

## **Provincial High-Alert Medication List** (EMS Reference Document - H03.2)

## Abbreviation Legend:

Drug Classification	High Alert Medications	Route	Specific Instructions
Antiarrhythmic Agents	amiodarone	Infusion (IV & IO)	All IV/IO continuous and intermittent infusions.
Antiamity annie Agents			EXCEPTION: when administered in emergency situations, defer to SDO-
			specific procedures.
Antiarrhythmic Agents	digoxin	Infusion (IV & IO)	All IV/IO intermittent infusions.
Antiarrhythmic Agents	dilTIAZem	Infusion (IV & IO)	All IV/IO continuous and intermittent infusions.
			EXCEPTION: when administered in emergency situations, defer to SDO-
			specific procedures.
Antiarrhythmic Agents	ibutilide	Infusion (IV & IO)	All IV/IO intermittent infusions.
I			EXCEPTION: when administered in emergency situations, defer to SDO-
Antiarrhythmic Agents	lidocaine	Infusion (IV & IO)	Specific procedures.  All IV/IO continuous and intermittent infusions.
,	accac	intesion (it a le)	EXCEPTION: when administered in emergency situations, defer to SDO-
			specific procedures.
Antiarrhythmic Agents	procainamide	Infusion (IV & IO)	All IV/IO continuous and intermittent infusions.
			EXCEPTION: when administered in emergency situations, defer to SDO-
			specific procedures.
Antiarrhythmic Agents	verapamil	Infusion (IV & IO)	All IV/IO continuous and intermittent infusions.
			EXCEPTION: when administered in emergency situations, defer to SDO-
Antingagulants	a reatroba s	IV	specific procedures.
Anticoagulants	argatroban	liv	All IV continuous and intermittent infusions.
Anticoagulants	bivalirudin	IV	All IV continuous and intermittent infusions.
Anticoagulario	biva iii daiii		All 17 continuous and intermittent infusions.
Anticoagulants	dalteparin	IV,	For anticoagulation during hemodialysis and all doses when prepared
		Subcut	in patient care area.
			EXCEPTION: when prepared by pharmacy or in a prefilled syringe.
Anticoagulants	danaparoid	IV,	All IV continuous infusions and all doses when prepared in patient care area
		Subcut	EXCEPTION: IV direct, IV intermittent infusion and subcut when prepared by pharmacy or in a prefilled syringe.
Anticoagulants	enoxaparin	IV,	All doses when prepared in patient care area.
7 miles a guidantes	enoxa parm	Subcut	EXCEPTION: IV intermittent and subcut when prepared by pharmacy or in a
			prefilled syringe.
Anticoagulants	eptifibatide	IV	All IV continuous infusions and all doses when prepared in patient care area.
			EXCEPTION: IV direct when prepared by pharmacy or in a prefilled syringe.
Anticoagulants	fondaparinux	IV,	All doses when prepared in patient care a rea.
Anticoagulanis	Tondaparmax	Subcut	EXCEPTION: IV intermittent and subcut when prepared by pharmacy or in a
			prefilled syringe.
Anticoagulants	heparin	IV,	All IV continuous and intermittent infusions, IV direct or subcut when
		Subcut	prepared in patient care area.
			EXCEPTION: IV intermittent and subcut when prepared by pharmacy or in a
			5000 unit prefilled syringe/vial or when used for CVAD maintenance.
Anticoagulants	tinzaparin	IV, Subcut	For anticoagulation during hemodialysis and all doses when prepared in patient care area.
		Subcut	EXCEPTION: when prepared by pharmacy or in a prefilled syringe.
Anticonvulsant agents	fosphenytoin	Pediatrics Only: Infusion (IV & IO)	Loading doses only.
Anticonvuisant agents	Tosphenytom	rediatiles only. Infusion (iv & io)	Loading doses only.
Anticonvulsant agents	PENTobarbital	Pediatrics Only: All routes	
Anticonvulsant agents	PHENobarbital	Pediatrics Only: All routes	
Anticonvulsant agents	Phenytoin	Pediatrics Only: Infusion (IV & IO)	Loading doses only.
Antidotes	acetylcysteine	IV	Special ISMP Alert: Infusion Errors Leading to Fatal Overdoses of N-
			Acetylcystine. https://ismpcanada.ca/wp-content/uploads/ISMPCSB2022-i8-NAC-Alert-
			Infusion-Errors.pdf
Beta Blockers	propranolol	Infusion (IV & IO)	All IV/IO continuous and intermittent infusions.
beta biockers	[, ,		EXCEPTION: when administered in emergency situations, defer to SDO-
			specific procedures.
Beta Blockers	esmolol	Infusion (IV & IO)	All IV/IO continuous and intermittent infusions.
			EXCEPTION: when administered in emergency situations, defer to SDO-
			specific procedures.
Beta Blockers	labetalol	Infusion (IV & IO)	All IV/IO continuous and intermittent infusions.
			EXCEPTION: when administered in emergency situations, defer to SDO-
		1	specific procedures.



