



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
OFFICE OF HEALTH LICENSURE AND REGULATIONS
DIVISION OF EMERGENCY MEDICAL SERVICES
HERITAGE PLACE, METRO CENTER
227 FRENCH LANDING, SUITE 303
NASHVILLE, TENNESSEE 37247-0701

July 7, 2010

From the Desk of **Dr. Joe Holley, State EMS Medical Director**

***RECOMMENDED GUIDELINES FOR PLAN OF ACTION FOR EMS SERVICE
MEDICAL DIRECTORS DURING THE CURRENT POTENTIAL DRUG
SHORTAGE***

2010 Potential Drug Shortages Action Plan

Due to a manufacturing backorder throughout the United States, we will be experiencing shortages or changes to drug inventory as noted below:

Dextrose 50%	Epi 1:10,000
Furosemide (Lasix)	Lidocaine 2% 100mg Syringe

Consider issuing the steps listed below to make sure that all EMS crews have the needed medications or therapeutic equivalent.

D-50: D-50 will **ONLY** be used on unconscious, unresponsive patients.

- All other patients will either receive Oral Glucose, Glucagen or D5W in 500cc bags.
- In the event that we use all D-50, D5W 500cc bags will be the replacement therapy.

Epinephrine 1:10,000: Replacing the Epi with 1:1000 multi dose vials of Epi. The correct ratio is 9mL of NS and 1mL of Epi 1:1000 to be drawn into a 10mL syringe.

Furosemide: Replaced with Bumetadine (Bumex). The usual initial dose is 0.5 to 1 mg intravenously or intramuscularly. **Intravenous administration should be given over a period of 1 to 2 minutes.** If the response to an initial dose is deemed insufficient, a second or third dose may be given at intervals of 2 to 3 hours, but should not exceed a daily dosage of 10 mg.

Protocols should be updated to reflect current standards and the Medical Director's recommendations.

Lidocaine 2% Syringe: Replaced with a 5mL vial of the same drug.

Services may also wish to contact their suppliers and request a written waiver of a 30-60 day extension on those drugs that are close to expiration.