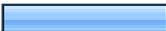


1. Please indicate your type of involvement in prehospital patient care. Check all those that apply.

		Response Percent	Response Count
Direct patient care as an EMT or Paramedic		72.9%	857
Field supervisor		16.4%	193
Service director or chief		24.7%	290
Medical director		2.5%	29
Other (please specify)		10.4%	122
		answered question	1,176
		skipped question	2

2. Have you experienced short notice protocol changes due to a lack of availability of medications?

		Response Percent	Response Count
No.		15.3%	180
Yes, 1-3 changes.		60.4%	708
Yes, 4-8 changes.		21.5%	252
Yes, more than 8 changes.		2.8%	33
		answered question	1,173
		skipped question	5

3. Have you experienced short notice drug concentration changes due to a lack of availability of medications?

		Response Percent	Response Count
No.		21.4%	252
Yes, 1-3 changes.		53.8%	632
Yes, 4-8 changes.		21.2%	249
Yes, more than 8 changes.		3.6%	42
		answered question	1,175
		skipped question	3

4. Have you been unable to administer medications in accordance with protocols due to lack of availability of the medications?

		Response Percent	Response Count
Yes		64.3%	753
No		35.7%	418
		answered question	1,171
		skipped question	7

5. Have you been instructed to use medications past their expiration date?

		Response Percent	Response Count
Yes		22.5%	264
No		77.5%	910
		answered question	1,174
		skipped question	4

6. Have you been instructed to use a different medication as a substitute for a medication that was not available?

		Response Percent	Response Count
Yes		81.6%	956
No		18.4%	215
answered question			1,171
skipped question			7

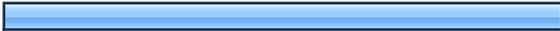
7. Have you had to administer medications in alternative concentrations due to a lack of availability of medications?

		Response Percent	Response Count
Yes		53.6%	626
No		46.4%	542
answered question			1,168
skipped question			10

8. Have you had to administer medications using alternative delivery methods due to a lack of availability of medications?

		Response Percent	Response Count
Yes		36.4%	427
No		63.6%	746
answered question			1,173
skipped question			5

9. Do you believe that any of your patients have experienced an adverse outcome due to the lack of availability of a medication?

		Response Percent	Response Count
Yes		15.7%	183
No		84.3%	985
		answered question	1,168
		skipped question	10

10. If you answered "Yes" to question #9, please explain.

	Response Count
	189
answered question	189
skipped question	989

11. Please share any other comments on the EMS drug shortage issue here.

	Response Count
	343
answered question	343
skipped question	835

Q1. Please indicate your type of involvement in prehospital patient care. Check all those that apply.

1	EMS Coordinator/Emergency room EMT-P	Apr 14, 2012 11:15 AM
2	Direct patient care as a Flight Nurse.	Apr 14, 2012 8:44 AM
3	Training officer	Apr 12, 2012 2:33 PM
4	EMS Logistics	Apr 12, 2012 1:23 PM
5	QA & Protocol Manager	Apr 12, 2012 10:07 AM
6	Instructor at local college	Apr 12, 2012 7:53 AM
7	Chief Medical Officer	Apr 12, 2012 7:44 AM
8	Manager of Clinical Services	Apr 11, 2012 8:01 PM
9	Registered Flight Nurse	Apr 11, 2012 4:50 PM
10	Critical Care Transport	Apr 11, 2012 1:50 PM
11	Training Coordinator	Apr 11, 2012 1:42 PM
12	Battalion Chief- EMS Coodinator	Apr 11, 2012 1:40 PM
13	Medical Supply Purchaser	Apr 11, 2012 1:28 PM
14	As the Support Services Specialist I order all medications and supplies	Apr 11, 2012 1:23 PM
15	Hospital EMS Coordinator	Apr 11, 2012 1:12 PM
16	EMS Lieutenant	Apr 11, 2012 1:08 PM
17	Deputy Chief	Apr 11, 2012 9:49 AM
18	CQI/Protocol Coordinator	Apr 11, 2012 9:39 AM
19	Supply officer	Apr 11, 2012 9:14 AM
20	Logistics and Supply Coordinator	Apr 11, 2012 9:03 AM
21	Logistics Division Chief , Fire Rescue	Apr 11, 2012 8:34 AM
22	EMS Training Officer	Apr 11, 2012 8:13 AM
23	Operations Manager	Apr 11, 2012 7:34 AM
24	Captain paramedic EMS supply officer	Apr 11, 2012 5:35 AM
25	PHRN	Apr 11, 2012 5:16 AM
26	Community Health Medic/Association VP	Apr 11, 2012 1:41 AM
27	EMS Instructor	Apr 10, 2012 9:04 PM

Q1. Please indicate your type of involvement in prehospital patient care. Check all those that apply.

28	Logistic	Apr 10, 2012 5:55 PM
29	Operations Coordinator	Apr 10, 2012 2:05 PM
30	ALS Operations Manager	Apr 10, 2012 1:52 PM
31	educator/ training	Apr 10, 2012 1:23 PM
32	EMS supply coordinator	Apr 10, 2012 12:42 PM
33	logistics	Apr 10, 2012 12:32 PM
34	operations manager	Apr 10, 2012 10:27 AM
35	paramedic instructor	Apr 10, 2012 9:19 AM
36	Educator	Apr 10, 2012 9:17 AM
37	Pharmacy Director	Apr 10, 2012 9:03 AM
38	State regulator	Apr 10, 2012 9:00 AM
39	Materials Management Manager	Apr 10, 2012 8:49 AM
40	Pharmacy manager	Apr 10, 2012 8:05 AM
41	EMS System Coordinator	Apr 10, 2012 7:57 AM
42	Educator	Apr 10, 2012 7:53 AM
43	Manager of Controlled medications fpr the Medical Director	Apr 10, 2012 6:26 AM
44	pharma product distributor	Apr 10, 2012 6:18 AM
45	Logistics Officer	Apr 10, 2012 5:24 AM
46	Supply & Equipment Officer for our organization./Purchasing agent.	Apr 10, 2012 3:46 AM
47	Training Officer	Apr 9, 2012 6:49 PM
48	Chief	Apr 9, 2012 6:35 PM
49	Equipment Manager	Apr 9, 2012 6:07 PM
50	EMS Supply Coordinator	Apr 9, 2012 3:44 PM
51	Operations Manager	Apr 9, 2012 3:44 PM
52	Logistics Supervisor	Apr 9, 2012 3:21 PM
53	Training Officer	Apr 9, 2012 2:53 PM
54	Resupply Manager	Apr 9, 2012 2:29 PM

Q1. Please indicate your type of involvement in prehospital patient care. Check all those that apply.

55	Logistics	Apr 9, 2012 1:59 PM
56	educator	Apr 9, 2012 1:40 PM
57	ems educator	Apr 9, 2012 1:12 PM
58	EMS Coordinator	Apr 9, 2012 1:11 PM
59	EMS Captain	Apr 9, 2012 11:36 AM
60	Logistic / Supply Officer	Apr 9, 2012 11:03 AM
61	Clinical & Education Supervisor	Apr 9, 2012 10:32 AM
62	Training	Apr 9, 2012 10:00 AM
63	EMS Coordinator	Apr 9, 2012 9:52 AM
64	Clinical Services/QI	Apr 9, 2012 9:15 AM
65	Only EMT-Certified	Apr 9, 2012 9:14 AM
66	Chief	Apr 9, 2012 8:59 AM
67	Logistics/EMS	Apr 9, 2012 8:56 AM
68	medical operations officer	Apr 9, 2012 8:20 AM
69	researcher	Apr 9, 2012 8:15 AM
70	State office regulator	Apr 9, 2012 7:52 AM
71	Division Chief - Logistics Fire Department	Apr 9, 2012 7:28 AM
72	state medical director	Apr 9, 2012 6:37 AM
73	orders supplies	Apr 9, 2012 6:26 AM
74	EMS Operations Coordinator (Hospital)	Apr 9, 2012 6:25 AM
75	CC FLIGHT PARAMEDIC	Apr 8, 2012 7:29 PM
76	ALS Purchasing	Apr 8, 2012 4:21 PM
77	RN (intensive care)	Apr 7, 2012 10:48 PM
78	Flight Nurse	Apr 7, 2012 10:35 PM
79	ems educator	Apr 7, 2012 4:18 PM
80	Flight RN/EMTB	Apr 7, 2012 3:10 PM
81	Education Coordinator	Apr 7, 2012 2:57 PM

Q1. Please indicate your type of involvement in prehospital patient care. Check all those that apply.

