

Transfer Medications

Formulary

Douglas County Kansas EMS System

April 2022

This chart acts as standing orders to titrate these medications while on a Hospital-Hospital transfer up to the max dose range.

Providers should still check with MD for their intended target or dose

Drug	Goal	Titrate Instructions	How often	Max dose
Dexmedetomidine	RASS Goal = -3	Titrate by 0.1mcg/kg/hr	Every 30 minutes	1.4 mcg/kg/hr
Diltiazem	Heart Rate < 120	Titrate by 5mg/hr	Every 15 minutes	15 mg/hr
Dobutamine	MAP > 65	Titrate by 5mcg/kg/min	Every 5 minutes	40 mcg/kg/min
Dopamine	MAP > 65	Titrate by 2mcg/kg/min	Every 2 minutes	30 mcg/kg/min
Epinephrine	MAP > 65	Titrate by 2mcg/min	Every 5 minutes	40 mcg/min
Esmolol	Heart Rate < 120	Titrate by 50mcg/kg/min	Every 30 minutes	200 mcg/kg/min
Nicardipine	Clarify with provider SBP goal	Titrate by 5mg/hr	Every 15 minutes	15 mg/hr
Norepinephrine	MAP > 65	Titrate by 2mcg/min	Every 2 minutes	30 mcg/min
Phenylephrine	MAP > 65	Titrate by 20 mcg/min	Every 2 minutes	200 mcg/min
Propofol	RASS Goal = -3	Titrate by 5 mcg/kg/min	Every 5 minutes	80 mcg/kg/min

RASS Scale:

+4	Combative	Violent, danger to staff
+3	Very Agitated	Pulls or removes tubes or catheters
+2	Agitated	Frequent non-purposeful movement- fights ventilator
+1	Restless	Anxious but movements not aggressive or vigorous
0	Alert and Calm	Spontaneously pays attention to caregiver
-1	Drowsy	Not fully alert, but has sustained awakening
-2	Light Sedation	Briefly awakens with eye contact to voice (<10 seconds)
-3	Moderate Sedation	Movement or eye opening to voice (but no eye contact)
-4	Deep Sedation	No response to voice but movement or eye opening to physical stimulation

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Dexmedetomidine: *Sedative*

Diltiazem: *Calcium channel blocker*

Dobutamine: *Pressor*

Dopamine: *Pressor*

Epinephrine: *Pressor*

Esmolol: *Beta blocker*

Nicardipine: *Antihypertensive*

Norepinephrine: *Pressor*

Phenylephrine: *Pressor*

Propofol: *Sedative*