Health (Drugs and Poisons) Regulation 1996

Drug Therapy Protocol – Queensland Ambulance Service
Isolated Practice Area Paramedic

Chief Medical Officer and Healthcare Regulation Branch
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I, Jeannette Rosita Young, pursuant to the Health (Drugs and Poisons) Regulation 1996, sections 66(4)(c)(ii), 174(2A)(c)(ii) and 262(2)(c) certify this document as the Drug Therapy Protocol – Queensland Ambulance Service Isolated Practice Area Paramedic.

Circumstances and conditions

1. An isolated practice area paramedic performing ambulance duties for the Queensland Ambulance Service may administer or supply a controlled or restricted drug or scheduled poison listed in Appendix 1, column 1 only:
   1.1 by a route of administration for the drug stated in Appendix 1, column 2; and
   1.2 subject to the conditions for the drug stated in Appendix 1, column 3 (if any); and
   1.3 in accordance with a Health Management Protocol developed and approved by the Queensland Ambulance Service that meets the requirements in Appendix 2 (the relevant protocol).¹

2. The relevant Health Management Protocol and Australian Immunisation Handbook must be available to the isolated practice area paramedic at the time the isolated practice area paramedic is acting under this Drug Therapy Protocol.

3. Before administering and/or supplying a controlled drug or restricted drug, the isolated practice area paramedic must be familiar with the contra-indication(s) and known side effects of the drug, and advise the patient accordingly.

4. If Consumer Medicine Information is available for a particular drug, the isolated practice area paramedic must, where reasonably practicable, offer the information to each person to whom the isolated practice area paramedic administers or supplies the drug.

Certification

Drug Therapy Protocol – Queensland Ambulance Service Isolated Practice Area Paramedic
QH-DTP-QASIP-01:2019

Certified at Brisbane on this 4th day of April 2019.

Dr Jeannette Young
Chief Health Officer
Department of Health

Notes:
(a) The isolated practice area paramedic must be aware that practising within the Drug Therapy Protocol does not relieve that person of their legal responsibility or accountability for that person’s actions and may not provide immunity in case of negligence.
(b) All other provisions of the Health (Drugs and Poisons) Regulation 1996 such as the packaging and labelling requirements for dispensed medicines apply.

¹ Unless, in the opinion of the isolated practice area paramedic, such actions would be detrimental to the patient. In such instances, a doctor must be consulted.
Appendix 1

Note that the Health Management Protocol must state that administration or supply shall only occur on the order of a doctor or a Nurse Practitioner for all substances marked with an asterisk (*).

### Controlled Drugs: Opioid Analgesics - Acute pain management

<table>
<thead>
<tr>
<th>Scheduled substance</th>
<th>Approved route of administration</th>
<th>Restrictions/Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morphine hydrochloride*</td>
<td>Intramuscular, Subcutaneous</td>
<td>Must consult Medical Officer, Nurse Practitioner. Adult only. Supply not permitted.</td>
</tr>
<tr>
<td>Morphine sulfate pentahydrate*</td>
<td>Intramuscular, Subcutaneous</td>
<td>Must consult Medical Officer, Nurse Practitioner. Adult only. Supply not permitted.</td>
</tr>
<tr>
<td>Fentanyl*</td>
<td>Intramuscular, Intravenous, Subcutaneous</td>
<td>Must consult Medical Officer, Nurse Practitioner. Adult only. Supply not permitted.</td>
</tr>
</tbody>
</table>

### Analgesics and Antipyretics

<table>
<thead>
<tr>
<th>Scheduled substance</th>
<th>Approved route of administration</th>
<th>Restrictions/Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aspirin</td>
<td>Oral</td>
<td>Adult only. Single dose only.</td>
</tr>
<tr>
<td>Ibuprofen</td>
<td>Oral</td>
<td>Administer one dose and supply one full course.</td>
</tr>
<tr>
<td>Nitrous oxide 50% / oxygen 50% (Entonox)*</td>
<td>Inhalation</td>
<td>Must consult Medical Officer, Nurse Practitioner. Patient must self-administer.</td>
</tr>
<tr>
<td>Paracetamol</td>
<td>Oral, Rectal</td>
<td>Administer one dose and supply one full course.</td>
</tr>
<tr>
<td>Paracetamol 500 mg / codeine 30 mg*</td>
<td>Oral</td>
<td>Must consult Medical Officer, Nurse Practitioner.</td>
</tr>
</tbody>
</table>