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Beta Blockers	metoprolol	Infusion (IV & IO)	All IV/IO continuous and intermittent infusions.
			EXCEPTION: when administered in emergency situations, defer to SDO-
			specific procedures.
Cytotoxic Parenteral Agents	Refer to the WRHA Cytotoxic Hazardous Medication list	All parenteral routes	https://home.wrha.mb.ca/old/prog/pharmacy/files/DrugList 20160201.pdf
Electrolytes	calcium, all salts	Infusion (IV)	All IV continuous and intermittent infusions.
			Concentrated formulations include:
			- calcium gluconate 100 mg/mL (10%) (equals 9.3 mg Ca++/mL)
			- calcium chloride 100 mg/mL (10%) (equals 27.3 mg Ca++/mL)
			If Pharmacy or Nurse prepared: all concentrations are High-Alert.
			EXCEPTION: caldium chloride when administered in emergency situations,
			defer to SDO-specific procedures.
Electrolytes	potassium, all salts	Infusion (IV & IO)	All IV/IO continuous and intermittent infusions.
2.00.00,000			Concentrated formulations include:
			- potassium chloride 2 mmol K+/mL
			- potassium phosphate 4.4 mmol K+/mL (equals 3 mmol phosphate/mL)
			- potassium acetate 4 mmol K+/mL (equals 4 mmol acetate/mL)
			- potassium chloride 20 mmol K+/100 mL minibag
			If Pharmacy prepared: concentration of final product is greater than or
			equal to 80 mmol/L of K+ are High-Alert.
			If Nurse prepared: all concentrations are High-Alert.
Electrolists o		n. ( 1)	All IV/IO continuous and intermittent infusions and IV Direct.
Electrolytes	sodium, all salts	IV (all salts)	,
			Concentrated formulations include:
			- sodium acetate 4 mmol/mL
			- sodium bicarbonate 1 mmol/mL
			- sodium chloride 4 mmol/mL
			- sodium phosphate 4 mmol Na+/mL (equals 3 mmol/mL phosphate)
			- sodium chloride 3% (contains 0.513 mmol Na+/mL)
			If Pharmacy or Nurse prepared: concentration of final product is greater
			than 0.9% sodium chloride (0.154 mmol/mL of Na+) are High-Alert.
			EXCEPTION: sodium bicarbonate when administered in emergency
Electrolite a	daytosa	N/ Continuous infection	situations, defer to SDO-specific procedures.
Electrolytes	dextrose	IV Continuous infusion	IV continuous when concentration of dextrose is greater than 20%.
			(NOTE: IV direct is not High-Alert).
Electrolytes	magnesium sulfate	Infusion (IV & IO)	All IV/IO continuous and intermittent infusions where magnesium sulfate
			concentrations greater than 20% or 200 mg/mL (equivalent to 20 mg/mL or
			0.8 mmol/mL of Mg++).
Insulin		All routes	All IV/IO continuous and intermittent infusions, IV direct and all subcut and
			intermittent doses.
			EXCEPTION: self-administered.
MISCELLANEOUS	alteplase	IV	All IV/IO continuous and intermittent infusions and IV direct.
			EXCEPTION: when used for CVAD maintenance.
MISCELLANEOUS	oxytocin	All routes	When administered for induction/augmentation of labour.
MISCELLANEOUS	tenecteplase	IV	All IV/IO continuous and intermittent infusions and IV direct.
MISCELLANEOUS	Total Parental Nutrition	IV	Exclude lipids being used outside of TPN applications.
Opioids	fentaNYL	All routes	Include intranasal, patches, continuous and intermittent infusions, PCA and IV direct and subcut
			EXCEPTION: IV direct/subcut/IM from ampoules/vials with less than or
Ontotal	LIVEROUS SINGLE	l	equal to 100 mcg per container.
Opioids	HYDROmorphone	IV,	Adult: All IV/IO continuous and intermittent infusions, IV direct and subcut .
		Subcut	Pediatric: All routes including oral, IM, subcut and PCA.  EXCEPTION: IV direct/subcut/IM from ampoules/vials with less than or
1		Pediatrics: all routes	equal to 2 mg/container.
Opioids	methadone	All routes	
•			Adult. All IV/IO continuous and intermediate the information
Opioids	morphine	IV,	Adult: All IV/IO continuous and intermittent infusions, IV direct and subcut. Pediatric: All routes including IV/IO, oral, IM, subcut and PCA.
		Subcut,	EXCEPTION: oral liquids less than 5 mg/mL.
		oral liquid,	EXCEPTION: Oral liquids less than 5 mg/ mc.  EXCEPTION: IV direct/subcut/IM from a mpoules/vials with less than or equal
		Pediatrics: all routes	
			to 15 mg/container for a dults or less than or equal to 2 mg/container for
Onioids	romifontanil	All routes	pediatrics.
Opioids	remifentanil		
<u> </u>			
Opioids	SUFentanil	All routes	
Medications given by the neuraxial	SUFentanil All	Neuraxial	Single dose and continuous infusions delivered via the spinal, epidural or
			spinal-epidural route.
Medications given by the neuraxial			spinal-epidural route. Special ISMP Alert: Tranexamic Acid
Medications given by the neuraxial			spinal-epidural route.  Special ISMP Alert: Tranexamic Acid https://ismpcanada.ca/wp-content/uploads/ISMPCSB2022-i6-Tranexamic-
Medications given by the neuraxial route	All	Neuraxial	spinal-epidural route. Special ISMP Alert: Tranexamic Acid
Medications given by the neuraxial route  Medications given as peripheral wound	All local anesthesia	Neuraxial  Continuous infusions including	spinal-epidural route.  Special ISMP Alert: Tranexamic Acid https://ismpcanada.ca/wp-content/uploads/ISMPCSB2022-i6-Tranexamic-
Medications given by the neuraxial route	All local anesthesia	Neuraxial	spinal-epidural route.  Special ISMP Alert: Tranexamic Acid https://ismpcanada.ca/wp-content/uploads/ISMPCSB2022-i6-Tranexamic-
Medications given by the neuraxial route  Medications given as peripheral wound	All local anesthesia	Neuraxial  Continuous infusions including	spinal-epidural route.  Special ISMP Alert: Tranexamic Acid https://ismpcanada.ca/wp-content/uploads/ISMPCSB2022-i6-Tranexamic-



