RECOMMENDATION FOR CONSIDERATION

Board Meeting Date: December 6, 2017

Subject: Addition of Ibuprofen and Ketorolac to the list of Approved and Required Medications for EMS Agencies and Providers

VTR#:   1217-02   Committee/Task Force: Medical Advisory

☒Recommended Goal   ☐Recommended Policy Change   ☐Other:

Recommendation:

The Pennsylvania Department of Health should amend the list of Approved and Required Medications for EMS Agencies and Providers to include Ibuprofen and Ketorolac for EMS providers at or above the paramedic level.

Rationale [Background]:

The United States is in the grips of an opioid abuse crisis; however, the appropriate management of acute pain must continue to be a healthcare priority. For its part, EMS pain management has traditionally been focused on managing severe pain using opioids like morphine or fentanyl. However, in recent years, EMS clinical leaders have recognized the importance of managing lesser levels of pain with non-opioid medications. Some patients who are concerned about the addictive properties of opioids are now opting for alternative pain management strategies. In Pennsylvania, Act 126 of 2016 imposes duties on the Department of Health for safe opioid prescribing and creation of a patient voluntary non-opioid directive.

The PEHSC medical advisory has consulted with Dr. Douglas Kupas, Commonwealth EMS Medical Director, on the creation of a non-traumatic pain management protocol (7003) for use by ALS providers at or above the level of paramedic. This protocol will be used to management mild to moderate abdominal/flank/pelvic/back pain using acetaminophen, ibuprofen, ketorolac and 50:50 nitrous oxide. The MAC has also recommended to Dr. Kupas that the non-opioid options listed in the proposed protocol also be included in current ALS protocol 6003 as a management option for mild to moderate pain associated with extremity trauma.

In order to make the proposed protocol operational, it is necessary to add ibuprofen and ketorolac to the approved medication list – acetaminophen and 50:50 nitrous oxide are already approved medications for providers at or above the paramedic level.

Medical Review [Concerns]:

This recommendation is authored by the PEHSC medical advisory committee.

Fiscal Concerns:

Agency medical directors will have discretion to choose which non-opioid medication(s) the ALS agency will carry; medications cost will undoubtedly play a role in the selection process.   Oral NSAIDs such as ibuprofen and acetaminophen are the least expensive; ketorolac is the least expensive injectable at $3.00 - $5.00 per 30mg dose; IV acetaminophen is the most expensive injectable option at ($100.00/1gm dose); 50:50 nitro oxide (Nitronox™) costs include the purchase of the administration device and premixed gas cylinders.

Educational Concerns:

The EMS agency medical director will be responsible to review the changes to the statewide protocols and provide education on the non-opioid medications the agency will carry.

Plan of Implementation:

Following the acceptance of this recommendation, the Department of Health should:
1. Amend and republish the list of Approved and Required Medications for EMS Agencies and Providers in the Pennsylvania Bulletin.
2. In consultation with the Commonwealth EMS Medical Director, coordinate the release of new protocol 7003 and revised protocol 6003.
3. Issue an RC memo and EMS Information Bulletin announcing the addition of non-opioid pain management options and release of protocols 7003 and 6003.

The PEHSC Committee/Task Force offers consultation to the Department in regard to the content of this Vote to Recommend (VTR) and its attached documents. The PEHSC Committee/Task Force specifically offers staff or member support to participate in Department deliberations regarding this recommendation in an effort to convey committee/task force discussions.

Board Meeting Comments/Concerns:
No concerns expressed.

Signed:_____   Date_____
                              President

_____
                              For PEHSC Use Only – PA Department of Health Response

Accept:_____   Table:_____   Modify:_____   Reject:_____

Comments:

Date of Department Response:_____