



**REGIONAL EMS
COUNCIL**

PRESIDENT
WARREN R. DARBY

VICE-PRESIDENT
MARK MURRAY

SECRETARY
LINDA FOSTER

TREASURER
PEGGY MERRILL

**PROGRAM AGENCY
COMMITTEE OF THE
REMSCO**

CHAIR
MARK MURRAY

DAVID BUTLER
WARREN DARBY
ROBERT DUELL
PATRICIA EGAN
LINDA FOSTER
LON FRICANO
TROY HOGUE
PEGGY MERRILL

EXECUTIVE DIRECTOR
SUSIE SURPRENANT

LEGAL COUNSEL
BRAD PINSKY

**REGIONAL
EMERGENCY
MEDICAL ADVISORY
COMMITTEE**

MEDICAL DIRECTOR
DANIEL OLSSON, DO

**ASSOCIATE MEDICAL
DIRECTOR**
JOSEPH MARKHAM, MD

SERVING
CAYUGA COUNTY
CORTLAND COUNTY
ONONDAGA COUNTY
OSWEGO COUNTY
TOMPKINS COUNTY

July 7, 2010

TO: ALS Agencies and Providers

FR: Dr. Daniel J. Olsson, DO, FACOEP-D
CNY Regional Medical Director

RE: Clarification Dopamine IV Drip and Epinephrine

1. Dopamine IV Drip:

There have been some recent questions concerning the concentration of Dopamine utilized in the Central New York ALS Protocols. The concentration of Dopamine was not changed in the 2009 edition of the protocol book. The "IV Drips – Adult" chart found on page 70 of the protocol book contains information on Dopamine.

Dopamine	200 mg in 250 mL NS	200 µg/min	15 drops/min
	400 mg in 500 mL NS	400 µg/min	30 drops/min
	(800 µg/mL)	600 µg/min	45 drops/min
		800 µg/min	60 drops/min

As shown in this chart, the concentration of Dopamine for an IV drip is 800 µg/mL. Please note that the CNY ALS Protocols show that Dopamine is mixed in NS. If your agency purchases Dopamine drips that are premixed, please check that the concentration is 800 µg/mL and NOT 1600 µg/mL.

2. Epinephrine:

In the July 1 memo regarding the shortage of epinephrine, two mixtures and dilutions were outlined. Both of these will result in a concentration approximating 0.9 mg. The negligible difference is felt to be acceptable in this setting.



CENTRAL NEW YORK REGIONAL EMERGENCY MEDICAL SERVICES COUNCIL, INC.

JEFFERSON TOWER – SUITE LL1
50 PRESIDENTIAL PLAZA
SYRACUSE, NEW YORK 13202
WWW.CNYEMS.ORG

PHONE: (315) 701-5707
(800) 295-2195
FAX: (315) 701-5709

Should personnel and resources be available, then certainly 5 mL of normal saline can be withdrawn from the 50 ml bag prior to the admission of 5 mg (5mL) Epinephrine 1:1,000. In a likewise manner, 1 mL of normal saline may be expelled from a 10 mL syringe (pre-filled) and a 1 mg (1 mL) of Epinephrine 1: 1,000 may be instilled. Providers should be aware that this will add extra steps and additional avenues for errors. Additional vigilance will be necessary.

Either of these two additional procedures is acceptable. Please remember to discard any unused doses of Epinephrine after each patient

3. Medication Shortage:

The link below contains information provided by the FDA on the current medication shortages. Please review this for updates on medications utilized in the CNY ALS Protocols. For medications not listed on the FDA "Drug Shortage" list, please look for alternate sources if your current supplier is running low or out of stock. Ex. Dextrose

<http://www.fda.gov/Drugs/DrugSafety/DrugShortages/ucm050792.htm>

Please contact the Program Agency at 315-701-5707 with any questions. Thank you.