### Antibiotics and other Anti-infective agents (Oral)

<table>
<thead>
<tr>
<th>Scheduled substance</th>
<th>Approved route of administration</th>
<th>Restrictions/Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amoxicillin*</td>
<td>Oral</td>
<td>Must consult Medical Officer, Nurse Practitioner, then administer one dose and supply one full course.</td>
</tr>
<tr>
<td>Amoxicillin/clavulanic acid*</td>
<td>Oral</td>
<td></td>
</tr>
<tr>
<td>Azithromycin*</td>
<td>Oral</td>
<td></td>
</tr>
<tr>
<td>Cefaclor*</td>
<td>Oral</td>
<td>Child only. Must consult Medical Officer, Nurse Practitioner, then administer one dose and supply one full course.</td>
</tr>
<tr>
<td>Cefuroxime*</td>
<td>Oral</td>
<td>Adult only. Must consult Medical Officer, Nurse Practitioner, then administer one dose and supply one full course.</td>
</tr>
<tr>
<td>Cefalexin*</td>
<td>Oral</td>
<td>Must consult Medical Officer, Nurse Practitioner, then administer one dose and supply one full course.</td>
</tr>
<tr>
<td>Ciprofloxacin*</td>
<td>Oral</td>
<td>Must consult Medical Officer, Nurse Practitioner, then administer one dose and supply one full course.</td>
</tr>
<tr>
<td>Clindamycin*</td>
<td>Oral</td>
<td></td>
</tr>
<tr>
<td>Dicloxacillin*</td>
<td>Oral</td>
<td>Must consult Medical Officer, Nurse Practitioner, then administer one dose and supply one full course.</td>
</tr>
<tr>
<td>Doxycycline*</td>
<td>Oral</td>
<td></td>
</tr>
<tr>
<td>Erythromycin*</td>
<td>Oral</td>
<td></td>
</tr>
</tbody>
</table>
### Antibiotics and other Anti-infective agents (Oral)

<table>
<thead>
<tr>
<th>Scheduled substance</th>
<th>Approved route of administration</th>
<th>Restrictions/Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flucloxacillin*</td>
<td>Oral</td>
<td>Must consult Specialist Infectious Disease Physician.</td>
</tr>
<tr>
<td>Ivermectin*</td>
<td>Oral</td>
<td></td>
</tr>
<tr>
<td>Metronidazole*</td>
<td>Oral</td>
<td>Must consult Medical Officer, Nurse Practitioner, then administer one dose and supply one full course.</td>
</tr>
<tr>
<td>Nitrofurantoin*</td>
<td>Oral</td>
<td></td>
</tr>
<tr>
<td>Phenoxymethylpenicillin*</td>
<td>Oral</td>
<td></td>
</tr>
<tr>
<td>Roxithromycin*</td>
<td>Oral</td>
<td></td>
</tr>
<tr>
<td>Tinidazole*</td>
<td>Oral</td>
<td></td>
</tr>
<tr>
<td>Trimethoprim*</td>
<td>Oral</td>
<td></td>
</tr>
<tr>
<td>Trimethoprim/ sulfamethoxazole*</td>
<td>Oral</td>
<td></td>
</tr>
<tr>
<td>Valaciclovir*</td>
<td>Oral</td>
<td></td>
</tr>
</tbody>
</table>

