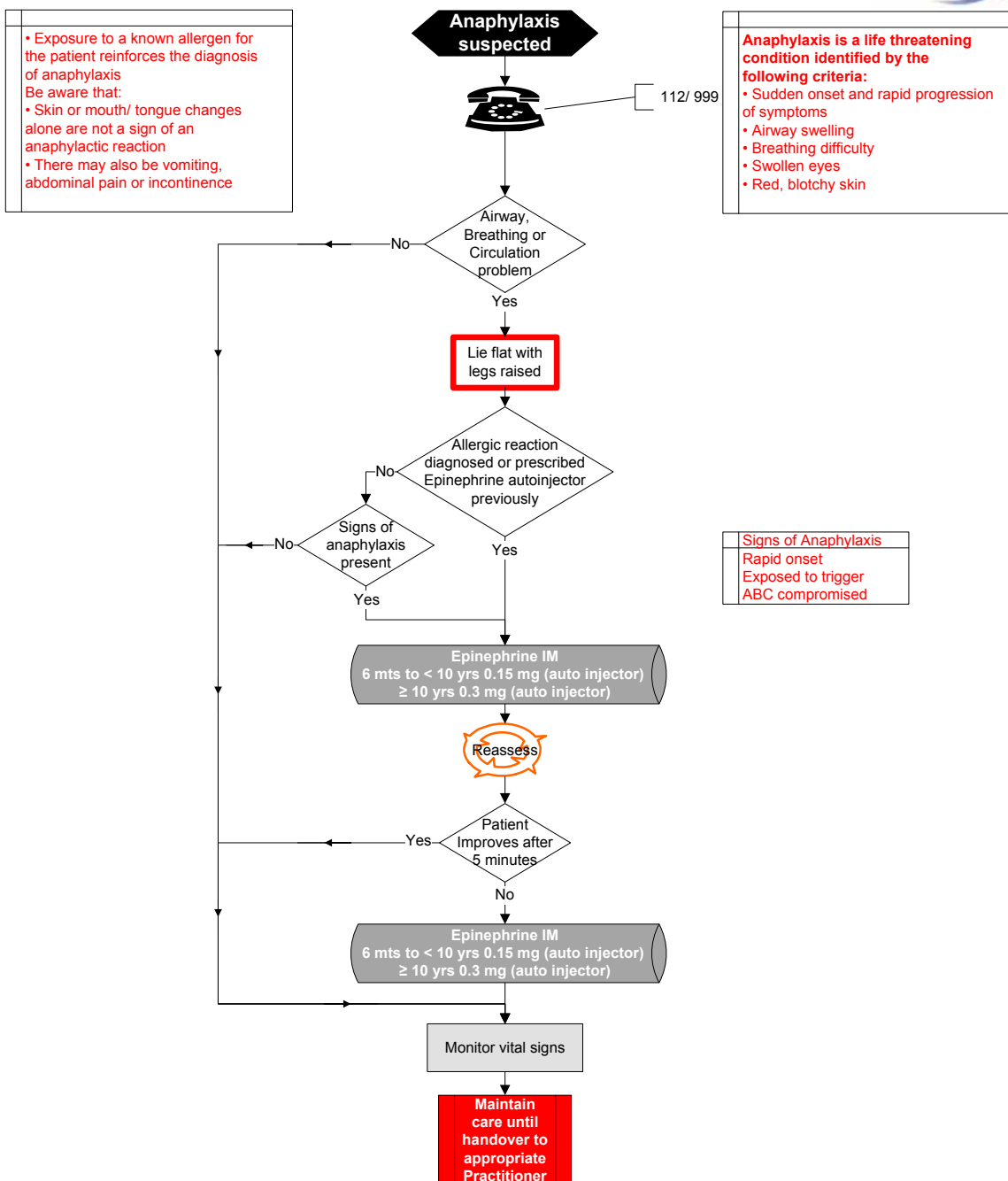
**Reference:** Immunisation Guidelines for Ireland 2008 RCPI,  
ILCOR Guidelines 2015  
SI 449 of 2015