82	Direct care as a flight nurse/paramedic	Apr 7, 2012 1:37 PM
83	State government oversight	Apr 7, 2012 12:25 PM
84	Training officer	Apr 7, 2012 11:32 AM
85	Head Paramedic	Apr 7, 2012 11:09 AM
86	Paramedic Program Director	Apr 7, 2012 10:20 AM
87	Training Coordinator	Apr 7, 2012 8:44 AM
88	Education	Apr 7, 2012 6:27 AM
89	Education and Training Coordinator	Apr 7, 2012 5:55 AM
90	care	Apr 7, 2012 4:22 AM
91	Aministrator	Apr 7, 2012 12:07 AM
92	RN in the ED	Apr 6, 2012 11:15 PM
93	Field Training Officer	Apr 6, 2012 10:11 PM
94	Supply officer	Apr 6, 2012 8:59 PM
95	Educator	Apr 6, 2012 8:51 PM
96	Supply Coordinator	Apr 6, 2012 8:14 PM
97	Paramedic supply officer	Apr 6, 2012 7:46 PM
98	flight nurse	Apr 6, 2012 7:33 PM
99	training officer	Apr 6, 2012 5:55 PM
100	Purchasing	Apr 6, 2012 5:37 PM
101	Fire Lieutenant	Apr 6, 2012 5:36 PM
102	Flight nurse	Apr 6, 2012 5:13 PM
103	Paramedic educator	Apr 6, 2012 5:01 PM
104	CQI Coordinator	Apr 6, 2012 4:33 PM
105	student nurse	Apr 6, 2012 4:22 PM
106	flight nurse	Apr 6, 2012 4:16 PM
107	flight nurse	Apr 6, 2012 4:11 PM
108	Logistics Coordinator	Apr 6, 2012 4:03 PM

Q1. Please indicate your type of involvement in prehospital patient care. Check all those that apply.

109	EMS Researcher	Apr 6, 2012 3:57 PM
110	Trauma diretor Level I	Apr 6, 2012 3:47 PM
111	Educator/Training Officer	Apr 6, 2012 3:46 PM
112	Medical Supply Manager	Apr 6, 2012 3:46 PM
113	Flight Nurse/ EMT	Apr 6, 2012 3:27 PM
114	EMS Coordinator/Medical Control Authority	Apr 6, 2012 3:22 PM
115	EMS County coordinator	Apr 6, 2012 3:16 PM
116	Educator	Apr 6, 2012 2:55 PM
117	First Responder out of an OEM	Apr 6, 2012 2:52 PM
118	Flight Nurse	Apr 6, 2012 2:51 PM
119	Education	Apr 6, 2012 2:47 PM
120	Logistics Manager	Apr 6, 2012 2:40 PM
121	Base Hospital Assistant	Apr 6, 2012 2:32 PM
122	Director of Training	Apr 6, 2012 2:21 PM

Q10. If you answered "Yes" to question #9, please explain.

1	an example was when we had solumedrol on back order and had to use decadron. When giving pt's decadron there is increased pain at the injection site and when giving it IV pt's have extremity and chest pain.	Apr 14, 2012 11:15 AM
2	Unable to medicate for pain due to lack of fentanyl and pt too hypotensive for morphine. This includes ventilated patients. Therefore, patients are being paralyzed without proper pain and sedation management due to unavailable medications.	Apr 14, 2012 8:44 AM
3	PO zofran doesn't work in old people as effectively as IV zofran. cardizem shortage and lopressor substitute with wide range of side- effects	Apr 13, 2012 8:55 PM
4	Patients with nausea/vomiting have not been treated due to lack of Zofran.	Apr 13, 2012 10:57 AM
5	Poor ability to manage pain. Now there will be a poor ability to manage anxiety.	Apr 13, 2012 7:37 AM
6	Not having medications available, pt has suffered.	Apr 12, 2012 2:33 PM
7	prolonged seizure due to valium unavailable	Apr 12, 2012 10:42 AM
8	Pain medications, paralytcs	Apr 11, 2012 8:01 PM
9	This is unknown	Apr 11, 2012 5:48 PM
10	Needed the use of Fentanyl and unable to give due to the lack of.	Apr 11, 2012 5:34 PM
11	This hinges upon how one defines, "adverse outcome", I suppose. But the shortage/absence of fentanyl, for example, now results in no pain management options for the patient with either allergies to other medications and/or the concern for secondary hypotension associated with other narcotic analgesics. Not controlling pain, when it can and should be controlled, results in an adverse outcome.	Apr 11, 2012 4:38 PM
12	This is difficult to tell. Not being able to see a patient's reaction to both the optimal drug AND the alternative drug, we cannot tell.	Apr 11, 2012 3:22 PM
13	Many people have allergies to meds that are an alternative- Morphine vs. Fentanyl. Also, black boxed drugs like Phernergan are being used in place of Zofran. This makes patient care difficult and does not allow paramedics and EMTs to advocate for our patients.	Apr 11, 2012 1:58 PM
14	Valium is longer acting, and we needed to use Versed which is shorter acting, and therefore needed to give more of Versed over the transport time.	Apr 11, 2012 1:50 PM
15	As part of our Chest Pain Protocol we utilize an anti-emetic that is in short supply. STEMI patients that are nauseated and vomit increase their intrathoracic pressures and cause more distress to infarcted muscle.	Apr 11, 2012 1:42 PM
16	Dystonic reactions noted in patients with the use of Droperidol due to lack of availability of Ondansetron. Benedryl now has to be administered prior to Droperidol in all cases.	Apr 11, 2012 1:23 PM
17	Morphine is not as affective as Fentanyl in regards to pain control.	Apr 11, 2012 11:56 AM

Q10. If you answered "Yes" to question #9, please explain.

18	Personally I have not had any patients that have but I believe this could become a real issue as more and more drugs become unavailable. I'm not going to say it hasn't happened in our organization because the fentanyl shortage is a problem when your patient has an allergy to morphine.	Apr 11, 2012 10:12 AM
19	This is a hard question to ask, have we had anyone die no but we have had a delay in proper treatment due to not having the medication available that was required to treat the patient	Apr 11, 2012 8:39 AM
20	Pain Control	Apr 11, 2012 8:31 AM
21	Unable to calm a patient down and ended up tubing them. How do you treat a patient having a grand mal who is allergic to Diazepam and you can not get any ativan.	Apr 11, 2012 8:17 AM
22	Unalbel to give pain medications to people who are allergic to morphine and problems with attempting to RSI pts due to the lack of medications	Apr 11, 2012 7:58 AM
23	I do not believe a patient has been harmed but patients have recieved less pain control and a lower standard of care due to lack of availability of medications.	Apr 11, 2012 7:07 AM
24	We have withheld odansetron, magnesium, and morphine in our patients due to shortages. One of my patients, an asthmatic, was intubated due to mag shortages. In my opinion, the mag may have saved that patient a tube, and an extended hospital stay.	Apr 10, 2012 8:50 PM
25	Substitute medications are not the same as the first line. Side affects, duration, and a patients ability to metabolize the substitute medication is totally different.	Apr 10, 2012 7:26 PM
26	We are instructed that a patient care is of the highest importance, with patient comfort being paramount. Several times I have had to tell patients that I am unable to help their discomfort due to a drug shortage. If it was one patient, it would have been enough. But it's not. It's been many.	Apr 10, 2012 4:21 PM
27	intubation without good induction, benzos unavailable for seizures	Apr 10, 2012 4:12 PM
28	Increased suffering due to lack of adequate pain management	Apr 10, 2012 2:44 PM
29	Unable to stop nausea in 89 y/o female due to no zofran, forced to put CPAP on frail old male due to lack of Mag Sulfate which worked fine once in hospital after CPAP was removed	Apr 10, 2012 2:35 PM
30	N/A	Apr 10, 2012 1:32 PM
31	Lacking fentanyl and having to substitute with lower doses of morphine due to patient with pain but also with respiratory compromise. Have had to limit the use of benzodiazapines for anxiety control in mechanical ventilated patients due to the fact that is would not be replaced and we need a minimum amount to remain in service.	Apr 10, 2012 1:27 PM
32	The biggest change is we have suspended chemical sedation which mean patients fight more and cause harm to themselves and medics. We can still call in for orders which does allow the most violent patients to be contained.	Apr 10, 2012 1:23 PM

Q10. If you answered "Yes" to question #9, please explain.

