

THE REGIONAL EMERGENCY MEDICAL SERVICES COUNCIL OF NEW YORK CITY, INC.



NYC REMAC

Advisory No.	2005-07		
Title:	Unavailability of Thiamine		
Issue Date:	August 1, 2005		
Effective Date:	August 1, 2005		
Re-Issued:	N/A		
Supersedes:	N/A	Page:	1 of 3

The Regional Emergency Medical Advisory Committee (REMAC) of New York City has been advised that there is a temporary shortage of Thiamine. The manufacturers of Thiamine are unable to obtain the raw material needed to manufacture the medication, resulting in nationwide shortages. Although this shortage is temporary in nature, it is not known when Thiamine will become available again.

Thiamine is utilized as a 'Standing Order' in the following REMAC Prehospital Care Protocols:

- Paramedic Protocol #511 – Altered Mental Status
- Paramedic Protocol #513 – Seizures

Medical Directors of those ALS Ambulance and ALS First Response Services that are unable to obtain Thiamine may temporarily delete it from the protocol.

No replacement for Thiamine has been identified.

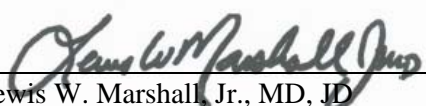
In both protocols, the words, "if available" have been added as follows:

Administer Thiamine 100 mg, IV/Saline Lock bolus, if available.

The revised Protocols are attached.

Owners/operators of Ambulance and ALS First Response Services providing prehospital medical treatment within the five boroughs of the City of New York are responsible to provide copies of the NYC REMAC Prehospital Treatment Protocols to their personnel, and to ensure that Service Medical Directors and EMS personnel are informed of all changes/updates to the NYC REMAC Prehospital Treatment Protocols.

This revised protocol revision will be effective August 1, 2005.



Lewis W. Marshall, Jr., MD, JD

Chair

Regional Emergency Medical Advisory Committee of New York City

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511

ALTERED MENTAL STATUS

1. Begin Basic Life Support Altered Mental Status procedures.
2. Begin an IV infusion of Normal Saline (0.9% NS) to keep vein open, or Saline Lock.
3. Administer Dextrose 25 gm (50 ml of a 50% solution), IV/Saline Lock bolus.

NOTE: A GLUCOMETER (IF AVAILABLE) MAY BE USED TO DOCUMENT BLOOD GLUCOSE LEVEL PRIOR TO DEXTROSE ADMINISTRATION.

IF THE GLUCOMETER READING IS ABOVE 120 mg/dl, AND THE PATIENT HAS NO SYMPTOMS OR SIGNS OF HYPOGLYCEMIA, DEXTROSE MAY BE WITHHELD.

4. Administer Thiamine 100 mg, IV/Saline Lock bolus, if available.
5. In patients with diabetic histories where an IV/Saline Lock route is unavailable, administer Glucagon 1 mg, IM. (Thiamine need not be administered to these patients).
6. If there is no change in mental status, administer Naloxone up to 2 mg, IV/Saline Lock bolus. If IV/Saline Lock access has not been established, administer Naloxone 2 mg, IM.

NOTE: IF AN OVERDOSE IS STRONGLY SUSPECTED, ADMINISTER NALOXONE PRIOR TO DEXTROSE AND THIAMINE.

7. If there still is no change in mental status or it fails to improve significantly, repeat Dextrose 25 gm (50 ml of a 50% solution), IV/Saline Lock bolus.
8. If there still is no change in the patient's mental status or it fails to improve significantly, repeat Naloxone 2 mg, IV/Saline Lock bolus.
9. If there is still no change in mental status, contact Medical Control for implementation of one or more of the following MEDICAL CONTROL OPTIONS:

MEDICAL CONTROL OPTIONS:

OPTION A: Repeat Naloxone, 2 mg, IV/Saline Lock bolus, up to 3 additional doses. (Maximum total dosage is 10 mg.)

OPTION B: Transportation Decision.

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513 SEIZURES

For patients experiencing seizures that are ongoing or recurring:

1. Begin Basic Life Support Seizures procedure.
2. Begin Cardiac Monitoring, record and evaluate EKG rhythm.
3. Begin an IV/Saline Lock infusion of Normal Saline (0.9% NS) to keep vein open, or a Saline Lock.
4. Administer Dextrose 25 gm (50 ml of a 50% solution), IV/Saline Lock bolus.
5. Administer Lorazepam 2 mg, IV/Saline Lock bolus, or, if IV access is unavailable, IM. A single repeat dose of Lorazepam 2 mg, IV/Saline Lock bolus, or, if IV access is unavailable, IM, may be given after 5 minutes if seizure activity persists or recurs.

OR

Administer Diazepam 5 mg, IV/Saline Lock bolus. A single repeat dose of Diazepam 5 mg, IV/Saline Lock bolus, may be given if seizure activity persists or recurs. (Rate of administration may not exceed 5 mg/min.)

OR

Administer Midazolam 10 mg, IM, if IV access is unavailable.

6. Administer Thiamine 100 mg, IV/Saline Lock bolus, if available.
7. If seizure activity persists, contact Medical Control for implementation of one or more of the following MEDICAL CONTROL OPTIONS:

MEDICAL CONTROL OPTIONS:

OPTION A: Repeat Lorazepam 2 mg, IV/Saline Lock bolus, or, if IV access is unavailable, IM.

OR

Repeat Diazepam 5 mg, IV/Saline Lock bolus. (Rate of administration may not exceed 5 mg/min.)

OR

Repeat Midazolam 10 mg, IM, if IV access is unavailable.

OPTION B: Transportation Decision.