## MEDICATIONS FOR LISTED ORGANISATIONS (SI 449 of 2015)

**1.7.31**  
Version 1, 02/2016

### Listed Organisations and Epinephrine (auto injector paediatric)

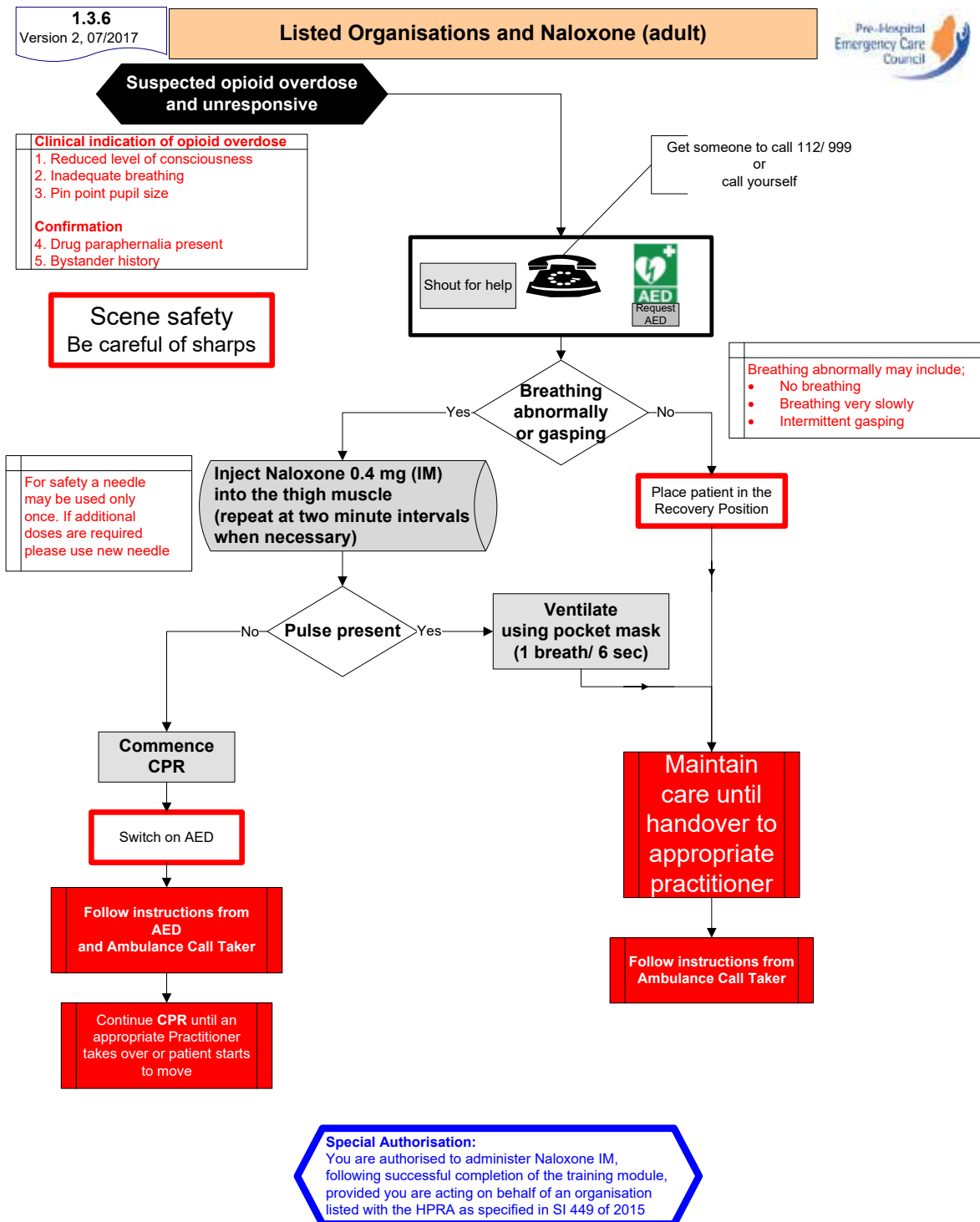


#### Special Authorisation:

You are authorised to administer Epinephrine (auto injector) IM following successful completion of the training module, provided you are acting on behalf of an organisation listed with the HPRA as specified in SI 449 of 2015