### Antibiotics for secondary prophylaxis of Acute Rheumatic Fever

<table>
<thead>
<tr>
<th>Scheduled substance</th>
<th>Approved route of administration</th>
<th>Restrictions/Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benzathine penicillin (Bicillin L-A) *</td>
<td>Intramuscular</td>
<td>Must consult Medical Officer, Nurse Practitioner, then administer for up to six months on Medical Officer/Nurse Practitioner instruction.</td>
</tr>
<tr>
<td>Erythromycin*</td>
<td>Oral</td>
<td>Must consult Medical Officer, Nurse Practitioner, then administer one dose and supply for up to six months on Medical Officer/Nurse Practitioner instruction.</td>
</tr>
<tr>
<td>Phenoxymethylpenicillin*</td>
<td>Oral</td>
<td></td>
</tr>
</tbody>
</table>

### Antibiotics (Parenteral)

<table>
<thead>
<tr>
<th>Scheduled substance</th>
<th>Approved route of administration</th>
<th>Restrictions/Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amoxicillin*</td>
<td>Intramuscular, Intravenous</td>
<td>Must consult Medical Officer, Nurse Practitioner.</td>
</tr>
<tr>
<td>Ampicillin*</td>
<td>Intramuscular, Intravenous</td>
<td>Must consult Medical Officer, Nurse Practitioner.</td>
</tr>
<tr>
<td>Benzathine penicillin (Bicillin L-A) *</td>
<td>Intramuscular</td>
<td>Must consult Medical Officer, Nurse Practitioner.</td>
</tr>
<tr>
<td>Benzylpenicillin*</td>
<td>Intramuscular, Intravenous</td>
<td>Must consult Medical Officer, Nurse Practitioner.</td>
</tr>
<tr>
<td>Cefotaxime*</td>
<td>Intramuscular, Intravenous, Intraosseous</td>
<td>I.M - to be given reconstituted with 1% lidocaine ( lignocaine) injection. Maximum 2 g. Must consult Medical Officer, Nurse Practitioner.</td>
</tr>
<tr>
<td>Ceftriaxone*</td>
<td>Intramuscular, Intravenous, Intraosseous</td>
<td></td>
</tr>
<tr>
<td>Cefazolin*</td>
<td>Intravenous, Intraosseous</td>
<td></td>
</tr>
<tr>
<td>Flucloxacillin*</td>
<td>Intramuscular, Intravenous, Intraosseous</td>
<td>Must consult Medical Officer, Nurse Practitioner.</td>
</tr>
<tr>
<td>Gentamicin*</td>
<td>Intramuscular, Intravenous, Intraosseous</td>
<td></td>
</tr>
<tr>
<td>Lincomycin*</td>
<td>Intramuscular</td>
<td>Must consult Medical Officer, Nurse Practitioner.</td>
</tr>
<tr>
<td>Antibiotics (Parenteral)</td>
<td>Scheduled substance</td>
<td>Approved route of administration</td>
</tr>
<tr>
<td>-------------------------</td>
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<td>----------------------------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Procaine benzylpenicillin (procaine penicillin)*</td>
<td>Intramuscular</td>
</tr>
<tr>
<td></td>
<td>Teicoplanin*</td>
<td>Intramuscular</td>
</tr>
<tr>
<td></td>
<td>Vancomycin*</td>
<td>Intravenous Intraosseous</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Antibiotic Adjuncts</th>
