



State of Utah

GARY R. HERBERT
Governor

GREG BELL
Lieutenant Governor

Utah Department of Health

W. DAVID PATTON, Ph.D.
Executive Director

Division of Family Health and Preparedness

MARC E. BABITZ, M.D.
Division Director

November 13, 2012

Utah EMS medication shortage procedure: for emergency medication use up to six months beyond labeled expiration date

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

Dextrose 50%	Diphenhydramine
Morphine, fentanyl, nalbuphine	Epinephrine
promethazine, ondansetron	Dopamine
Diazepam, lorazepam, midazolam	Furosemide
Amiodarone	Haloperidol
Etomidate	Lidocaine
Atropine	Magnesium sulfate
Adenosine	

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 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 05/31/13, and will be reviewed at least every six months by the Bureau of EMS and Preparedness for renewal until shortage resolves
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.