**Reference:** Immunisation Guidelines for Ireland 2008 RCPI,  
ILCOR Guidelines 2015  
SI 449 of 2015

## MEDICATIONS FOR LISTED ORGANISATIONS (SI 449 of 2015)

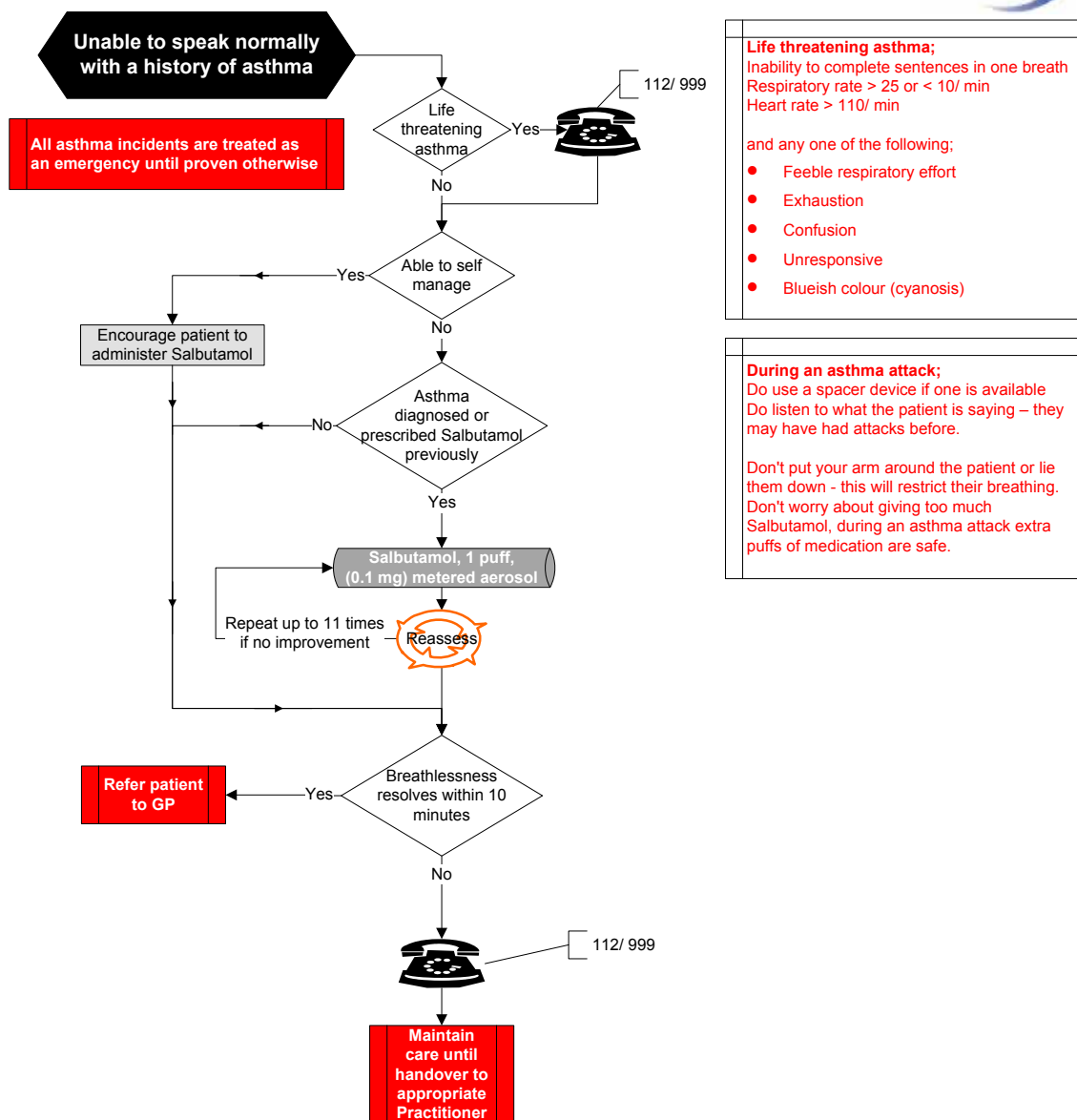


Reference: SI 449 of 2015, ILCOR Guidelines 2015

## MEDICATIONS FOR LISTED ORGANISATIONS (SI 449 of 2015)

**1.3.4**  
Version 1, 02/2016

### Listed Organisations and Salbutamol

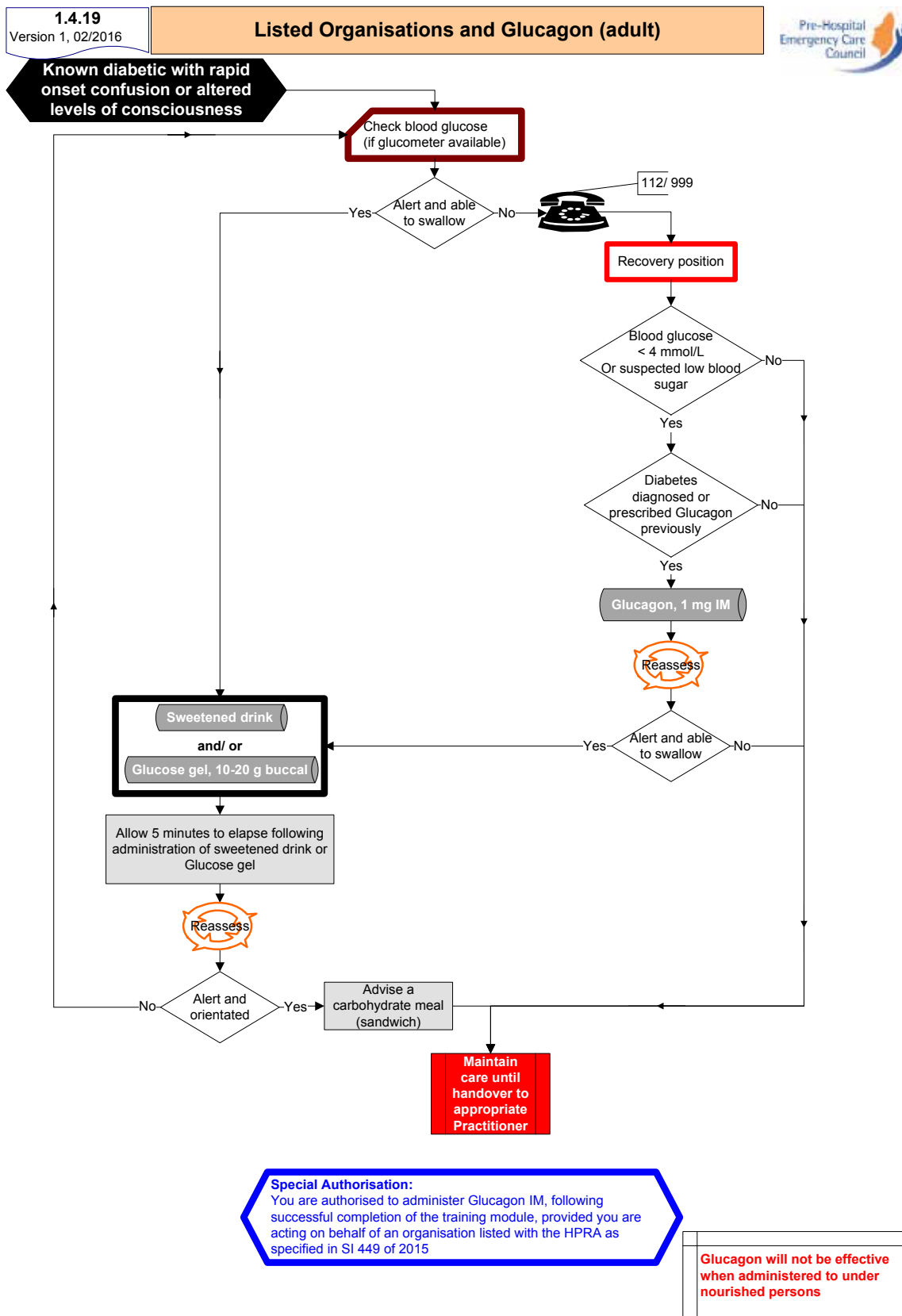


#### Special Authorisation:

You are authorised to administer Salbutamol inhaler, following successful