

Approved Medication List

Kansas Board of EMS

April 5, 2019

***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
 INH = Inhalation
 NEB = Nebulized

IN = Intranasal
 IV/IO = Intravenous/Intraosseous
 SL = Sublingual

Medication	EMR	EMT	AEMT
Activated Charcoal	Not Approved	Oral	See Current List Dated November 6, 2013
B2-agonist and/or anticholinergic bronchodilator*	MDI	MDI; Neb	
Amiodarone	Not Approved	Not Approved	
Antidote*	Oral; Autoinjector; IN	Oral; Autoinjector; IN	
Aspirin	Oral	Oral	
Benzodiazepine*	Not Approved	Not Approved	
Corticosteroids*	Not Approved	Not Approved	
Dextrose	Not Approved	Not Approved	
Diphenhydramine	Oral	Oral	
Epinephrine (1:1,000)	Autoinjector; IM	Autoinjector; IM	
Epinephrine (1:10,000)	Not Approved	Not Approved	
Glucagon	IM	IM	
Glucose	Oral	Oral	
Isotonic Crystalloid IV Fluids*	Not Approved	IV/IO	
IV fluids with electrolyte additives*	Not Approved	Not Approved	
IV fluids with antibiotic additives*	Not Approved	Not Approved	
Lidocaine	Not Approved	Not Approved	
Naloxone	Autoinjector; IN; IM	Autoinjector; IN; IM	
Nitroglycerine	Not Approved	SL; Transdermal	
Nitrous Oxide	Not Approved	Not Approved	
Antiemetic*	Not Approved	Oral; SL	
Opioid*	Not Approved	Not Approved	
Over the Counter Antipyretics*	Not Approved	Oral	
Over the Counter Non-opioid analgesics*	Not Approved	Oral	
Oxygen	INH	INH	
Tranexamic Acid (TXA)	Not Approved	Not Approved	
Patient Assisted Medications*	Not Approved	Prescribed Route ONLY	

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