33	When attempting to intubate a patient not using the proper weight based dose of etomidate due to limited supply.	Apr 10, 2012 1:10 PM
34	Valium is the drug of choice for certain recreational drug overdose and when it is not available, the second line drug is ineffective and puts the patient and EMS provider at increased risk for violent behavior	Apr 10, 2012 12:39 PM
35	Intubated SOB pt, no mag sulfate for resp distress rx	Apr 10, 2012 11:34 AM
36	Yes, medications indicated for their proper use are not available and has resulted in poor patient outcomes.	Apr 10, 2012 11:09 AM
37	No pain control for broken femur. Severe pain causing Nausea and vomiting	Apr 10, 2012 10:47 AM
38	Patients have had more pain due longer in transport due not having pain treatment drugs to administer.	Apr 10, 2012 10:43 AM
39	Trauma patient received Ms04 for pain which dropped the BP where alternative pain management of Fentanyl which would not have been available due to back order issues	Apr 10, 2012 9:53 AM
40	Patients can not afford	Apr 10, 2012 9:13 AM
41	Reduction in vasopressin has changed our arrest protocol which I believe has created an adverse outcome to our cardiac arrest patients.	Apr 10, 2012 8:59 AM
42	I do not have any DIRECT knowledge of adverse reaction due to concentration/med changes. But we are forcing our crews to go outside of standard knowledge/practice to treat our patients. Bad stuff is certainly happening and going to happen until this is resolved.	Apr 10, 2012 8:49 AM
43	Any time you do not administer the second best choice, your patient is suffering.	Apr 10, 2012 8:46 AM
44	Patients who are allergic to Morphine have no other options due to the lack of availability of Fentanyl.	Apr 10, 2012 7:57 AM
45	Not being able to deliver the proper dose or concentration will prevent the proper effects of the drug to be achieved. This is especially true with pain management.	Apr 10, 2012 7:09 AM
46	Many patients have had pain medications that are not potent enough or have had more side effects due to the primary pain medications being unavailable.	Apr 10, 2012 7:02 AM
47	The lack of benzodiazepines is effecting our ability to safely treat patients with Major airway problems, Head injuries and seizures.	Apr 10, 2012 6:26 AM
48	I don't believe some of our patients pain control has been reduced as well with MSO4 as it was with fentanyl	Apr 10, 2012 6:05 AM
49	I've had patients who have had projectile vomiting that could have benefited from Zofran. I've had seizure patient's who have needed Ativan because they respond better to it, then valium or versed	Apr 10, 2012 4:50 AM
50	unable to adequately medicate pain	Apr 10, 2012 3:39 AM

Q10. If you answered "Yes" to question #9, please explain.

51	Delay in care	Apr 10, 2012 3:34 AM
52	Without some of the medications to treat the patients some of them deteriorate prior to arrival at the hospital	Apr 9, 2012 8:38 PM
53	lack of zofran has caused problems when admin of Morphine, or in the presence of nausea	Apr 9, 2012 7:17 PM
54	Either delay in treatment or lack of treatment until patient could be transported to appropriate facility with alternative medical resources.	Apr 9, 2012 6:23 PM
55	No benzos=no stopping seizures	Apr 9, 2012 6:21 PM
56	Zofran IV is more effective than Zofran ODT.	Apr 9, 2012 6:07 PM
57	Pain management is hurting our patients die to lack of meds. Shortage in almost all narcotics which hinders patient care especially with RSI and ICU patients on vents. Short HTN meds causing us to use shorter acting meds with more side effects.	Apr 9, 2012 6:02 PM
58	We have attempted to categorize pain as serious and mild. Although there has been an emphasis on the "subjective" nature of "Pain" in past years, we have tried to withhold pain meds if there are no observable indications of "actual" pain.	Apr 9, 2012 3:54 PM
59	Although Morphine was still available after Fentanyl was unavailable, the shortage of Benzos have created major patient care issues in our service area	Apr 9, 2012 3:21 PM
60	Not able to use Magnesium for patient experiencing difficulty breathing due to shortage. Using mess could have helped.	Apr 9, 2012 2:53 PM
61	Before we could get our alternative protocols approved by the department of Health, there were some medications that we didn't have and caused a problem with seizure patients, diabetics, and pain management with others. Some were allergic to the alternative medications that were available. There came a risk with diluting some medications and the concentration of the drugs might not always be exactly correct when you are having to do it in the field. Also dealing with drugs that are not as familiar to the Medics as what they have been using on a daily basis for most of their career.	Apr 9, 2012 1:53 PM
62	Patients are having to go without receiving drugs due to the fact that we are currently having to be very selective with drug usage and administer to critically ill or injured.	Apr 9, 2012 1:43 PM
63	Valium has become in very short, supply so due to this shortage rhe pharmacy only put a small dose in the box without notice and a pt with active seizure I was unable to get the seizure to stop with dose I had available, the seizure was stopped at ER and now we carry ativan so this problem dont occur again.	Apr 9, 2012 1:36 PM
64	Fentanyl is often tolerated better than Morphine. IV Zofran is often more effective than ODT.	Apr 9, 2012 1:31 PM
65	Patients with dystonic reactions because of no IV zofran for antiemetics, had to use phenergan.	Apr 9, 2012 1:21 PM

Q10. If you answered "Yes" to question #9, please explain.

66	The alternative drug is now not available because everyone is switching to it.	Apr 9, 2012 1:11 PM
67	Lack of pain medication causes patient's in acute pain to be transported long distances without treatment.	Apr 9, 2012 1:08 PM
68	Few patients experience the side affect of nasuea with fentanyl. With the shortage of that drug I am forced to give morphine with seems to make more patients nauseated. Also our service has experience a shortage of zofran. It has been difficult to control patient's pain with morphine without causing numerous side affects.	Apr 9, 2012 12:47 PM
69	Patients with seizures are receiving Versed versus Valium and Valium is a better drug for the seizure patient not a sedative.	Apr 9, 2012 12:37 PM
70	Lack of efficacy and having to use whatever we can get, especially for seizure patients, sedation, etc	Apr 9, 2012 12:28 PM
71	two patients needing Brethine, (terbutaline) respiratory failure	Apr 9, 2012 12:20 PM
72	had to deal with pain they shouldn't have had, vomited or been nauseous longer than if medication was there, and sedative assistance was not as favorable with alternatives, thus harder to establish advanced airway and relaxation.	Apr 9, 2012 11:16 AM
73	constantly changing concentrations have led to several "close calls" with regard to med administration.	Apr 9, 2012 9:42 AM
74	Unable to treat nausea, pain.	Apr 9, 2012 9:15 AM
75	The lack of Fentanyl availability has reduced the population of patients we are able to provide pain relief to. We are currently using Morphine as a substitute.	Apr 9, 2012 9:11 AM
76	We were unable to get Valium for a period of time and were unable to treat seizure pts. properly.	Apr 9, 2012 8:37 AM
77	Lack of pain relief.	Apr 9, 2012 7:55 AM
78	We currently are not able to restock Fentanyl and those patients that are allergic to Morphine receive no prehospital pain relief. Very sad to transport a patient in the back of the ambulance with a femur fracture or long term transport without pain relief.	Apr 9, 2012 7:25 AM
79	Pain management was not effective. Toradol is not as good as claimed or "just the same as morphine".	Apr 9, 2012 6:46 AM
80	For instance, the use of one class of antinausea medication may change from an IV dose to an oral dose as the only alternative - if they are nauseous, they are unable to tolerate the oral medications!	Apr 9, 2012 6:01 AM
81	Adverse effect - Continued acute nausea vomiting due to the inability to administer Zofran which we can no longer obtain.	Apr 9, 2012 5:59 AM
82	Dosage errors due to concentration differences with new forms of medications.	Apr 8, 2012 9:03 PM
83	they died.	Apr 8, 2012 8:35 PM

Q10. If you answered "Yes" to question #9, please explain.

84	Have had patients experience severe pain from fractures without relief due to shortage of medication to provide pain relief.	Apr 8, 2012 8:29 AM
85	Increased pain & suffering due to lack of Fent. Multiple times in past year.	Apr 8, 2012 6:23 AM
86	intubations difficult without versed, lack of valium for seizures	Apr 8, 2012 6:17 AM
87	Prolonged time to extubation due to shortages of faster acting sedation meds.	Apr 7, 2012 10:48 PM
88	About 3 months ago I had a pt having a massive stemi and all we were out of morphine so all I could give him was aspirin and nitro. This pt coded on me enroute to the ER. I got him back but I still wonder if he would have ever coded if he would have gotten some morphine.	Apr 7, 2012 10:06 PM
89	Valium is much more preferred to Versed for the control of seizures, unfortunately a crew member accidentally overdosed a patient with versed which is 10 x more powerful and caused respiratory depression to the point in where the patient then required intubation and a ventilator. These drug shortages are unacceptable, in the past there has never been this type of drug shortages and this is harmful to patient care.	Apr 7, 2012 8:36 PM
90	Alternate dose has less effect on pt (Zofran). Alternate administration route slows or decreases drug effectiveness (Zofran, Versead). Different packaging increases time need for set up (vials & ampules vs luer lock). Some drugs are just not available to treat different Pt conditions (Mag, EPI).	Apr 7, 2012 7:16 PM
91	Sub standard treatment. Unable to provide adequate pain/nausea control. Very real threat of not being able to treat life threatening seizures. Has not happened, but close.	Apr 7, 2012 6:33 PM
92	Pts w/ nausea and vomiting for instatnce cannot get Zofran. No pain managment drugs being available due to no Fentanyl being available. These shortages all happen w/ little to no notice and that leaves a lagtime between alternatives being available and protocol changes being made.	Apr 7, 2012 4:29 PM
93	Unable to do RSI because of no paralytics cause problems for patient.	Apr 7, 2012 2:58 PM
94	When concentration and therefore doses change quickly due to medication availability medication administration errors will occur. This is not a possibility but guaranteed to happen. We are creatures of habit and unless thorough training happens over time to change behavior we will do what we normally do. Patients that require medications we normally have and carry in specific doses either become difficult to care for as we try to remember and triple check ourselves for proper administration or accidentally revert to what we have done for 12 years say	Apr 7, 2012 2:57 PM
95	insufficient pain management	Apr 7, 2012 2:43 PM
96	Some patients have had to endure uncomfortable and sometimes painful procedures due to lack of sedation medications and narcotic pain meds.	Apr 7, 2012 1:57 PM
97	Vomit.	Apr 7, 2012 12:46 PM
98	N&V pt are not getting the best medication because of allergies or tolerance to	Apr 7, 2012 12:08 PM

Q10. If you answered "Yes" to question #9, please explain.

certain medications.