completion of the training module, provided you are acting on behalf of an organisation listed with the HPRA as specified in SI 449 of 2015

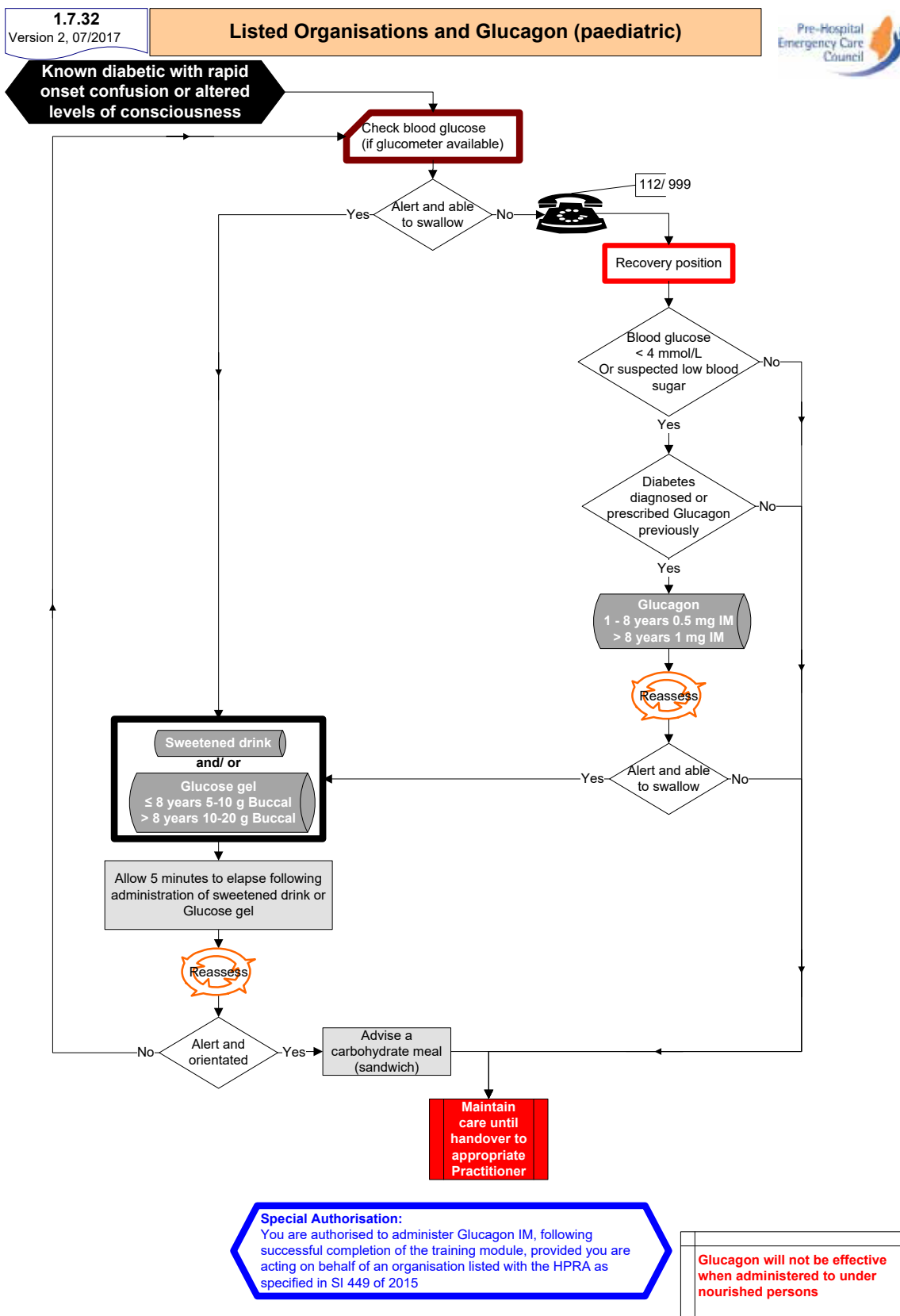
**Reference:** Management of an Acute Asthma Attack in Adults, Clinical Guideline No. 14, National Clinical Effectiveness Committee, 2015, Emergency Asthma Guidelines, British Thoracic Society, 2008, British Guidelines on the Management of Asthma, a national clinical guideline, ILCOR Guidelines 2015, Asthma Society of Ireland, SI 449 of 2015

