

**Approved Medication List**

**Kansas Board of EMS**

**June 4, 2021**

**\*Where a drug class, type, or category is listed, specific agents shall be selected and approved through local medical protocols.**

**Abbreviations:**

MDI = Metered Dose Inhaler	IN = Intranasal	IV/IO = Intravenous/Intraosseous
INH = Inhalation	IM = Intramuscular	
NEB = Nebulized	SL = Sublingual	

<b>Medication</b>	<b>EMR</b>	<b>EMT</b>	<b>AEMT</b>
Activated Charcoal	Not Approved	Oral	Oral
B2-agonist and/or anticholinergic bronchodilator*	MDI	MDI; Neb	MDI; Neb
Amiodarone	Not Approved	Not Approved	IV/IO
Antidote*	Oral; Autoinjector; IN	Oral; Autoinjector; IN	Oral; Autoinjector; IN; IV/IO
Aspirin	Oral	Oral	Oral
Benzodiazepine*	Not Approved	Not Approved	IM; IV/IO; IN; Rectal
Corticosteroids*	Not Approved	Not Approved	Oral; IM; IV/IO
Dextrose	Not Approved	Not Approved	IV/IO
Diphenhydramine	Oral	Oral	Oral; IM; IV/IO
Epinephrine (1:1,000)	Autoinjector; IM	Autoinjector; IM	Autoinjector; IM
Epinephrine (1:10,000)	Not Approved	Not Approved	IV/IO
Glucagon	IM; IN	IM; IN	IM; IN
Glucose	Oral	Oral	Oral
Isotonic Crystalloid IV Fluids*	Not Approved	IV/IO	IV/IO
IV fluids with electrolyte additives*	Not Approved	Not Approved	IV/IO
IV fluids with antibiotic additives*	Not Approved	Not Approved	IV/IO
Ketorolac	Not Approved	Not Approved	IM; IV
Lidocaine	Not Approved	Not Approved	IV/IO
Naloxone	Autoinjector; IN; IM	Autoinjector; IN; IM	Autoinjector; IN; IM; IV/IO
Nitroglycerine	Not Approved	SL; Transdermal	SL; Transdermal
Nitrous Oxide	Not Approved	Not Approved	INH
Antiemetic*	Not Approved	Oral; SL	Oral; SL; IM; IN; IV/IO
Opioid*	Not Approved	Not Approved	Oral; IM; IN; IV/IO
Over the Counter Antipyretics*	Not Approved	Oral	Oral
Over the Counter Non-opioid analgesics*	Not Approved	Oral	Oral
Oxygen	INH	INH	INH
Tranexamic Acid (TXA)	Not Approved	Not Approved	IV/IO
Patient Assisted Medications*	Not Approved	Prescribed Route ONLY	Prescribed Route ONLY

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