99	Due to these shortages and changes, I have been unable to completely treat my patient's conditions. Pain management and emesis control being the most common conditions.	Apr 7, 2012 11:57 AM
100	unavailability of valium has caused us to use ativan instead and procain is in short supply but dont use much and the most recent is atomidate	Apr 7, 2012 11:11 AM
101	Unable to control actively seizing patients. Unable to control pain.	Apr 7, 2012 11:10 AM
102	Increased oain due to movement without appropriate management of pain. Excessive nausea and vomiting from incredible pain.	Apr 7, 2012 10:31 AM
103	Hypotension due to MS vs fentanyl. Delirium due to Demerol vs fentanyl. Emergence reactions due to ketamine vs amidate.	Apr 7, 2012 9:41 AM
104	I myself have not had to do-I do not give meds. The paramedics on the scene have had to do all the above.	Apr 7, 2012 9:22 AM
105	N/V from the lack of Zofran after giving Morphine for a fx	Apr 7, 2012 9:16 AM
106	The increased unavailability of antiemetics has caused lack of treatment in patients complaining of nausea and vomiting. These patients have had to go with out treatment sometimes for prolonged periods of transport.	Apr 7, 2012 8:44 AM
107	Difficult intubation due to inadequate medication.	Apr 7, 2012 8:34 AM
108	An improvised solution is not as good as a planned solution.	Apr 7, 2012 7:54 AM
109	Medics not familiar with a new or different medication will be less likely to give a medication when indicated.	Apr 7, 2012 7:39 AM
110	The morphine shortage has caused us to be more subjective in our administration of pain management.	Apr 7, 2012 6:43 AM
111	this ia only a NOT YET. I anticipate that the shortage of facilitating medications for intubation, will present some serious issues.	Apr 7, 2012 1:56 AM
112	Because certain medications were not available, I was unable to perform procedures that I would normally perform. This resulted in patients having to wait until we brought them into an emergency department to receive what they needed. It took my years of critical care training and experience and turned me into a 1940's era "ambulance (hurst) driver"	Apr 7, 2012 1:25 AM
113	No versed available in our EMS region for sedation due to shortage. Unable to use for long term sedation with intubated and ventilated patients.	Apr 7, 2012 12:14 AM
114	Patients that have allergies to, or have a condition that contraindicates the use of a pain medication such as Morphine, and the patient has a serious injury, we are unable to control their pain due to the shortage of Fentanyl, or even benzodiazepines such as Versed. This causes the patient to experience pain for a longer amount of time, thus increasing their heart rate, and respiratory drive. During long transports from facility to level 1 trauma, we have had physicians	Apr 6, 2012 10:37 PM

Q10. If you answered "Yes" to question #9, please explain.

	order a medication prior to transporting, such as Tramadol, and even Dilaudid.	
115	Shortage of glucagon	Apr 6, 2012 10:36 PM
116	Zofran is a more benign medication than the caustic affects of promethazine.	Apr 6, 2012 10:14 PM
117	not yet	Apr 6, 2012 9:40 PM
118	with the shortage of particular medications used in the treatment for seizures... the alternatives that have had to be used we've run across issues with these being medications that patients normally use and therefore by using the medications they have and will continue to be less likely to work.. causing the patients seizure to last longer heightening the possibility of permanent effect/damage or even death.	Apr 6, 2012 9:02 PM
119	Unsure	Apr 6, 2012 8:58 PM
120	Hard to treat a comatose diabetic patient without D50. Hard to treat combative psych patients without Haldol. The latter actually involves rescuer safety.	Apr 6, 2012 8:51 PM
121	Could not treat pain adequately.	Apr 6, 2012 8:16 PM
122	pregnant female with seizures. No Mag-Sulfa was available due to the shortage. Child was born pre-maturely at 32 weeks. Overall outcome was good, but I was unable to control the patients seizure.	Apr 6, 2012 7:44 PM
123	but the potential is there and should NOT be	Apr 6, 2012 7:33 PM
124	It's not so much that the patient experienced an "adverse" outcome due to the lack of availability of the medication; rather, we are using alternative medications that may not be as efficacious as the medication normally used (i.e. Valium in lieu of versed for seizures. This requires us to use needles increasing risks to providers instead of mucosal administration and also requires a higher dose to achieve the same outcome.)	Apr 6, 2012 7:23 PM
125	Not real "adverse" but enough for the patient not to have a better outcome. ie. Zofran is being withheld for more active vomiting patients.	Apr 6, 2012 7:09 PM
126	No zofran so nausea not alleviated	Apr 6, 2012 7:06 PM
127	n/a	Apr 6, 2012 7:06 PM
128	Due to shortages, I am unable to provide the highest quality of care to my patients. It effects their view of me as a professional and the view of the EMS system as a whole.	Apr 6, 2012 6:58 PM
129	The first-line choice of anti-convulsives in the local region is diazepam with a secondary option of midazolam. The optional drug allowed under regional protocol is lorazepam. Diazepam was not available, midazolam was not successful and lorazepam was not available. The seizure, status epilepticus, remained uncontrolled pre-hospital. It was controlled in hospital with diazepam.	Apr 6, 2012 6:53 PM
130	not yet	Apr 6, 2012 6:35 PM

Q10. If you answered "Yes" to question #9, please explain.

131	Due to lack of magnesium sulfate an eclampsia patient was not able to receive the medication needed and although the seizures were able to be controlled with Valium, ultimately the condition warranted additional treatment with magnesium sulfate which was not available due to the shortage. My company has been trying to order this medication for months with to no avail.	Apr 6, 2012 6:06 PM
132	Pain meds,(ie) fentanyl,morphine, having to call other squads if they have the meds and pts have to wait in pain or versed not able to stop seizures because short of versed, or not having the meds in general,waiting several weeks for restock	Apr 6, 2012 5:43 PM
133	no Zofran, pt's continue to throw up, c/o stomach pain from efforts to vomit. Shortage of morphine doesn't allow pt's with pain to get relief	Apr 6, 2012 5:42 PM
134	could not stop a seizure	Apr 6, 2012 5:40 PM
135	Pain management has suffered, both in cardiac symptoms and traumatic injuries	Apr 6, 2012 5:38 PM
136	Several shortages Fentanyl and etomidate. Pain management issue and induction for head injured patient Ketamine not a great option	Apr 6, 2012 5:31 PM
137	Pts needing doses of sodium bicarb for treatment of various conditions have had to be transported to an ER 26 miles away before they can receive the intervention. Making the deterioration of the patient a very plausible possibility and potentially increasing the percentage of long term deficits and a greater chance of mortality.	Apr 6, 2012 5:28 PM
138	Due to shortages in Valium and Ativan we were instructed to use Versed for seizures which in some of our Pt's have been proven less than effective. Also, we are unable to treat severe anxiety as Versed was not approved for anxiety in out area. PO Zofran is not as efficient or expedient as IV. Diphenhydramine has no real alternative in EMS protocol and we had to use it sparingly and only administer it for Anaphelaxis (which several low level reaction turned into)	Apr 6, 2012 5:23 PM
139	Status sz pt. That needed diazepam iv had to give midazolam im and had no effect	Apr 6, 2012 5:07 PM
140	We haven't had fentanyl on the ambulances for months, it would have done a lot better job on my pt with a hip fx instead of a boat load of morphine. Which made her sick despite the zofran	Apr 6, 2012 4:59 PM
141	Pain management and nausea was not able to be addressed	Apr 6, 2012 4:51 PM
142	Shortages in Versed, Fentanyl. I'm not exactly sure which other meds we've been short on but I've witnessed many, "It's on backorder." When we restock from the pharmacy. It's crazy. There have been times we have gone without and planned to bring in a supervisor rig if we need a med we don't have.	Apr 6, 2012 4:51 PM
143	Only having a "set" amount of zofran and fentanyl on an ambulance has led to only being able to give the patient what I have on my unit, which at times is not enough to deal with the medical issue.	Apr 6, 2012 4:35 PM
144	On multiple occasionals paramedics have been unable to control a seizure using	Apr 6, 2012 4:33 PM

Q10. If you answered "Yes" to question #9, please explain.