## MEDICATIONS FOR LISTED ORGANISATIONS (SI 449 of 2015)



Reference: Mohun J, 2003, First Aid Manual 8<sup>th</sup> Edition, Irish Red Cross & Order of Malta Ambulance Corps  
SI 449 of 2015

## MEDICATIONS FOR LISTED ORGANISATIONS (SI 449 of 2015)

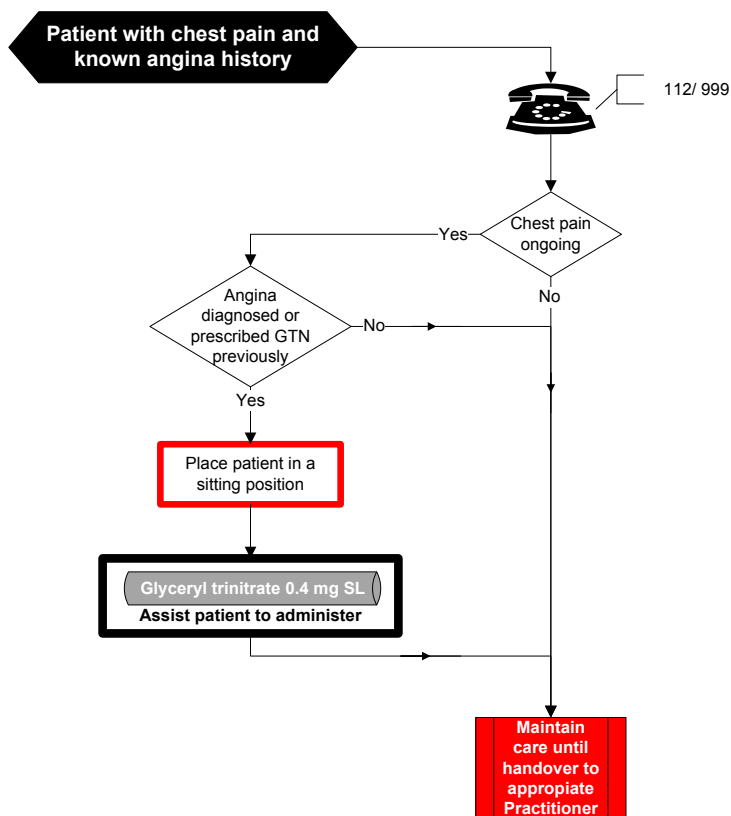


Reference: Mohun J, 2003, First Aid Manual 8<sup>th</sup> Edition, Irish Red Cross & Order of Malta Ambulance Corps  
SI 449 of 2015

