

## **Medical Control Guideline: MEDICATION ORDERS / ADMINISTRATION**

### **PRINCIPLES:**

1. A complete and accurate medication order is essential for patient care.
2. Confirmation of correct medication by two EMS Providers (EMT/paramedic or paramedic/paramedic) should be performed prior to medication administration.
3. If Base Contact is made, closed-loop communication (repeating orders back to the base hospital and to paramedic partner) reduces medication errors.

### **GUIDELINES:**

1. Base hospitals must provide complete medication and fluid orders to include:
  - a. Name of medication
  - b. Color code of the patient, if applicable
  - c. Dose (mg and mL to be delivered)
  - d. Route of administration per L.A. County protocols
    - i. Intravenous (IV)
    - ii. Intramuscular (IM)
    - iii. Intranasal (IN)
    - iv. Intraosseous (IO)
    - v. Nebulized (via neb)
    - vi. Orally Disintegrating Tablet (ODT)
    - vii. Per Os/Oral (PO)
    - viii. Rapid infusion (IV/IO) – fluid administration as quickly as possible
    - ix. Slow IV/IO push – dose administered over 60 seconds
    - x. Sublingual (SL)
  - e. Frequency of administration, if applicable
2. A minimum of two EMS providers (EMT/paramedic or paramedic/paramedic) should confirm correct medication prior to medication administration.
  - a. The EMT and paramedic will work together to identify the correct medication and the paramedic will confirm drug dosing and route.

- i. The EMT will visually show the drug to the paramedic who will then confirm the name of the medication and formulation verbally.
    - ii. The paramedic will then use *MCG 1309* to determine the route and dose based on color code which will be delivered in mLs to the patient.
  - b. The paramedic provider not administering the medication will work together with the paramedic administering the medication (“patient medic”) to identify the correct medication, route, and dose.
    - i. The paramedic not administering the medication will visually show the medication to the patient man. The patient man will confirm the name of the medication and the formulation verbally.
    - ii. The “patient medic” will then use *MCG 1309* to determine the route and dose based on the color code which will be verbally communicated back to the second paramedic prior to the delivery of the medication in mLs to the patient.
3. If Base Contact is made prior to administration, the paramedic will repeat the medication order including name of medication, number of mg or mcg, followed by mLs and color code, as applicable, to the base hospital.
4. Base personnel who provide pro re nata (PRN) orders should have indications for administration as well as complete a full order including name of medication to be administered, mg or mcg, mLs, route, and color code as applicable.
  - a. The paramedic administering the drug will repeat these back to Base personnel
5. Base personnel, as applicable, and the paramedic should document all medications administered on the on the Base Hospital Form and EMS patient care record.
6. All adverse events should be reported in the patient care record including interventions taken to treat the event (e.g., oxygen, suction, fluids). Any adverse events should be communicated to the receiving emergency department staff on transfer of care.