



State of Utah

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Utah EMS Medication Shortage Procedure: for emergency medication use up to six months beyond labeled expiration date

Nationally, many emergency medications used by EMS continue to be in severe shortage. The following medications utilized by Utah EMS agencies are currently in short supply and are critical to emergency prehospital patient care:

- | | | |
|------------------------|----------------------|---------------------------|
| amiodarone | furosemide | nalbuphine |
| atropine | hydromorphone | ondansetron |
| calcium | ketamine | procainamide |
| dextrose | ketorolac | promethazine |
| diphenhydramine | lidocaine | rocuronium |
| dopamine | lorazepam | sodium bicarbonate |
| epinephrine | magnesium | vecuronium |
| fentanyl | midazolam | |

In order to ameliorate the current shortage and prevent patient harm resulting from inadequate supplies of emergency medications, the Utah State EMS Committee, with the support of the Utah Bureau of EMS and Preparedness, has approved this policy for the use of expired critical shortage medications.

The Utah State EMS Committee and the Utah Bureau of EMS and Preparedness authorize the use of the above medications up to six months after their posted expiration dates, with the following restrictions:

1. This authorization will be for a period of six months, expiring April 1, 2021, and will be reviewed every six months by the Bureau of EMS and Preparedness for renewal until shortages resolve.
2. Use of expired medications is at the discretion of the EMS agency and must be approved by the agency medical director.
3. Expired medications must be kept in reserve. EMS agencies must use all of their supply of a medication that has not passed the expiration date prior to administering expired medications.
4. When unexpired medications are obtained by the EMS agency, the use of expired medications will cease and the unexpired medications used preferentially.
5. Expired medications kept in reserve must be stored and maintained according to the manufacturer's instructions.
6. When possible, patients should give consent for use of expired medications
7. A record must be kept of the use of all expired medications, which will be submitted to the Bureau of EMS and Preparedness for review, upon request.