## MEDICATIONS FOR LISTED ORGANISATIONS (SI 449 of 2015)

**1.4.10**  
Version 1, 02/2016

### Listed Organisations and Glyceryl trinitrate (GTN)

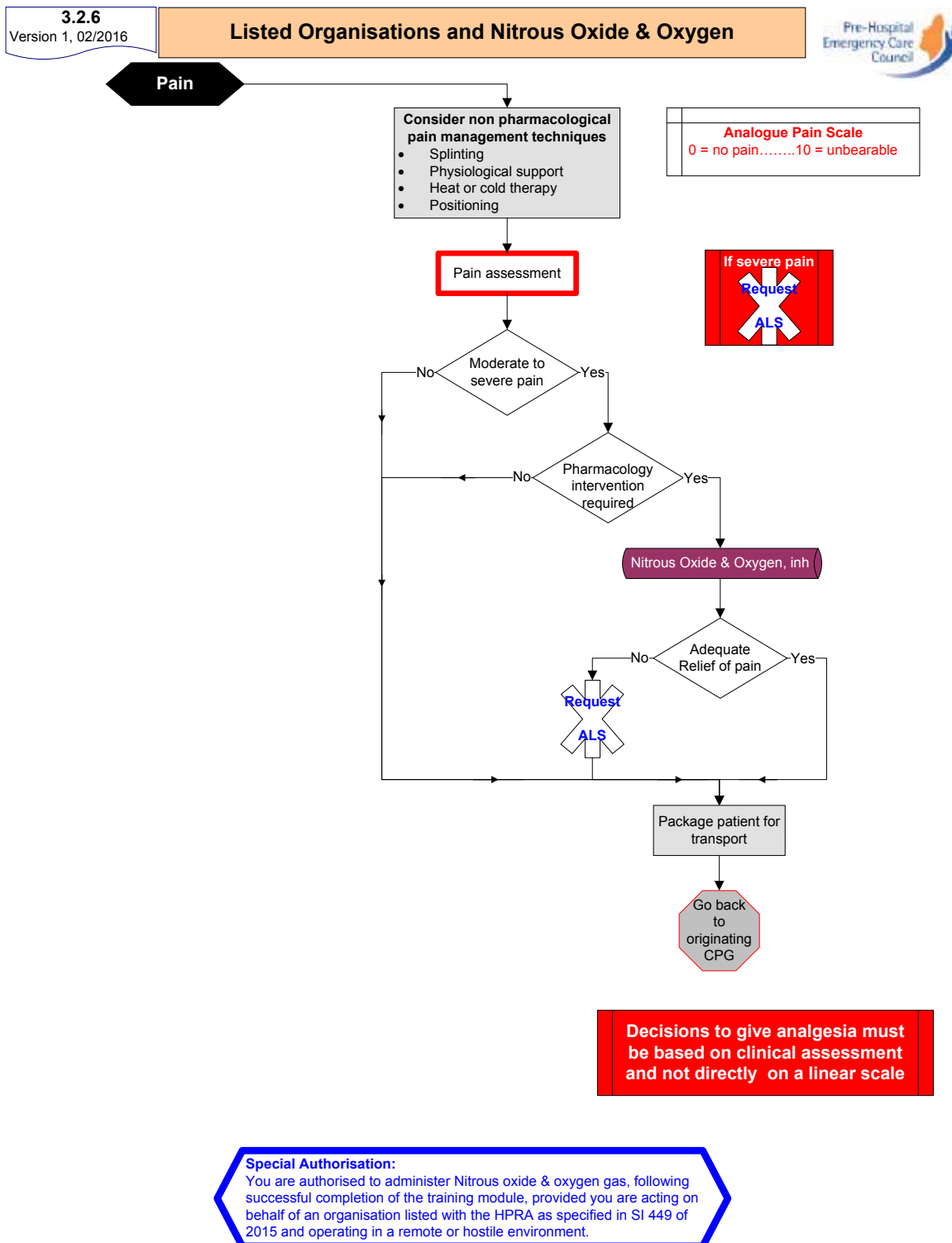


#### Special Authorisation:

You are authorised to administer Glyceryl trinitrate SL, following successful completion of the training module, provided you are acting on behalf of an organisation listed with the HPRA as specified in SI 449 of 2015

Reference: ILCOR Guidelines 2015  
SI 449 of 2015

# MEDICATIONS FOR LISTED ORGANISATIONS (SI 449 of 2015)



## APPENDIX 1 – MEDICATION FORMULARY FOR LISTED ORGANISATIONS VERSION 2, 2017

This Medication Formulary is published by the Pre-Hospital Emergency Care Council (PHECC). It supports material to non-medical persons operating on behalf of listed organisations while administering medications permitted under Medicinal Products Tenth Schedule (SI 449 of 2015).

This is a summary document only and non-medical persons are advised to consult with official publications to obtain more detailed information about the medications if required.

The Medication Formulary for listed organisations is a subset of the PHECC Medication Formulary for Practitioners published by Council.

### The CPGs herein may be implemented provided:

1. The non-medical person maintains current certification on the specific medication(s) as outlined in PHECC's Education & Training Standard.
2. The non-medical person is authorised, by the listed organisation on whose behalf he/she is acting, to implement the specific CPG.
3. The medications are listed on the tenth schedule.

### Medication dose

Every effort has been made to ensure accuracy of the medication doses herein. The medication dose specified on the relevant CPGs shall be the definitive dose in relation to non-medical person's administration of the specified medication(s). The onus rests on the non-medical person to ensure that he/she is using the latest version of CPGs which are available on the PHECC website [www.phecc.ie](http://www.phecc.ie)

### Definitions:

Adult: a patient of 16 years or greater.

Paediatric patient: a patient less than 16 years.

**The dose for paediatric patients may never exceed the adult dose.**



## APPENDIX 1 – MEDICATION FORMULARY FOR LISTED ORGANISATIONS VERSION 2, 2017

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### Clinical level: Medications for Listed Organisations

Medication	Aspirin
<b>Class</b>	Platelet aggregation inhibitor.
<b>Descriptions</b>	Anti-inflammatory agent and an inhibitor of blood clotting function. Useful agent in the treatment of various cardiovascular diseases such as heart attack.
<b>Presentation</b>	300 mg tablet.
<b>Administration</b>	Orally - dissolved in water, or to be chewed - if not disolvable form. (CPG: 1/2/3.4.10).
<b>Indications (reason for administration)</b>	Cardiac chest pain or suspected heart attack.
<b>Contra-Indications (reasons for not administering)</b>	Active ulcer. Bleeding disorder (e.g. haemophilia). Known severe adverse reaction. Patients < 16 years old.
<b>Usual Dosages</b>	<b>Adult:</b> 300 mg tablet. <b>Paediatric:</b> Contraindicated.
<b>Pharmacology/Action</b>	Prevents the clotting action of the platelets in the blood. This reduces clot formation during a heart attack.
<b>Side effects (anticipated but unwanted effects that may occur)</b>	Abdominal pain and discomfort. Wheezing. Stomach and haemorrhage in the intestine.
<b>Long term effects</b>	Generally mild and infrequent but incidence of stomach or intestinal irritation with slight blood loss, increased clotting time, chest wheeze and skin reaction in hypersensitive patients.
<b>Additional information</b>	Aspirin 300 mg is indicated for cardiac chest pain even if patient is on blood thinning medication or is already on aspirin. If the patient has swallowed an aspirin (enteric coated) tablet without chewing it, or dissolving in water, administer 300 mg PO as the patient should be regarded as not having taken any aspirin.