<th>Scheduled substance</th>
<th>Approved route of administration</th>
<th>Restrictions/Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dexamethasone*</td>
<td>Intravenous</td>
<td>Must consult Medical Officer, Nurse Practitioner.</td>
</tr>
<tr>
<td></td>
<td>Probenecid*</td>
<td>Oral</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Antibiotics and other Anti-infectives (Topical)</th>
<th>Scheduled substance</th>
<th>Approved route of administration</th>
<th>Restrictions/Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Chloramphenicol*</td>
<td>Topical to eye</td>
<td>Must consult Medical Officer, Nurse Practitioner then administer one dose and supply one full course.</td>
</tr>
<tr>
<td></td>
<td>Ciprofloxacin*</td>
<td>Ear drops</td>
<td>Must consult Medical Officer, Nurse Practitioner. Maximum 9 days’ supply.</td>
</tr>
<tr>
<td></td>
<td>Clindamycin 2%*</td>
<td>Intravaginal</td>
<td>Must consult Medical Officer, Nurse Practitioner then administer one dose and supply a maximum of 7 days.</td>
</tr>
<tr>
<td></td>
<td>Clotrimazole*</td>
<td>Topical</td>
<td>Must consult Medical Officer, Nurse Practitioner then administer one dose and supply one full course.</td>
</tr>
<tr>
<td></td>
<td>Dexamethasone 0.5 mg/ framycetin sulfate 5 mg/ gramicidin 0.05 mg/ml*</td>
<td>Ear drops</td>
<td>Must consult Medical Officer, Nurse Practitioner then administer one dose and supply one pack.</td>
</tr>
<tr>
<td></td>
<td>Flumetasone pivalate 0.02%/ clioquinol 1%*</td>
<td>Ear drops</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ketoconazole shampoo</td>
<td>Topical</td>
<td>Administer one dose and supply one full course to a maximum of 10 days’ supply.</td>
</tr>
<tr>
<td></td>
<td>Miconazole</td>
<td>Topical Intravaginal</td>
<td>Topical - Administer one dose and supply one full course for tinea, cutaneous candidiasis and oral thrush only. Intravaginal - Must consult Medical Officer, Nurse Practitioner then administer one dose and supply a maximum of 7 days.</td>
</tr>
<tr>
<td></td>
<td>Mupirocin*</td>
<td>Topical Cream</td>
<td>Must consult Medical Officer, Nurse Practitioner then administer one dose and supply one full course.</td>
</tr>
<tr>
<td></td>
<td>Nystatin</td>
<td>Oral drops for topical use</td>
<td>Administer and supply for oral thrush only.</td>
</tr>
<tr>
<td></td>
<td>Silver sulfadiazine 1%*</td>
<td>Topical cream</td>
<td>Must consult Medical Officer, Nurse Practitioner then administer one dose and supply one full course.</td>
</tr>
<tr>
<td></td>
<td>Triamcinolone compound*</td>
<td>Ear ointment</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Terbinafine</td>
<td>Topical</td>
<td>Administer and supply for tinea and ringworm only.</td>
</tr>
</tbody>
</table>
### Antidotes, Adrenaline and other Reversal Agents
(Agents to treat adverse effects)