Neuromuscular blocking agents	cisatracurium	All routes	
Neuromuscular blocking agents	rocuronium	All routes	
Neuromuscular blocking agents	succinylcholine	All routes	
Sedation Agents	chloral hydrate	All routes	Dose greater than 25 mg/kg/dose or 500 mg/dose.
Sedation Agents	diazePAM	All routes pediatric	
Sedation Agents	ketamine	Infusion (IV & IO),	Continuous infusion and intermittent high potency in concentrations in
		Intranasal,	greater than 10 mg/mL.
		Pediatrics: all routes	All routes pediatric including oral, nasal, IM and subcut.
Sedation Agents	LORazepam	Infusion (IV, subcut & IO),	Continuous infusion only
		Pediatrics: all routes	All routes pediatric including oral, IM and subcut.
Sedation Agents	midazolam**	Infusion (IV, subcut & IO)	Continuous infusion only
		Pediatrics: all routes	All routes pediatric including oral, nasal, IM and subcut.
Sedation Agents	propofol**	Infusion (IV & IO),	All continuous infusion only.
		Pediatrics: all routes	
Vasodilators/Antihypertensives	enalaprilat	IV	All IV routes.
Vasodilators/Antihypertensives	hydrALAZINE	IV	All IV routes.
Vasodilators/Antihypertensives	nitroglycerin	IV	All IV routes.
Vasodilators/Antihypertensives	nitroprusside	IV	All IV routes.
Vasopressors and Inotropic agents	DOBUTamine	Infusion (IV & IO)	All IV/IO continuous and intermittent infusions.
Vasopressors and Inotropic agents	DOPamine**	Infusion (IV & IO)	All IV/IO continuous and intermittent infusions.
Vasopressors and Inotropic agents	EPINEPHrine**	IV	All IV routes.
Vasopressors and Inotropic agents	isoproterenol**	Infusion (IV & IO)	All IV/IO continuous and intermittent infusions.
Vasopressors and Inotropic agents	norepinephrine**	Infusion (IV & IO)	All IV/IO continuous and intermittent infusions.
Vasopressors and Inotropic agents	phenylephrine**	Infusion (IV & IO)	All IV/IO continuous and intermittent infusions.
			EXCEPTION: when prepared by pharmacy or in a prefilled syringe.
Vasopressors and Inotropic agents	milrinone	IV	All IV routes.
Vasopressors and Inotropic agents	vasopressin	Infusion (IV & IO)	All IV/IO continuous and intermittent infusions.

## NOTES

**EXCEPTION:** when administered in emergency situations, defer to SDO-specific procedures
Health Care Practitioners are to follow SDO-specific procedures, such as a Code Blue policy, for the preparation and administration of HAM in emergency situations.

<sup>\*\*</sup> Independent double-checks are not required when titrating continuous infusions as per prescriber/physician orders of vasopressors, midazolam, and propofol in Adult ICUs, PACUs, Emergency/Urgent Care Departments and with Critical Care Transport Teams.