### Clinical level: Medications for Listed Organisations

Medication	Epinephrine (Adrenaline) Auto injector
<b>Class</b>	Sympathetic agonist.
<b>Descriptions</b>	Naturally occurring hormone. It is a potent stimulant.
<b>Presentation</b>	Pre-filled Auto injector.
<b>Administration</b>	Intramuscular (IM). (CPG: 1.4.15, 1.7.31).
<b>Indications (reason for administration)</b>	Severe anaphylaxis.
<b>Contra-Indications (reasons for not administering)</b>	None known.
<b>Usual Dosages</b>	<b>Adult:</b> 0.3 mg (Auto injector). Repeat once after 5 minutes if no improvement.  <b>Paediatric:</b> 6 months < 10 years; 0.15 mg (Auto injector). ≥ 10 years; 0.3 mg (Auto injector). Repeat once after 5 minutes if no improvement.
<b>Pharmacology/Action</b>	Reversal of swelling in the throat & chest wheeze in anaphylaxis. Blocks the effects of histamine.
<b>Side effects (anticipated but unwanted effects that may occur)</b>	Palpitations. Increased blood pressure. Chest pain.
<b>Additional information</b>	

### Clinical level: Medications for Listed Organisations

Medication	Glucagon
<b>Class</b>	Hormone and Antihypoglycaemic.
<b>Descriptions</b>	Glucagon is a protein produced in the pancreas. It is used to increase the blood glucose level in cases of low blood sugar.
<b>Presentation</b>	1 mg vial powder and solution for dissolving the powder.
<b>Administration</b>	Intramuscular (IM). (CPG: 1.4.19, 1.7.32)
<b>Indications (reason for administration)</b>	Low blood sugar in patients unable to take oral glucose with a blood glucose level < 4 mmol/L.
<b>Contra-Indications (reasons for not administering)</b>	Less than 1 year old. Known severe adverse reaction.
<b>Usual Dosages</b>	<b>Adult:</b> 1 mg IM.  <b>Paediatric:</b> 1 – 8 years 0.5 mg IM. > 8 years 1 mg IM.
<b>Pharmacology/Action</b>	Increases glucose in the blood by mobilising sugar stored in the liver.
<b>Side effects (anticipated but unwanted effects that may occur)</b>	Rare, may cause low blood pressure, dizziness, headache, nausea & vomiting.
<b>Additional information</b>	May be ineffective in patients with low stored sugar e.g. prior use in previous 24 hours or poorly nourished people. Store in refrigerator. Protect from light.

### Clinical level: Medications for Listed Organisations

Non - Medication	Glucose gel
<b>Class</b>	Antihypoglycaemic.
<b>Descriptions</b>	Synthetic glucose paste.
<b>Presentation</b>	Glucose gel in a tube or sachet.
<b>Administration</b>	Buccal administration: Administer gel to the inside of the patient's cheek and gently massage the outside of the cheek. (CPG: 1.4.19, 1.7.32)
<b>Indications (reason for administration)</b>	Low blood sugar. Blood sugar < 4 mmol/L. Known diabetic with confusion or altered levels of consciousness.
<b>Contra-Indications (reasons for not administering)</b>	Known severe adverse reaction.
<b>Usual Dosages</b>	<b>Adult:</b> 10 – 20 g buccal. Repeat as required.  <b>Paediatric:</b> ≤ 8 years; 5 – 10 g buccal. > 8 years: 10 – 20 g buccal. Repeat as required.
<b>Pharmacology/Action</b>	Increases blood glucose levels.
<b>Side effects (anticipated but unwanted effects that may occur)</b>	May cause vomiting in patients under the age of five if administered too quickly.
<b>Additional information</b>	Proceed with caution for patients with: - airway difficulties. - reduced level of consciousness.