<table>
<thead>
<tr>
<th>Scheduled substance</th>
<th>Approved route of administration</th>
<th>Restrictions/Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adrenaline (epinephrine)*</td>
<td>Intramuscular</td>
<td>Must consult Medical Officer, Nurse Practitioner.</td>
</tr>
<tr>
<td>Benzatropine*</td>
<td>Intramuscular Oral</td>
<td>As per QAS Clinical Guideline for IM use. Must consult for oral use.</td>
</tr>
<tr>
<td>Flumazenil*</td>
<td>Intravenous</td>
<td>Must consult Medical Officer, Nurse Practitioner.</td>
</tr>
<tr>
<td>Glucagon</td>
<td>Intramuscular Subcutaneous</td>
<td>Administer one dose then consult Medical Officer, Nurse Practitioner.</td>
</tr>
<tr>
<td>Hydrocortisone*</td>
<td>Intramuscular Intravenous</td>
<td>Must consult Medical Officer, Nurse Practitioner.</td>
</tr>
<tr>
<td>Naloxone*</td>
<td>Subcutaneous Intravenous Intramuscular</td>
<td>Must consult Medical Officer, Nurse Practitioner. Maximum 0.4 mg.</td>
</tr>
</tbody>
</table>

### Antiemetics

<table>
<thead>
<tr>
<th>Scheduled substance</th>
<th>Approved route of administration</th>
<th>Restrictions/Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Metoclopramide*</td>
<td>Intravenous Intramuscular Oral</td>
<td>Must consult Medical Officer, Nurse Practitioner. Adults Only: Single dose only. Maximum 10 mg.</td>
</tr>
<tr>
<td>Ondansetron*</td>
<td>Intravenous Oral</td>
<td>Must consult Medical Officer, Nurse Practitioner. Children only. Maximum 4 mg IV, 8 mg oral.</td>
</tr>
<tr>
<td>Prochlorperazine*</td>
<td>Oral</td>
<td>Must consult Medical Officer, Nurse Practitioner. Adults Only.</td>
</tr>
</tbody>
</table>

### Antihistamines

<table>
<thead>
<tr>
<th>Scheduled substance</th>
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<th>Restrictions/Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cetirizine</td>
<td>Oral</td>
<td>Adults and children over 12 years. Administer and supply.</td>
</tr>
<tr>
<td>Loratadine</td>
<td>Oral</td>
<td>Must consult Medical Officer, Nurse Practitioner.</td>
</tr>
<tr>
<td>Promethazine*</td>
<td>Oral</td>
<td>Must consult Medical Officer, Nurse Practitioner.</td>
</tr>
<tr>
<td>Promethazine*</td>
<td>Intramuscular Intravenous</td>
<td>Must consult Medical Officer, Nurse Practitioner. Maximum 50 mg as first dose. Subsequent doses only on the order of Medical Officer, Nurse Practitioner.</td>
</tr>
</tbody>
</table>

### Antiparasitic and Anthelminthic Agents

<table>
<thead>
<tr>
<th>Scheduled substance</th>
<th>Approved route of administration</th>
<th>Restrictions/Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Albendazole*</td>
<td>Oral</td>
<td>Must consult Medical Officer, Nurse Practitioner, then administer one dose and supply the full course.</td>
</tr>
<tr>
<td>Mebendazole</td>
<td>Oral</td>
<td>Administer one dose and supply one full course.</td>
</tr>
<tr>
<td>Pyrantel</td>
<td>Oral</td>
<td>Administer one dose and supply one full course.</td>
</tr>
</tbody>
</table>
## Antiparasitic and Anthelminthic Agents

<table>
<thead>
<tr>
<th>Scheduled substance</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Thiabendazole*</td>
<td>Oral</td>
<td>Must consult Medical Officer, Nurse Practitioner.</td>
</tr>
</tbody>
</table>

## Antivenoms

<table>
<thead>
<tr>
<th>Scheduled substance</th>
<th>Approved route of administration</th>
<th>Restrictions/Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Snake polyvalent anti-venom*</td>
<td>Intravenous</td>
<td>Must consult Medical Officer, Nurse Practitioner.</td>
</tr>
<tr>
<td>Box jellyfish anti-venom*</td>
<td>Intravenous</td>
<td>Administer one ampoule (20,000 units) then consult Medical Officer, Nurse Practitioner.</td>
</tr>
<tr>
<td>Funnel web spider anti-venom*</td>
<td>Intravenous</td>
<td>Must consult Medical Officer, Nurse Practitioner.</td>
</tr>
</tbody>
</table>

## Respiratory Medicines

<table>
<thead>
<tr>
<th>Scheduled substance</th>
<th>Approved route of administration</th>
<th>Restrictions/Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adrenaline (epinephrine)*</td>
<td>Nebulised solution</td>
<td>Must consult Medical Officer, Nurse Practitioner.</td>
</tr>
<tr>
<td>Budesonide*</td>
<td>Nebulised solution Nasal spray</td>
<td>Must consult Medical Officer, Nurse Practitioner. Nasal spray – administer and supply for mild to moderate allergic rhinitis.</td>
</tr>
<tr>
<td>Dexamethasone*</td>
<td>Oral</td>
<td>Must consult Medical Officer, Nurse Practitioner.</td>
</tr>
<tr>
<td>Hydrcortisone sodium succinate*</td>
<td>Intravenous</td>
<td>Must consult Medical Officer, Nurse Practitioner. Maximum stat dose as per Australian Asthma Handbook.</td>
</tr>
<tr>
<td>Ipratropium bromide</td>
<td>Nebulised solution Metered Dose Inhaler</td>
<td>Administer one dose then consult Medical Officer, Nurse Practitioner.</td>
</tr>
<tr>
<td>Methylprednisolone sodium succinate*</td>
<td>Intravenous</td>
<td>Must consult Medical Officer, Nurse Practitioner. Maximum stat dose as per Australian Asthma Handbook.</td>
</tr>
<tr>
<td>Prednisolone*</td>
<td>Oral</td>
<td>Must consult Medical Officer, Nurse Practitioner.</td>
</tr>
<tr>
<td>Salbutamol</td>
<td>Nebulised solution Metered Dose Inhaler</td>
<td>Administer one dose then consult Medical Officer, Nurse Practitioner.</td>
</tr>
</tbody>
</table>