	benzodiazepines due to shortages.	
145	Pain medication that was used as a substitute was not effective.	Apr 6, 2012 4:32 PM
146	Delay in getting the medication on board since it was a different concentration that had to be drawn up in a certain way that took what felt like forever	Apr 6, 2012 4:22 PM
147	Not receiving respiratory medication that would improve patient outcome.	Apr 6, 2012 4:17 PM
148	Pain Management is unable to be addressed appropriately due to the shortage of drugs.	Apr 6, 2012 4:14 PM
149	We have run out of pain medication several times, and had to transport patients with no pain control at all other than positioning.	Apr 6, 2012 4:06 PM
150	Without having Ativan or Valium on hand for seizure patients, guess what they keep seizing!! Hope their brains are not scrambled now.	Apr 6, 2012 4:03 PM
151	The biggest problem is due to the lack of morphine...patients remain in severe pain because we have none and also cardiac patients don't receive the benefit of it's anxiolytic effect.	Apr 6, 2012 4:00 PM
152	Serious brain injury patient, having seizures and no valium to administer to help slow the seizures to protect airway	Apr 6, 2012 3:58 PM
153	Unaware if there have been in adverse reactions.	Apr 6, 2012 3:57 PM
154	For pain management, we have nubain. We have had fentanyl on order for several months but it has been backordered for a lengthy amount of time. We just want the better pain management drugs for the patients that need it! Also, zofran is gone as well making IM phenergan the only alternative.	Apr 6, 2012 3:47 PM
155	Exacerbation of the problem and problem non resolved due to lack of medication or change in protocol.	Apr 6, 2012 3:46 PM
156	There have been no life-threatening adverse outcomes, however patients experiencing nausea and vomiting have been unable to receive Zofran as our agency is running out.	Apr 6, 2012 3:44 PM
157	We are currently operating without versed, Valium, magnesium sulfate, and are running out of morphine and zantac. We have no means of stopping seizures or sedating, an alternate means of respiratory treatment, and soon no analgesic	Apr 6, 2012 3:43 PM
158	Shortages of morphine and zofran. Unable to manage pain and nausea/vomiting in a few patients.	Apr 6, 2012 3:39 PM
159	As a Flight Paramedic, I routinely encounter patients who have a legitimate anxiety related to flying. In the past, we have routinely given these patients a small dose of lorazepam which made their flight much less stressful. We have now been instructed to use this drug only for status epilepticus due to the shortage. Stress can have a significant adverse effect on the sick and injured, and this shortage can cause our patients harm.	Apr 6, 2012 3:39 PM
160	Not yet, but it's inevitable.	Apr 6, 2012 3:23 PM

Q10. If you answered "Yes" to question #9, please explain.

161	I believe my pts have remained in pain due to the shortages	Apr 6, 2012 3:16 PM
162	But that doesn't mean this could not happen. All Americans should have the medications needed to help them if the drug companies are holding back to create a supply demand issue or ship the med overseas because they can make more money then our government needs to step in an stop this practice with heavy fines, taxes and criminal charges. Others over our own people = treason	Apr 6, 2012 3:14 PM
163	Our agency currently has zero diazepam and midazolam. We have a few vials left of lorazepam but once those are gone we will have no medication option for sedation or muscle relaxation. We have been told that once we're out, we're out. I am greatly concerned by this. I am certain that when that happens (which could be today) our patients will suffer. This crisis must be fixed.	Apr 6, 2012 3:05 PM
164	Shortage of pain mngt drugs, for cardiac patients. In ability to perform MAI due to lack of versed.	Apr 6, 2012 3:04 PM
165	In the narcotic realm we carry fentanyl, morphine, and dilaudid. Both fentanyl and morphine have been backordered causing us to us the stronger dilaudid when lesser meds could have been used.	Apr 6, 2012 2:59 PM
166	Unable to treat acute conditions or administer medications that can lessen suffering, ease pain, assist in minimizing symptoms. Additionally, having to use medications that are different concentrations increases the risk of administration mistakes.	Apr 6, 2012 2:56 PM
167	Seizure activity did not stop until proper med was administered in ER - Valium	Apr 6, 2012 2:50 PM
168	Lack of pain meds keep the patients uncomfortable	Apr 6, 2012 2:50 PM
169	I feel some patient's havent received the new medications because the paramedic wasn't as familiar with it and they decided the risks out weighed the benefit.	Apr 6, 2012 2:49 PM
170	I had a patient have hypotension and nausea secondary to morphine administration due to lack of Fentanyl and then Zofran	Apr 6, 2012 2:49 PM
171	Due to lower concentrations of Versed a patient has to have multiple IM injections versus 1 IM injection. Alternative concnetrations also cause a delay in giving meds while making sure the dose is proper, the potential is there fro a large error	Apr 6, 2012 2:48 PM
172	Not yet however if it continues, I would see decreased treatment for pain and sedation (intubated patients.)	Apr 6, 2012 2:47 PM
173	Did not have meds needed to stop the seizure due to the shortage.	Apr 6, 2012 2:45 PM
174	Lack of Valium lead to patient being restrained and combative with hospital staff when it could have been avoided.	Apr 6, 2012 2:42 PM
175	Care was delayed. Additionally, treatment was not definitive.	Apr 6, 2012 2:42 PM
176	With the shortage of pain medciations the patient now remains in pain along with the anxiety that can cause further damage/injury. With the shortage on drugs	Apr 6, 2012 2:39 PM

Q10. If you answered "Yes" to question #9, please explain.

	such as Etomidate we now have an issue with Rapid Sequence Intubation and when it needs to be done it needs to be done. It is unethical to not treat the patient as they need to be due to lack of medication!	
177	trying to control their pain	Apr 6, 2012 2:38 PM
178	Unable to treat pain associated with orthopedic injuries due to unavailability of narcotic pain medication.	Apr 6, 2012 2:36 PM
179	As of now, IV zofran has been absent for two months. And more importantly, fentanyl for three months. We carry morphine but I have had a patient in extreme pain who had a bona fide allergy to morphine, but not fentanyl. Not to mention versed and mag sulfate, both of which don't have an equivalents or eclampsia and seizure/sedation after RSI. Compounding that problem is the near complete shortage of etomidate for RSI. Our backup for etomidate is versed which of course is nearly gone as well.	Apr 6, 2012 2:31 PM
180	We have several patients who only respond to versed and have not had the benzo to treat their seizures properly	Apr 6, 2012 2:30 PM
181	Etomidate shortage, substitutions are versed which drastically affects BP adversely and ketamine which has a wide range of contraindications.	Apr 6, 2012 2:30 PM
182	I believe patients may have possibly experienced adverse outcomes due using a different medication because of a shortage in the primary medication. Due to versed being shorter acting than diazepam, patients may have had additional seizure activity while en route to the emergency room than they would have if diazepam would have been used.	Apr 6, 2012 2:27 PM
183	The potential foe errors in dosing when 1:10000 epi shortage. Having to make due with diluting multi dose vials of epi 1:1000. Along with other medications a d introducing them with no warning of concentration changes	Apr 6, 2012 2:25 PM
184	Don't have the proper drugs to treat patients with.	Apr 6, 2012 2:24 PM
185	We are mixing Fentanyl and patients report little change in pain.	Apr 6, 2012 2:23 PM
186	No pain control since the opiates were gone.	Apr 6, 2012 2:21 PM
187	lorazepam is our biggest issue currently.	Apr 6, 2012 2:21 PM
188	Inability to administer IV/IM ondansetron to pts with acute nausea/vomiting	Apr 6, 2012 2:20 PM
189	Multi-dose pain control not available and pain recurred - Pre-eclamptic patient with no Mag Sulfate availability,	Apr 6, 2012 2:20 PM

Q11. Please share any other comments on the EMS drug shortage issue here.

1	There shouldn't be shortages of medications. When people call upon our ems providers and or emergency department nurses they should be able to receive the appropriate medicine instead of delays while a substitute can be prepared. All of healthcare is about providing care to the sick and or injured in a timely and safe manner.	Apr 14, 2012 11:15 AM
2	It is unbelievable this is a reality! Patients are suffering! Imagine if there was no etomidate, fentanyl, versed available when Sen Gifford was injured..... If a member of congress, or one of their family members had the unfortunate experience of being involved in a trauma and Pre hospital personal were not able to adequately manage their pain and sedation, things might be different today.....Lack of pain control has been shown to increase length of hospital stay!	Apr 14, 2012 8:44 AM
3	Very frustrating.	Apr 13, 2012 10:32 AM
4	As of this moment, there has been no adverse outcomes, however, should the shortage continue, this can not be guaranteed.	Apr 13, 2012 9:49 AM
5	why are we really having this drug shortage and effecting OUR citizens of United States?	Apr 13, 2012 7:34 AM
6	TDSHS should OK the use of medications up to 6 months past expiration date if on backorder and service has documentation to prove backorder status	Apr 13, 2012 7:12 AM
7	to date have not been ordered to use expired drugs> How ever the state medical medical director has advised any expired drugs should be maintained and stored in the same maner as in date drugs in the event of changes in policy	Apr 12, 2012 11:45 PM
8	This is a national emergency that someone needs to take notice of.	Apr 12, 2012 10:42 AM
9	Diazepam and Fentanyl major shortages, waiting 90-120 days. Some D-50 shortages.	Apr 12, 2012 10:39 AM
10	I think we are way behind the ball game on fixing this issue.	Apr 12, 2012 9:07 AM
11	Very little explanation has been given. We waited 6 weeks for Versed to arrive back on our truck. Thank God we didn't need to use it. Multiple other drugs take months to receive back with new dates.	Apr 12, 2012 7:53 AM
12	We are getting medications as they are available. We have not had a BIG problem yet but are close to not having any etomidate at all. We will not use medications past the expiration date.	Apr 12, 2012 7:44 AM
13	Think it's a game the drug manufacturing industry is using to increase the price.	Apr 11, 2012 5:34 PM
14	The absence of availability of benzodiazapines (valium, versed, ativan), for example, has forced those medications to be reserved only for seizure/status epilepticus patients. This necessarily means they are withheld from other patients that could benefit from them. Additionally, most of the medications in short supply are cheap, generic medications that are used across the entire spectrum of healthcare and not just one in particular.	Apr 11, 2012 4:38 PM
15	This type of problem should not occur. As an EMS Director/Paramedic - I have enough day-to-day 'stuff'to deal with besides medication shortages. The drug	Apr 11, 2012 3:57 PM