## APPENDIX 1 – MEDICATION FORMULARY FOR LISTED ORGANISATIONS VERSION 2, 2017

### Clinical level: **CFR** Medications for Listed Organisations

Medication	Glyceryl trinitrate (GTN)
<b>Class</b>	Nitrate.
<b>Descriptions</b>	Special preparation of Glyceryl trinitrate in an aerosol form that delivers precisely 0.4 mg of Glyceryl trinitrate per spray.
<b>Presentation</b>	Aerosol spray: metered dose 0.4 mg.
<b>Administration</b>	Sublingual (SL) – under the tongue: Hold the pump spray vertically with the valve head uppermost. Place as close to the mouth as possible and spray under the tongue. The mouth should be closed after each dose. (CPG: 1.4.10)
<b>Indications (reason for administration)</b>	Angina. Suspected heart attack or angina. Assist patient with administration.
<b>Contra-Indications (reasons for not administering)</b>	Viagra or similar medication used within previous 24 hours. Known severe adverse reaction.
<b>Usual Dosages</b>	<b>Adult:</b> 0.4 mg Sublingual (under the tongue). <b>Paediatric:</b> Not indicated.
<b>Pharmacology/Action</b>	Releases nitric oxide which acts to dilate blood vessels. Dilates coronary arteries particularly if in spasm increasing blood flow to the heart muscle. Reduces blood pressure.
<b>Side effects (anticipated but unwanted effects that may occur)</b>	Headache. Temporary low blood pressure. Flushing. Dizziness.
<b>Additional information</b>	If the pump is new or it has not been used for a week or more the first spray should be released into the air.

### Clinical level: **CFR** Medications for Listed Organisations

Medication	Naloxone
<b>Class</b>	Narcotic antagonist.
<b>Descriptions</b>	Effective in management and reversal of overdoses caused by narcotics or synthetic narcotic agents.
<b>Presentation</b>	Pre-loaded syringe.
<b>Administration</b>	Intramuscular (IM). (CPG: 1.3.6).
<b>Indications (reason for administration)</b>	Inadequate breathing and/or altered level of consciousness following known or suspected narcotic overdose.
<b>Contra-Indications (reasons for not administering)</b>	Known severe adverse reaction.
<b>Usual Dosages</b>	<b>Adult:</b> 0.4 mg IM. (Repeat at two minute intervals when necessary) <b>Paediatric:</b> Not indicated.
<b>Pharmacology/Action</b>	<b>Narcotic antagonist</b> Reverse the respiratory depression and analgesic effect of narcotics.
<b>Side effects (anticipated but unwanted effects that may occur)</b>	Acute reversal of narcotic effect ranging from nausea & vomiting to agitation and seizures.
<b>Additional information</b>	Rapid reversal will precipitate acute withdrawal syndrome. Prepare to deal with aggressive patients. For safety a needle may be used only once. If additional doses are required use a new needle every time.

### Clinical Level: Medications for Listed Organisations

Medication	Nitrous Oxide 50% and Oxygen 50% (Entonox®)
<b>Class</b>	Analgesic.
<b>Descriptions</b>	Potent analgesic gas contains a mixture of both nitrous oxide and oxygen.
<b>Presentation</b>	Cylinder, coloured blue with white and blue triangles on cylinder shoulders.  Medical gas: 50% Nitrous Oxide & 50% Oxygen.
<b>Administration</b>	Self administered. Inhalation by demand valve with face-mask or mouthpiece. (CPG: 3.2.6)
<b>Indications (reason for administration)</b>	Pain relief.
<b>Contra-Indications (reasons for not administering)</b>	Altered level of consciousness. Chest Injury/Pneumothorax. Shock. Recent scuba dive. Decompression sickness. Intestinal obstruction. Inhalation Injury. Carbon monoxide (CO) poisoning. Known severe adverse reaction.
<b>Usual Dosages</b>	<b>Adult:</b> Self-administered until pain relieved.  <b>Paediatric:</b> Self-administered until pain relieved.
<b>Pharmacology/Action</b>	<b>Analgesic agent gas:</b> - CNS depressant. - Pain relief.
<b>Side effects (anticipated but unwanted effects that may occur)</b>	Disinhibition. Decreased level of consciousness. Light headedness.
<b>Additional information</b>	Do not use if patient unable to understand instructions. In cold temperatures, warm cylinder and invert to ensure mix of gases. Brand name: Entonox®. Has an addictive property. Caution when using Entonox for greater than one hour as risk of Sick Cell Crisis.



### Clinical level: Medications for Listed Organisations

Medication	Salbutamol
<b>Class</b>	Sympathetic agonist.
<b>Descriptions</b>	Stimulant that mimics the effects of beta-2 adrenergic receptors.
<b>Presentation</b>	Aerosol inhaler: metered dose 0.1 mg.
<b>Administration</b>	Inhalation via aerosol inhaler. (CPG: 1.3.4).
<b>Indications (reason for administration)</b>	Acute asthmatic attack.
<b>Contra-Indications (reasons for not administrating)</b>	Known severe adverse reaction.
<b>Usual Dosages</b>	<b>Adult:</b> 0.1 mg metered aerosol spray. Repeat up to 11 sprays.  <b>Paediatric:</b> 0.1 mg metered aerosol spray. Repeat up to 11 sprays.
<b>Pharmacology/Action</b>	Dilates muscle in airways.
<b>Side effects (anticipated but unwanted effects that may occur)</b>	Increased heart rate. Tremors.
<b>Additional information</b>	It is more efficient to use a volumizer (spacer) in conjunction with an aerosol inhaler when administering Salbutamol.

# MEDICATIONS FOR LISTED ORGANISATIONS (SI 449 of 2015)

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