## Cardiovascular Medicines

<table>
<thead>
<tr>
<th>Scheduled substance</th>
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<th>Restrictions/Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Furosemide (frusemide)*</td>
<td>Intramuscular Intravenous Oral</td>
<td>Must consult Medical Officer, Nurse Practitioner for acute presentations.</td>
</tr>
<tr>
<td>Glyceryl trinitrate*</td>
<td>Transdermal Patches</td>
<td>Must consult Medical Officer, Nurse Practitioner for acute presentations.</td>
</tr>
<tr>
<td>Glyceryl trinitrate</td>
<td>Sublingual</td>
<td>Administer for chest pain only.</td>
</tr>
<tr>
<td>Nifedipine*</td>
<td>Oral</td>
<td>Must consult Medical Officer, Nurse Practitioner for acute presentations.</td>
</tr>
</tbody>
</table>
### Dermatologic Preparations

<table>
<thead>
<tr>
<th>Scheduled substance</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Podophyllotoxin*</td>
<td>Topical</td>
<td>Must consult Medical Officer, Nurse Practitioner. Supply for a maximum of 6 weeks.</td>
</tr>
</tbody>
</table>

### Local anaesthetic

<table>
<thead>
<tr>
<th>Scheduled substance</th>
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<th>Restrictions/Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Lidocaine (lignocaine) 1%</strong>*</td>
<td>Local infiltration Or mixed with Ceftriaxone IM injection</td>
<td>Must consult Medical Officer, Nurse Practitioner.</td>
</tr>
<tr>
<td><strong>Lidocaine (lignocaine) with adrenaline (epinephrine)</strong>*</td>
<td>Subcutaneous Topical</td>
<td>Must consult Medical Officer, Nurse Practitioner. Subcutaneous - Adults and children older than 12 years only.</td>
</tr>
<tr>
<td><strong>Lidocaine (lignocaine) 2.5%</strong></td>
<td>Topical</td>
<td>For toothache. Supply one pack (15 mL).</td>
</tr>
<tr>
<td><strong>Lidocaine (lignocaine) with phenylephrine</strong></td>
<td>Intranasal</td>
<td>Must consult Medical Officer, Nurse Practitioner.</td>
</tr>
<tr>
<td>**Oxybuprocaine eye drop 0.4% (minim) ***</td>
<td>Topical to eye</td>
<td>Must consult Medical Officer, Nurse Practitioner. Single dose minim - never to be given to take home.</td>
</tr>
</tbody>
</table>

### Obstetric Use

#### Controlled Drugs: Opioid Analgesics for Obstetric Use

<table>
<thead>
<tr>
<th>Scheduled substance</th>
<th>Approved route of administration</th>
<th>Restrictions/Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morphine hydrochloride*</td>
<td>Intramuscular Subcutaneous</td>
<td>Must consult Medical Officer, Nurse Practitioner. Adults only: 0.1-0.2 mg / kg to a maximum of 10 mg.</td>
</tr>
<tr>
<td>Morphine sulfate pentahydrate*</td>
<td>Intramuscular Subcutaneous</td>
<td>Must consult Medical Officer, Nurse Practitioner. Adults only: 0.1-0.2 mg / kg to a maximum of 10 mg.</td>
</tr>
</tbody>
</table>

