



## **EMS Information Bulletin 2013-006**

**DATE:** March 20, 2013

**SUBJECT:** Medication Shortages

**TO:** EMS Agencies, Regional EMS Councils, Medical Command Facilities

**FROM:** Bureau of Emergency Medical Services  
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### **Background**

In the past few years, emergency medical services (EMS) providers have periodically dealt with national or regional shortages of medications and supplies needed to provide emergency care.

### **Process**

Pennsylvania Bulletin [42 Pa.B. 4229][Saturday, July 07, 2012] establishes the medications that an EMS Agency may carry on an ALS ambulance for use by an ALS provider. The medication and the amount that must be carried on an ALS ambulance is based on the statewide ALS protocols adopted by the Regional EMS Councils. The Bureau is aware that some of the drugs listed in the Pennsylvania Bulletin may periodically be in limited supply due to national or regional shortages.

If an EMS agency has an issue obtaining the meds, it is recommended that the agency should contact multiple vendors, develop a plan to use expiring medications first, and planning ahead in ordering the amount of medications that they anticipate using.

If EMS Agencies continue to have difficulty meeting the requirement, they should notify their region well before they run out of medication or it expires. If the regions exhaust their resources in assisting the agency to obtain the medication, then the region will notify the BEMS, and the Bureau can assist with a solution or provide a waiver of the requirement to carry the medication or a waiver to use a substitute medication. The Bureau will review the method proposed by the EMS Agency to address the shortage to ensure that the health and safety of the public is protected.

### **Documentation of good-faith effort to obtain a required agent**

EMS Agencies should provide the following information to their Council:

- Contact information, including date of contact, for three sources through which the EMS Agency attempted to obtain the medication. The sources can be distributors, other health care providers, or any other reseller that could reasonably be expected to be able to legally sell pharmaceuticals to the EMS Agency.
- Instructions issued to ALS providers indicating an alternative medication, formulation, or concentration, from the list published in the Pennsylvania Bulletin, to be used in place of the currently used medication.
- Printed and dated name and signature of the EMS Agency medical director.

Early notification of potential shortages has resulted in many EMS Agencies being able to avoid shortages of critical medications and supplies. EMS Agencies should develop plans for dealing with potential shortages. EMS Agencies should:

1. Establish relationships with multiple vendors and medical command facilities.
2. Anticipate stocking needs based upon usual usage and take steps to have medications stocked with an adequate buffer for shortages.
3. Have a system in place to use the oldest, but still unexpired medications first. Reviewing drug boxes and placing stickers or otherwise identifying which medication(s) to use first may be helpful.
4. Keep recently expired medications. However, BEMS cannot currently yet give permission to use any expired medications. BEMS can consider a waiver to give the agency permission to not carry a required medication.
5. In the case of a shortage of Dextrose 50% (D50) EMS Agencies can use equivalent dosing ranging from D10 to D50 while remaining compliant with the statewide ALS Protocols. If unable to obtain any glucose solution, the EMS Agency would be expected to have glucagon as a substitute prior to BEMS issuing a waiver permitting the agency to not carry dextrose.
6. Not mix prefilled syringes in advance, nor try to keep them refrigerated for a short time. Concerns for infection from this practice outweigh the benefits.

Councils should consider using their council structure to provide early notification for shortages and alternative sources of medications or supplies. Regions should keep their regional medical director and the regional Medical Advisory Committee current regarding shortages and strategies being used to address this issue.