Q11. Please share any other comments on the EMS drug shortage issue here.

companies need to put 'somepepin their step'. They charge us (the providers) enough money to ensure this doesn't happen.

16	I refuse to put my patients in danger by using alternative methods I do not believe in or outdated medications!	Apr 11, 2012 2:11 PM
17	This is absolutely a result of needless bickering between the government and drug companies. Lets get it together and get it done so the citizens we serve and the customers of the drug makers continue to receive quality care despite the best efforts of politics to tie our hands! Get off your high horse and move this forward so our moms and dads, kids and elderly do not suffer any longer.	Apr 11, 2012 1:58 PM
18	whats the possibility of using medications past their expiration date, till we get past this shortage?	Apr 11, 2012 1:54 PM
19	I believe we need to flex our new muscle at the federal level and get some awareness. Call it a national public health emergency, call it a threat to national security, call it something to keep us from taking steps backward in treatment.	Apr 11, 2012 1:42 PM
20	Because we are priviledged enough to carry enough medications and were able to swap from backup trucks, etc, our patients did not experience any adverse outcomes but we came terribly close a few times. This may change is we do NOT receive the controlled drugs that we need very, very soon.	Apr 11, 2012 1:28 PM
21	While some of the answers above are currently 'No', it is only a matter of time that these will change to 'Yes'. We have been fortunate to have not had any adverse outcomes yet. Our supply, while critically low on a few key medications, is not depleted yet to the point of potentially causing harm to the patients. But this could be the case any day now.	Apr 11, 2012 1:23 PM
22	Terrible Problem!!!	Apr 11, 2012 1:23 PM
23	It would be really ehlpful to have as much advanced notice of an impending shortage whenever possible - I realize there are a lot of factors, but any info helps.	Apr 11, 2012 1:12 PM
24	In a country as rich as ours we let the pharmaceutical companies decide which drugs they will and will not produce and it all comes down to how much money they will make and that is a colossal crime.	Apr 11, 2012 11:56 AM
25	This leads to med errors and is dangerous!	Apr 11, 2012 10:35 AM
26	I believe that the government needs to start working toward correcting this problem and manufacture medications as needed instead of making American Citizens suffer so they can make more money. They should have to come out into the field and do our jobs for a little while and see what a hardship they are creating.	Apr 11, 2012 10:12 AM
27	Although I did not answer yes to question 9, I feel that the only reason my patients have not had adverse outcomes due to the shortage is because my company has done everything it could to limit the impact and provide us with alternatives. My company has been adversely impacted and I'm sure several others have as well due to having to adjust protocols, get different meds, provide	Apr 11, 2012 10:04 AM

Q11. Please share any other comments on the EMS drug shortage issue here.

education on the new meds to continue to provide proper care for our patients. This shortage is a travesty. The drug companies should be ashamed.

28	As a small private ambulance company who buys drugs from small pharmacies or mail order (EMP) we have very little ability to get on priority lists compared to larger agencies or those that get drugs from their hospitals.	Apr 11, 2012 9:49 AM
29	Pharm industry is forcing me to hoard meds, risk over stocking and money loss for my district. I am surprised patient care has not been more affected than it has.	Apr 11, 2012 9:14 AM
30	The shortage is causing an undue administrative nightmare and a lot of time spent on looking for the alternatives or advising employees or how to handle situations when the drug is not available. We also have to explain that it is not the cost of the drug as some think with the current budget cuts but the fact that we cannot get them. I feel like a pill seeker having to shop pharmacies and vendors to see who may have the drug(s) we are looking for.	Apr 11, 2012 8:39 AM
31	Would like to understand exactly why we are having drug shortages in this country. Does not seem that we should experience this.	Apr 11, 2012 8:37 AM
32	While the answer to # 9 is currently no; it is not a matter of if but when. It is inevitable that this will cost lives if not corrected very soon. I am in a situation that requires me to project usage 3 months out. This is rather impossible as most of our patients aren't courteous enough to schedule their heart attacks, medical emergencies and accidents 3 months ahead.	Apr 11, 2012 8:34 AM
33	Imagine being 45 minutes on a backboard in the back of an ambulance with extremity fractures, on Highways that can not be maintained for a smooth ride and now you have N/V to deal with. No pain medication and no nausea medication. All because someone doesn't make enough money on production of medication.	Apr 11, 2012 8:31 AM
34	The unavailability of Carpuject has necessitated the need to draw some medications with a needle. This is more time consuming and presents a greater risk of needle sticks. The shortage of things like amiodarone, fentanyl, diazepam, etc. has been an obvious huge problem.	Apr 11, 2012 8:13 AM
35	We are having to use medications with a higher incident of injury because some medications are not available.	Apr 11, 2012 8:06 AM
36	I just don't understand why or how esp if the hospital are able to get these medications but we are not.	Apr 11, 2012 7:58 AM
37	Substitute meds must be considered so as to have contingency for unavailability of particular meds. Question 7 i find misleading since we have been asked to carry in different concentration however we don't administer a different concentration since we can assure that we give the proper concentration by dilution. Or, we assure that we read the label to assure proper dosing.	Apr 11, 2012 7:30 AM
38	There are higher risks of adverse outcomes due to substitute medications and alternate concentrations. The drug shortage problem is going to lead to increased medication errors.	Apr 11, 2012 7:07 AM

Q11. Please share any other comments on the EMS drug shortage issue here.

39	I have not been aware of any pts. not getting the drug they need yet. As of now we finally got MS in, but Valium and Fentanyl is still out. Epi was short for a while so we made a different set up to push. D50 was short also and had a different set up.	Apr 11, 2012 6:35 AM
40	I believe that a lot of these medication "shortages" are profit driven by the pharmaceutical companies. Many of the drugs can be found in generic form, which decreases the companies profit margin. Their goal is to push you to use another medication which is more expensive.	Apr 11, 2012 6:25 AM
41	These Drug Shortages are ridiculous. Medications that are needed to treat are patients appropriately and to relieve there pain are running out and on back order with no time listed for delivery. This is uncalled for in this day and age. The government needs to step up and take care of the problem.	Apr 11, 2012 6:04 AM
42	Whatever the problem is, fix it. Before people do die or have adverse outcomes. This situation is wicked retarded.	Apr 11, 2012 5:34 AM
43	No warnings are our biggest issue. The Rx backorder list is after the fact.	Apr 11, 2012 5:29 AM
44	In EMS, you do the best you can for each patient given what you have to work with. You very quickly learn to adapt, but it is very frustrating to be forced to compromise on something so basic as medications for our patient's well being.	Apr 10, 2012 9:04 PM
45	One possible solution may be to expand our formularies locally, to give us options. Ie) If we have morphine and fentanyl on our trucks, when there's a morphine shortage, fewer people suffer, because there exists a ready alternative. We need to be progressive and cover our bases. NREMT and NAEMT should consider lobbying local agencies as well as the fed, in the interests of better patient care for all.	Apr 10, 2012 8:50 PM
46	Our Patients deserve the best available treatment. So what works should be available for them.	Apr 10, 2012 6:47 PM
47	The DEA and Texas DPS have been of little to no assistance during this drug shortage.	Apr 10, 2012 6:21 PM
48	People need to learn to read labels. People also need to understand pharmacology to the extent that they formulate an alternative patient care plan to accommodate what drugs they have. I understand this may not be possible in all cases, but I'm talking about "oh no I had to treat my seizure with Valium instead of Versed."	Apr 10, 2012 5:57 PM
49	With this shortage, we have been forced to carry meds past their expiration date and alternate concentrations. This is DANGEROUS! Too many chances to make a mistake in dosages since one of our ambulances may have a different concentration than the next. Our personnel operate off of different ambulances from day to day.	Apr 10, 2012 4:46 PM
50	This problem is becoming a circus for those that need them for patient care.	Apr 10, 2012 2:35 PM
51	It's intolerable. There's not that many meds we give. The pharmacies and drug mfrs need to STOP BEING GREEDY WHORES	Apr 10, 2012 2:35 PM

Q11. Please share any other comments on the EMS drug shortage issue here.