#### Other Agents for Obstetric Use

<table>
<thead>
<tr>
<th>Scheduled substance</th>
<th>Approved route of administration</th>
<th>Restrictions/Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amoxicillin*</td>
<td>Intravenous Intravenous</td>
<td>Must consult Medical Officer, Nurse Practitioner.</td>
</tr>
<tr>
<td>Ampicillin*</td>
<td>Intravenous Intravenous</td>
<td>Must consult Medical Officer, Nurse Practitioner.</td>
</tr>
<tr>
<td>Benzylpenicillin*</td>
<td>Intravenous</td>
<td>Must consult Medical Officer, Nurse Practitioner.</td>
</tr>
<tr>
<td>Betamethasone*</td>
<td>Intramuscular</td>
<td>Must consult Medical Officer, Nurse Practitioner.</td>
</tr>
<tr>
<td>Ceftriaxone*</td>
<td>Intravenous Intravenous</td>
<td>Must consult Medical Officer, Nurse Practitioner. 250 micrograms per dose up to a maximum of 500 micrograms.</td>
</tr>
<tr>
<td>Ergometrine*</td>
<td>Intramuscular</td>
<td>Must consult Medical Officer, Nurse Practitioner.</td>
</tr>
<tr>
<td>Erythromycin*</td>
<td>Oral</td>
<td>Must consult Medical Officer, Nurse Practitioner.</td>
</tr>
<tr>
<td>Indometacin*</td>
<td>Rectal</td>
<td>Must consult Medical Officer, Nurse Practitioner.</td>
</tr>
<tr>
<td>Lincomycin*</td>
<td>Intravenous</td>
<td>Must consult Medical Officer, Nurse Practitioner.</td>
</tr>
<tr>
<td>Metoclopramide*</td>
<td>Intramuscular</td>
<td>Must consult Medical Officer, Nurse Practitioner.</td>
</tr>
</tbody>
</table>
### Other Agents for Obstetric Use continued

<table>
<thead>
<tr>
<th>Scheduled substance</th>
<th>Approved route of administration</th>
<th>Restrictions/Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Misoprostol*</td>
<td>Rectal</td>
<td>Must consult Medical Officer, Nurse Practitioner. Maximum 1000 micrograms.</td>
</tr>
<tr>
<td>Nifedipine*</td>
<td>Oral</td>
<td>Must consult Medical Officer, Nurse Practitioner. Maximum 20 mg per dose up to a maximum of three doses.</td>
</tr>
<tr>
<td>Nitrous oxide and oxygen*</td>
<td>Inhalation</td>
<td>Must consult Medical Officer, Nurse Practitioner. Up to 50% Nitrous Oxide / 50% Oxygen.</td>
</tr>
<tr>
<td>Oxytocin*</td>
<td>Intramuscular</td>
<td>Must consult Medical Officer, Nurse Practitioner. 10 units per dose up to a maximum of 20 units.</td>
</tr>
</tbody>
</table>

### Post-coital Contraception (Emergency Contraception)

<table>
<thead>
<tr>
<th>Scheduled substance</th>
<th>Approved route of administration</th>
<th>Restrictions/Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Levonorgestrel*</td>
<td>Oral</td>
<td>Must consult Medical Officer, Nurse Practitioner. Single treatment dose.</td>
</tr>
</tbody>
</table>

### Sedatives

<table>
<thead>
<tr>
<th>Scheduled substance</th>
<th>Approved route of administration</th>
<th>Restrictions/Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Haloperidol*</td>
<td>Intravenous Intramuscular Oral</td>
<td>Must consult Medical Officer, Nurse Practitioner. 5 mg Stat with second 5 mg dose if required to maximum of 10 mg.</td>
</tr>
<tr>
<td>Lorazepam*</td>
<td>Oral</td>
<td>Must consult Medical Officer, Nurse Practitioner. Adults Only: 1 mg stat.</td>
</tr>
<tr>
<td>Midazolam*</td>
<td>Intramuscular Intranasal Buccal</td>
<td>Must consult Medical Officer, Nurse Practitioner.</td>
</tr>
<tr>
<td>Olanzapine*</td>
<td>Intramuscular Oral</td>
<td>Must consult Medical Officer, Nurse Practitioner. Adults Only.</td>
</tr>
</tbody>
</table>

