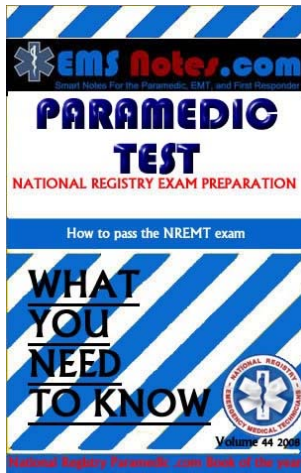


Here is a drug list that you need to know before taking the NREMT-P exam!! Taken from the book EMS NOTES.com

Special thanks to the number #1 internet training site id44.com and also to EMSNOTES.com "What you need to know" EMT and Paramedic Study Guides Look for the book Written by [Forrest Munden EMT-P](#) that's the good one!



(NOTE) Please remember that package amounts may vary. Always use National Registry dosages when taking the NREMT exam. Dosages are always subject to change.

Atropine -

Packaged: 1mg in 10cc

Dose: .5mg-1mg max dose 3mg

Actions: Potent anticholinergic (parasympathetic blocker) that reduces vagal tone and thus increases automatically the SA node and increases A-V conduction

Albuterol -

Packaged: Premixed unit dose of 2.5mg in 2.5ml NS.

Dose: 2.5mg in 3cc

Actions: Primarily a beta-2 sympathomimetic and as such produces bronchodilation, because of its greater specificity for beta 2 adrenergic it produces fewer cardiovascular side effects and more prolonged bronchodilation than isoproterenol.

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Adenosine -

Packaged: 6mg/2cc

Dose: 6mg, 12mg, 12mg,

Actions: decreasing conduction through the AV node. 1/2 life is less than: 10

Amiodorone -

Packaged: 150mg in 2cc

Dose: 150mg in conscious pt. 300mg in unstable

Actions: Blocks sodium channels at rapid pacing frequencies and exerts non-competitive antisymphathetic action. One of its main effects with prolonged administrations is to lengthen cardiac action potential. In addition, it produces a negative chronotropic effect nodal tissue. It also blocks potassium channels, which contributes to slowing which contributes to slowing of conduction prolongedness of refractoriness. Its vasodilatory action can decrease cardiac workload and consequently myocardial oxygen consumption.

Cardizem -

Packaged: 25mg in 5cc

Dose: .25mg/kg for first dose, .35mg/kg in second dose

Actions: Calcium channel blocker that slows AV nodal conduction time and prolong AV refractoriness.

Calcium Chloride -

Packaged: 10 grams in 10ML

Dose: 4mg/kg IV slow

Actions: Increases the force of myocardial contraction; calcium may either increase or decrease systemic vascular resistance

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Dopamine -

Packaged: 400mg in 250 cc's making for a 1600mcg/ml
Dose: 400mg in 250cc for a 1600mcg/cc concentration
Actions: It exerts an inotropic effect on the myocardium resulting in increased cardiac output, peripheral vasoconstriction and a marked increase in pulmonary occlusive pressure

Epinephrine -

Packaged: 1mg in 10cc for 1:10,000 concentration
Dose: 1mg in 10cc IV 1:10,000 or for anaphylaxis .3mg sub Q 1:1,000
Actions: Sympathomimetic, which stimulates both alpha and beta adrenergic receptors causing immediate bronchodilation, increase in heart rate and increase in the force of cardiac contraction as well as increasing vascular resistance which may enhance defibrillation

Furosemide -

Packaged: 10mg/ml Vials.
Dose: 1mg/kg slow IV over 2:00
Actions: Inhibits the reabsorption of Sodium Chloride in the proximal and distal renal tubules as well as in the loop Henle. Has a direct venodilating effect in acute pulmonary edema. With IV administration onset of venodilation is in 5-10:00 and diuresis will occur in 20-30:00.

Morphine -

Packaged: 1ml Ampule (10mg/ml).
Dose: 2-10mg IV Slowly every 5:00 until desired response max is 10mg
Action: Narcotic analgesic, which depresses the CNS and sensitivity to pain. Increases venous capacitance, decreases venous return and produces mild peripheral vasodilatation. Also decreases myocardial oxygen demand.

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Nitroglycerin -

Packaged: Spray 0.4mg metered dose. Bottle 1/150gr = 0.4mg per tablet.
Dose: .4mg (1 tablet or 1 spray) max is 3 doses
Action: direct vasodilator which acts principally on the venous system although it also produces direct coronary artery vasodilatation as a result. There is a decrease in venous return which decreases the workload on the heart and thus decreases myocardial oxygen demand.

Narcan -

Packaged: 2cc Ampule (1mg/1ml.) 10ml Vial (4mg/10ml.) 1ml Ampule/Vial (0.4mg/1ml).
Dose: 2mg IV, IM, ET, SC may repeat every 2-3:00
Action: antagonizes the effects of opiates by competing at the same receptor sites.
When given IV the action is apparent within 2:00. IM or SC administration is slightly slower

Mag Sulfate -

Packaged: 10gm Vial of a 10% solution
Dose:
Action: Prevents or controls convulsions by blocking neuromuscular transmission and decreasing the amount of acetylcholine liberated at the endplate by the motor nerve impulse. Mag is said to have a depressant effect on the CNS but does not affect the mother or fetus when used in eclampsia and pre-eclampsia. Also acts peripherally to produce vasodilatation.

Versed -

Packaged: 2mg/2ml, 10mg/2ml and 5mg/5ml vials
Dose: 2mg IV slowly
Action: Short-acting benzodiazepine CNS depressant that produces sedation and lack of recall.

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Valium -

Packaged:

Dose: 5-20mg IV 20mg is max

Action: Benzodiazepine which depresses the limbic system, thalamus, and hypothalamus resulting in calming effects. Also a muscle relaxant

Lidocaine -

Packaged: 5ml Preload syringes (100mg/5ml)

250ml NS with IGM Lidocaine premixed.

Dose: 1 - 1.5mg/kg max dose is 3mg/kg (Adult use 2% Peds. use 1% solution) or make a drip 1g in 250ml

Action: Decreases ventricular automaticity and raises the ventricular fibrillation threshold

Vasopressin -

Packaged:

Dose: 40 units in 2cc's

Action: normally and anti diuretic hormone. In unnaturally high doses (more than needed for diuretic) vasopressin acts as a non adrenergic peripheral vasoconstrictor. Acts by direct stimulation of smooth muscle V1 receptors. During CPR increases coronary perfusion pressure, vital organ blood flow, ventricular fibrillation median frequency, and cerebral oxygen delivery.

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Sodium Bicarb -

Packaged: 50ml syringe (1mEq/1ml).

Dose: 1meq/kg

Action: an alkalinizing agent used to buffer acids present in the body during and after severe hypoxia. It combines with excess acids present in the body to form a weak volatile acid which is broken down into CO₂ and H₂O. Only effective with adequate ventilation

Benadryl -

Packaged: 1cc (50mg/1ml) Ampoule or Vial.

Dose: 25-50mg IV or 50mg IM max is 400mg per day

Actions: An antihistamine with anticholinergic (drying) and sedative side effects. Prevents but does not reverse histamine mediated responses, particularly on the smooth muscles of the airway, GI tract, uterus, and blood vessels.

Aspirin-

Packaged: 81mg chewable tablets. 325mg tablets

Dose: 324mg in 4 tablets

Actions: analgesic, anti-inflammatory, and antipyretic, blocks the formation of thromboxane A-₂ (which causes platelets to aggregate and arteries to constrict). Reduces overall mortality in MI.