52	Presently, we've had to substitute morphine for fentanyl for the past 6 months and we are alternately unable to obtain lorazepam and midazolam.	Apr 10, 2012 1:52 PM
53	Although we have not experienced any problems as yet, I sure it will come. We are a small volunteer one ambulance service and do not use that many drugs regularly, however, several of our volunteers also work in a hospital setting and the shortages are becoming crucial in the rural hospitals. For example, in the one I work in, we are not able to get Tordal, Stadol, Visteril is iffy, Morphine is on again off again, and there are others.	Apr 10, 2012 1:32 PM
54	This shortage is outrageous. These medications are vital to provide care for the public, who count on us every day to be equipped with the necessary items to be able to provide exceptional care when valley upon. It is unacceptable that these medications are unavailable. It is the responsibility of our lawmakers to enact policy and legislation so that this type of crisis is not allowed to occur ever again. The safety of America's people, both rich and poor, is in jeopardy if this crisis is not resolved immediately.	Apr 10, 2012 1:27 PM
55	to date at different jobs, I have been short the following meds; Zofran, morphine, fentanyl, and etomidate.	Apr 10, 2012 1:10 PM
56	Per Question 9, Adverse outcomes no, not getting the right/most appropriate medication yes. Also we are told by one state agency that if our medical directors advise us to administer expired medications we are in the clear and then the state medical board over doctors puts out a notice 2 weeks later that advised doctors that administering or delegating the administration of an expired medication will get them reprimanded by the state medical board.	Apr 10, 2012 12:49 PM
57	I don't believe any of our patients have experienced adverse outcomes as of yet. I DO believe it is only a matter of time as some alternative medications are barely suitable as substitutes.	Apr 10, 2012 12:42 PM
58	It's getting very tough to manage some of the critical patients that we transport daily with these shortages. When you an intermediate analgesic like morphine on back order status and your service only carries morphine it creates issues. My 911 service wound up adding fentanyl to are arsenal of meds. But we have some medics that are reluctant to use it due to unfamiliarity and differences in potency. Then there is the need for rebolussing during lengthy transports. A second service I work for carries Dilaudid, Morphine, and Fentanyl. It's though the Morphine isn't as needed there, it is a good intermediate analgesic, and very handy. The lack of availability of promethizine as an antiemetic is also frustrating. Though Zofran works for 60% of my patients, the other 40% it either doesn't work or is contraindicated. So yes... this is having an impact.	Apr 10, 2012 12:08 PM
59	As for questio 9,10. We have been able to barely get by. We havent ran into the problem of not being able to treat our patients. It is getting very close to that now. I believe we will run out before we can be restocked. I also firm believe it will have an adverse effect on patients that won't rteceive the proper medications as they need it.	Apr 10, 2012 10:27 AM
60	We are a low call volume service that has been able to work around the shortages with extra effort on our part. We are only able to do this because we are small and do not need the quantities that larger services require. However	Apr 10, 2012 10:26 AM

Q11. Please share any other comments on the EMS drug shortage issue here.

the longer this goes on the more issues were are incurring.I feel for the larger services that have not been able to adapt due to their call volume and higher useages of these medication and fear that we will soon fall victim to the same situation. Which as we all know will adversely impact our patient care.

61	Currently the medication shortages have not impacted our ability to provide for the needs of our patients. There is a significant potential (impending) for impact to our service area.	Apr 10, 2012 10:25 AM
62	It seems the shortage issues have increased over the past couple of years and I'm not sure why. This problems can become more problematic as time progresses	Apr 10, 2012 9:53 AM
63	Most shortages are caused by reduce production not increased need. We are at the mercy of the pharmaceutical companies and their decisions on whether a certain drug is economically feasible to continue to produce.	Apr 10, 2012 9:50 AM
64	Medications not being available in the "normal" doses/concentrations requires update training that for large organizations is difficult to get to all of the medics. Also, being told to use expired medication is not a solution to shortage problems. If there were a negative outcome after giving expired medications or not being able to follow protocol because we don't have the medication necessary to do so, I see providers, affiliates, and Medical Directors opening themselves up for liability issues.	Apr 10, 2012 9:49 AM
65	It is my opinion that this problem has many causes - one in particular is unreasonable government rules and regulations.	Apr 10, 2012 9:45 AM
66	These shortages are a product of corporate greed and needs to be stopped by either the providers or our govt.	Apr 10, 2012 9:43 AM
67	It is good that we are anticipating these shortages and that we are developing plans and changing protocols to address, such as the recent PAI changes.	Apr 10, 2012 9:28 AM
68	I truly just don't see how this happens on medications that are always used. Is it for a price increase? Just thoughts.	Apr 10, 2012 9:26 AM
69	It is, as always, about the money! The drug companies get millions of federal dollars from the government in monies, incentives and tax breaks for various things. Make them start paying there way! Require the companies to make the generic and cheap drugs that we are running out of.	Apr 10, 2012 9:18 AM
70	It's been a tough road the last few years just trying to keep ahead of the curve on shortages. Operationally this has meant an increase in risk for our agency inmedication errors and a large amount of time lost in meetings, protocol rewrites, Special Orders to crews to change practices. If we continue down this path, I cn only foresee more issues with patient care. We've managed to dodge bullets with a proactive approach but options are running out and patient care will begin to suffer. Not a good thing when you are responsible for first response in health care.	Apr 10, 2012 9:16 AM
71	Its all about money.	Apr 10, 2012 9:13 AM

Q11. Please share any other comments on the EMS drug shortage issue here.

72	The availability of drugs in the proper doses or delivery route is critical for EMS services. Many of the drugs need to be drawn up instead of pre-packaged brista jets. This delays care for the patients. Alternatives are out there but the availability is still hard reaching.	Apr 10, 2012 8:58 AM
73	EMS Staff are poorly trained to deal with drug shortages. We have always operated under a very simple approach to medication administration, almost always getting the same drug in the same packaging at the same concentration. We must do a better job of preparing our people to be more fault tolerant to packaging and concentration changes.	Apr 10, 2012 8:53 AM
74	The deal is this. If I had a status epilepticus patient right now we do not have valium. We also cannot get Versed. We are trying to get drugs made from a compound pharmacy but they expire very rapidly between 30 - 90 days so this is outrageously expensive for extra purchasing then the disposal cost. This needs to be fixed. Personally I feel that its probably over legislation that caused this problem in the first place. When this country would finally learn that we are sinking this nation with over legislation and over taxation is killing us. Hey pharmacy companys the DEA wants you to jump through 80,000 hoops to make 20 cents a dosage unit. Wonder why companys decide its not worth it. A fifth grader could figure that out.	Apr 10, 2012 8:18 AM
75	We are having a terrible time getting medications needed to run our organization	Apr 10, 2012 8:17 AM
76	I believe that drug "shortages" are due to greed and this greed is going to cost someone their life when a life-saving drug is on short or no supply.	Apr 10, 2012 8:03 AM
77	The fact that most of this, I am told, is driven because these medications don't make the drug companies a whole lot of money is nauseating. If they had to watch their grandmother writhe in pain because there was no medication to give her for her broken hip I bet they would change their methods- or maybe not.	Apr 10, 2012 7:57 AM
78	It is very difficult for our personnel to have any consistency when each new duty day they are seeing protocol and medication changes. Enough is enough, have we forgotten what we are all here to do? Taking care of our citizens are our number priority and it makes this hard job even harder when we face nationwide drug shortages.	Apr 10, 2012 7:51 AM
79	I believe this shortage is caused by the drug manufacturers greed. They can not make the billions of dollars so they create the shortage to drive up the prices.	Apr 10, 2012 7:09 AM
80	Medicine has advanced so much in the EMS field, and now we can not help because we can not get the tools(medicine) we need. It is not fair to the providers or the patients.	Apr 10, 2012 6:47 AM
81	This has been a very difficult time for EMS management, the impact on field ops units are 10 fold. I can only imagine the possibility of using the wrong dosage or concentration because the scene was hectic and the PM used their "standard" dose when in fact the concentration was different for this particular drug...	Apr 10, 2012 6:43 AM
82	It's time that patients lives take precedence over the pharmaceutical companys' wallets. The back order needs to end ASAP.	Apr 10, 2012 6:42 AM

Q11. Please share any other comments on the EMS drug shortage issue here.