### Vaccines and immunoglobulins

<table>
<thead>
<tr>
<th>Scheduled substance</th>
<th>Approved route of administration</th>
<th>Restrictions/Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphtheria-tetanus adult vaccine (dT )*</td>
<td>Intramuscular</td>
<td>Must Consult Medical Officer, Nurse Practitioner.</td>
</tr>
<tr>
<td>Diphtheria-tetanus-acellular pertussis adult/adolescent vaccine (dTpa)*</td>
<td>Intramuscular</td>
<td>Must consult Medical Officer, Nurse Practitioner.</td>
</tr>
<tr>
<td>Vaccines and immunoglobulins</td>
<td>Schedule substance</td>
<td>Approved route of administration</td>
</tr>
<tr>
<td>------------------------------</td>
<td>--------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>Diphtheria-tetanus-acellular pertussis infant/child vaccine (DTPa)*</td>
<td>Intramuscular</td>
<td>Must consult Medical Officer, Nurse Practitioner.</td>
</tr>
<tr>
<td>Tetanus immunoglobulin*</td>
<td>Intramuscular</td>
<td>Must consult Medical Officer, Nurse Practitioner.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Vitamin and Mineral Supplements</th>
<th>Schedule substance</th>
<th>Approved route of administration</th>
<th>Restrictions/Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Folic acid*</td>
<td>Oral</td>
<td>Must consult Medical Officer, Nurse Practitioner.</td>
<td></td>
</tr>
<tr>
<td>Ferrous fumarate*</td>
<td>Oral</td>
<td>Must consult Medical Officer, Nurse Practitioner.</td>
<td></td>
</tr>
<tr>
<td>Ferrous sulfate*</td>
<td>Oral</td>
<td>Must consult Medical Officer, Nurse Practitioner.</td>
<td></td>
</tr>
</tbody>
</table>
Appendix 2

Health Management Protocol – Minimum Requirements

1. The employer must have a current Health Management Protocol that supports and details the clinical use, administration or supply of Scheduled drugs or poisons listed in Appendix 1 of this Drug Therapy Protocol.

2. The Health Management Protocol must be developed and adopted by an inter-disciplinary health team appointed by the Queensland Ambulance Service under whose jurisdiction the Health Management Protocol will be implemented.

3. As a minimum, the team must consist of a medical practitioner, registered nurse and pharmacist, and may include other identified professional personnel as considered appropriate by the Queensland Ambulance Service.

4. Following a period of two years or sooner if considered necessary, the Health Management Protocol must be reviewed by the inter-disciplinary team and endorsed again by the Commissioner Queensland Ambulance Service.

Content of a Health Management Protocol

The Health Management Protocol clearly identifies the following:

1. The procedures for clinical assessment, management and follow-up of patients, including the recommended Scheduled drug or poison therapy for the relevant clinical problem.

2. A clinical indication or time when medical referral/consultation must occur for that condition.

3. The name, form and strength of the Scheduled drug or poison and the condition/situation for which it is intended.

4. The recommended dose of the Scheduled drug or poison.

5. The route of administration of the Scheduled drug or poison.

6. The frequency (including rate where applicable) and duration of administration of the Scheduled drug or poison.

7. The duration of the Scheduled drug or poison supply before medical intervention/follow-up is required.

8. The type of equipment and management procedures required for management of an emergency associated with the use of the Scheduled drug or poison.

Endorsement of a Health Management Protocol

1. A new or reviewed Health Management Protocol must be endorsed and dated by the Commissioner Queensland Ambulance Service.

2. The Health Management Protocol shall be effective for a maximum of two (2) years from the date of endorsement by the Commissioner Queensland Ambulance Service.