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Kansas
Board of
Emergency Medical Services

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Dr. Joel E Hornung, Chair
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MEDICAL ADVISORY COUNCIL

September 24, 2025 ***12:00 PM CDT***

TELECONFERENCE ONLY – **GoTo Meeting**

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TENTATIVE AGENDA

1. Introduction, Welcome, and Roll Call: Longabaugh
    a. Acting Chair – James Longabaugh
    b. Dennis Allin
    c. Michael Machen
    d. Sean Herrington
    e. Tim Stebbins
    f. Bryan Beaver
    g. Paul Bogner
    h. Martin Sellberg
2. Introduction of Guests
3. Board Assigned Topics – Discussion
    a. Medication List Adjustments/Additions
        i. Addition of IV Acetaminophen to the AEMT Medication List
        ii. Removal of "IV fluids with electrolyte additives" and replacing with 2 specific medications: Potassium Chloride and Calcium Chloride
    b. Authorized Activity of EMT
        i. In the out-of-hospital setting, is it appropriate to have an advanced provider perform/establish an advanced procedure and then hand off the patient to a lower level provider?
4. Next Meeting(s)
5. Adjournment

Attachment(s):

1. Board Brief – Medication List Adjustments/Additions
2. Board Brief – Authorized Activity of EMT

Committee: **Medical Advisory Council**
Agenda Item: **Medication List Adjustments/Additions**

BACKGROUND

As part of the 2025 Legislative Meeting, the attendees present requested the Board consider potential changes or further clarification upon one of the more global entries listed: "**IV fluids with electrolyte additives***". As a potential solution, those in attendance provided removal of the global listing and specifically mentioning Calcium Chloride and Potassium Chloride.

Additionally, in an ambulance service director briefing a couple of weeks later, a service director asked for consideration of an addition to the medication list of IV Acetaminophen at the AEMT level.

IV fluids with electrolyte additives*

The listing as it currently exists is a product of evolution as a means of granting flexibility while still providing enough structure. The previous AEMT medication list had a combination listing titled "IV electrolytes/antibiotic additives" and then authorized the method of delivery as "IV with pump only" and an Application of "Maintenance during interfacility transfer only". The discussion related to the original entry was for the purpose of hospital initiated rehydration whereby the sending clinician did not want to dilute certain electrolytes during long-term infusions.

In August 2020, the AEMT medication list was transitioned into the Approved Medication List whereby the method and application were removed and route of administration was defined. Additionally, this transition split the previous entry into 2: IV fluids with electrolyte additives* and IV fluids with antibiotic additives*. The "*" at the end requiring a specific agent to be selected and approved through local medical protocols.

Since this time, numerous questions have come into the Board related to "what is an electrolyte". Board staff has taken the stance it is the specific ion injected into an existing IV fluid (i.e. – potassium, calcium, magnesium, etc. added to NS, LR, D5, etc.) and not the compound (i.e. – Potassium Chloride, Calcium Chloride, Magnesium Sulfate, etc.). But an argument has been made related to the safety of injecting a medication into a bag of fluid vs. a pharmaceutical company's provision of an already constituted medication (known concentration).

The potential solution provided was to specifically list out those compounds most frequently used: Potassium Chloride and Calcium Chloride. However, the Board had concerns of this limiting the flexibility afforded by the current listing and has asked for advice from the MAC as to the medical standard and practice related to specifically listing out these medications vs. providing a better definition of an "electrolyte additive" including what that definition might be. This would be specific to the AEMT level of provider.

Addition of IV acetaminophen (Tylenol®)

The listing as it currently exists does not include this medication. For pain control, the medication list currently encompasses Ketorolac, Aspirin, Nitrous Oxide, Opioids*, and OTC non-opioid analgesics*. In

the request for the addition, it was noted hospitals were sending more patients on this medication as it has been proven to be beneficial in mild to moderate pain control. Until recently, administration of this medication was minimal due to the very high cost of the medication and infrequent use.

The medication is given by infusion over 15 minutes every 4-6 hours (depending upon the dosage).

The Board has asked for advice from the MAC as to the medical standards and practice of the administration of IV acetaminophen specific to the AEMT level of provider. The paramedic level can currently provide this medication if deemed necessary by a qualified healthcare provider.

SPECIFIC REQUEST(S) FROM BOARD

1. Advice on the medical standards and practice associated with either better defining electrolyte, including what the definition might be, or listing out specific compounds, including a recommendation of what those compounds might be.

2. Advice on the medical standards and practice of the addition of IV acetaminophen at the AEMT level of provider.

Enclosures:

1. Medication List – June 2025

Approved Medication List **Kansas Board of EMS** **June 06, 2025**

***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	

Medication	EMR	EMT	AEMT
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
Calcium Gluconate**	Topical; Eye Flush	Topical; Eye Flush; NEB	Topical; Eye Flush; NEB; IV/IO
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 antibiotics / 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

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

****Usage is only for Hydrofluoric Acid Exposure**

Committee: **Medical Advisory Council**
Agenda Item: **Authorized Activity of EMT**

BACKGROUND

During development of the 2025 Legislative packet, the Board expressed extreme concerns with broadening statutory authority upon certain clinically indicated ALS procedures to encompass the BLS provider's ability to assist within the procedure. Whereas it was deemed appropriate to have BLS providers have the ability to do things, like apply EKG electrodes and obtain an EKG strip for an advanced provider's benefit, the provision of these activities should not negate the ALS provider's responsibility of patient care when an ALS procedure is clinically indicated.

The Board's concern: a patient requiring an advanced procedure should be taken care of by the provider capable of initiating the procedure until a qualified healthcare provider has knowingly assumed care. In other words, an EKG should not be performed and then removed so the patient can be cared for by a provider not capable of monitoring the EKG for changes. An IV should not be initiated and then care handed off to an individual who cannot initiate an IV. If the patient's condition warrants the advanced procedure, it warrants the higher level provider.

The Board has multiple options available to ensure this concern was appropriately addressed. One option was to limit the authorized activities of the providers. Another option is to clearly include language defining the practice as unprofessional or incompetent.

The Board is seeking advice upon the medical standard and practice of the following: In the out-of-hospital setting and without a qualified healthcare provider knowingly assuming ongoing care of the patient, is it appropriate to have an advanced provider perform/establish an advanced procedure and then hand off the patient to a lower level provider?

The Board is reaching out not because of a specific skill, but rather the overarching practice of medicine afforded to EMS providers prior to a qualified healthcare provider knowingly assuming the care of the patient.

Additionally it should be noted paramedics are able to perform any skills deemed necessary by a qualified healthcare provider either via medical protocol or upon order; however, EMS providers do not have the authority to delegate their activities and practice to another EMS provider.

SPECIFIC REQUEST(S) FROM BOARD

1. In the out-of-hospital setting and without a qualified healthcare provider knowingly assuming ongoing care of the patient, is it clinically appropriate to have an advanced provider perform/establish an advanced procedure and then hand off the patient to a lower level provider?