83	We have been blessed with a great drug rep. who advised the supply clerk of upcoming shortages and have been able to obtain adequate stock. Our department has a lower call volume and was therefore not impacted as much.	Apr 10, 2012 6:32 AM
84	x	Apr 10, 2012 6:26 AM
85	Although we are a small agency with less than 2000 patient contacts a year total, the drug shortages have placed a considerable burden on the administrative side by having to jump through hoops and searching far and wide to obtain some medications. The next medication that we will have to go through an extensive search for is Amidate. Again this issue has not yet effected the patient but we are rolling our dice.	Apr 10, 2012 6:09 AM
86	Our patients are being effected by these problems. Its amazing the hospital system still has access to them but EMS doesn't. WE need to act now so our patients don't continue to suffer.	Apr 10, 2012 5:24 AM
87	The potential for medication administration errors is compounded exponentially with the current trend of changing concentration and/or actual medication almost on a daily basis. Street Paramedics do not have the luxury of multiple levels of verification.	Apr 10, 2012 5:19 AM
88	One of these days a Politican is going to need a med that we are in shortage of and maybe then this BS will be over and FDA will ease up some on the manufactures.	Apr 10, 2012 4:50 AM
89	Challenging. Sometimes frightening not knowing how long and far reaching this will problem will continue.	Apr 10, 2012 3:46 AM
90	Most of these medications are generics. If they were brand name only, the manufacturers would gladly keep production up!	Apr 10, 2012 3:34 AM
91	I've had 3 different Morphine Sulfate concentrations over the past 3 days: 1ml/15mg; 1ml/4mg; 1ml/10mg	Apr 10, 2012 1:03 AM
92	My service is relatively small compared to some as we average 4,500 calls a year. There are medications that we have used that the pharmacy cannot replace due to the shortage, but we carry at least two of each drug. So far, we have not had to give alternative drugs or change protocol, yet. Our time will come like it has for so many other services as some units are not carrying multiples after administering a drug needed and not being able to replace it. I sincerely hope this does not get to the point of affecting vital patient care.	Apr 9, 2012 11:23 PM
93	We have developed alternative protocols, e.g. dosing regimens for ativan versus versed, in anticipation of shortages.	Apr 9, 2012 8:46 PM
94	Unable to substitute meds due to state regulations.	Apr 9, 2012 8:38 PM
95	My agency has been lucky, but our drug supplies are running out.	Apr 9, 2012 8:34 PM
96	How can this great nation have a drug shortage??? Yes, we want safe medications but to what end do we allow government red tape control free enterprize? Our Pt's need help now, not 10 days or 2 months from now when the	Apr 9, 2012 8:27 PM

Q11. Please share any other comments on the EMS drug shortage issue here.

medications are available. Lighten up a little. Old standerds are not always bad. I'm 50 years old and did just fine with the old standars.

97	I have spent literally hours trying to order and then negotiate quantities of drugs from multiple suppliers. Our biggest issue has been pain management medication and sedatives. Additionally, we have been without Magnesium Sulfate for three months. Patient care has been affected mainly by withholding chemical restraint measures.	Apr 9, 2012 7:28 PM
98	We have had no adverse events, but care has not been optimal, especially in terms of pain control. We are critically short on Fentanyl, Magnesium Sulfate, and Midazolam, and short on Zofran and Morphine. The extra hours spent altering protocols, shopping among pharmacies, and breaking orders into smaller, fillable amounts has consumed resources that could better be spent on education and supervising patient care.	Apr 9, 2012 7:10 PM
99	Any assistance would be appreciated to address this issue for pre-hospital.	Apr 9, 2012 6:35 PM
100	Drug shortages continue to wreak havoc on EMS personnel trying to provide best patient care. To continually worry about calculations due to changes in concentration or administration routes places the Paramedic and patient at risk	Apr 9, 2012 6:23 PM
101	l.,oi	Apr 9, 2012 6:07 PM
102	I am wondering how much reserve stocking is going on Nationwide within EMS Organizations due. to shortages.	Apr 9, 2012 6:07 PM
103	We are about 3 vials away from not having any benzodiazepines with which to treat status seizures. I truly don't know what I'm going to have my medics do when this happens and fear for the safety of my patients as a result. The amount of time that I'm spending on rewriting protocols to adjust for alternative drugs is amazing and keeping me from doing an awful lot of other tasks. This is a HUGE issue.	Apr 9, 2012 4:27 PM
104	pain meds are a big issue, pt's are being told that there are no more ingredients to make them. we are told to use versed for seizures instead of valium or adivan.	Apr 9, 2012 4:09 PM
105	Tell the feds to get out of health care!	Apr 9, 2012 3:54 PM
106	We have multiple shortages that will be coming in the next few months if medications are not available.	Apr 9, 2012 3:44 PM
107	absolutely no excuse to not have needed medications on the ambulance.	Apr 9, 2012 3:44 PM
108	Please hold the FDA and the drug makers accountable for this issue. No one else is to blame. Because I use "just in time" as a cost saving measure does not mean that my issue is the problem. Even using that system I still have back orders from 9 months ago.	Apr 9, 2012 3:41 PM
109	This is a shortage experienced not only by EMS, but by hospitals and clinics all across the nation. Very little attention has been given to this serious issue.	Apr 9, 2012 3:34 PM
110	We have incurred in creased costs due to the Med shortages without a change	Apr 9, 2012 3:29 PM

Q11. Please share any other comments on the EMS drug shortage issue here.

in our reimbursements from Medicare or Medicaid. We are on a very tight budget already that the increased cost have required our department to decrease service to our patients.

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| 111 | It is disturbing that raw products is available to make these medications, but makers refuse to produce them because of cost associated with what the FDA is saying needs to occur before production can begin. I understand why the makers are doing what they are doing, however, FDA needs to considers the end result of the patients needing these medications. | Apr 9, 2012 3:21 PM |
| 112 | This shortage issue has required a large amount of time and expense to administer, and has great potential for negative patient outcome. Thus far, our agency has been able to find the same concentrations however the packaging has changed several times. We have also had to resort to compounding, which has a much shorter shelf life. We have found ourselves almost out of stock, but manage to get lucky often. I could go on and on, but I'm sure you already know most all the issues. Lastly, the increased costs is out of controll!!!!. My co-workers just love listening to me while I'm trying to work dope deals. I'm always looking to get "my fix". | Apr 9, 2012 3:20 PM |
| 113 | Using different concentrations will increase risk of medication errors. | Apr 9, 2012 3:17 PM |
| 114 | I am looking at extending the expiration as a means to avoid treatment omission liabilities | Apr 9, 2012 2:54 PM |
| 115 | We have BLA & ILS meds only (no paramedics), and no prehospital med shortages. Yes shortages in hospital, e.g. no Versed/midazolam. | Apr 9, 2012 2:48 PM |
| 116 | Not only does this shortage create issues with patient care, protocols, it also cost us more money because we are having to spend extra time searching for the drug we need. | Apr 9, 2012 2:29 PM |
| 117 | In my opinion, the national focus is on the drugs for cancer treatment or some other treatment for a disease that brings in mega bucks for the drug companies and is effecting just a small fraction of the population. In EMS we are experiencing shortages of drug and medications that cost less than \$1 a dose and are needed to treat perhaps the most common life-threatening conditions that we, in EMS try to manage.I receive a weekly report on what drugs are on backorder from my vendors and they reveal shortages of Morphine,Fentanyl,Midazlam, Mag-Sulfate,Lidocaine, Versed, and Ketamine. This is a big problem for us in EMS. We are trying to treat children and the elderly for falls and traumatic injuries and may not have the medications on board to manage their excruciating pain from the fractured femurs,fractured hips, and arms. It is most definitely a major and a growing problem for us in EMS. | Apr 9, 2012 1:53 PM |
| 118 | There have been increased pain and suffering from lack of analgesics. Valium has been the most difficult for us to deal with as other injectable benzodiazepines options need refrigerated or were not approved for treatment of seizures by the FDA. With the different concentration it takes to keep pharmaceuticals in stock, it has increased our risk for dosage errors. | Apr 9, 2012 1:50 PM |
| 119 | Cost of alternative drugs are often greater than that of origianl drugs. In an industry that is facing many declines in reimbursment, this rising cost has an | Apr 9, 2012 1:35 PM |

Q11. Please share any other comments on the EMS drug shortage issue here.

adverse affect on providing patinet care.

120	It is what it is, and I would just like to know that expectations are lowered by all stakeholders.	Apr 9, 2012 1:31 PM
121	I feel the shortage is an attempt to drive up the cost of medication!	Apr 9, 2012 1:21 PM
122	The shortage has also drove the cost up for EMS Providers to purchase what is needed to properly care for our patients.	Apr 9, 2012 1:15 PM
123	i truly feel that things will continue to degrade as epdemic continues due to the fact that we, as ems, do not ever get the recognition that we deserve. If the hospitals are in short supply of necessary and lifesaving drugs, then we most definety are the worse off.	Apr 9, 2012 1:12 PM
124	Drug shortages for EMS and ERs is unexceptible. Thank you for taking on this important topic.	Apr 9, 2012 1:11 PM
125	Difficulty in obtaining Zofran causes patients with nausea to go untreated.	Apr 9, 2012 1:08 PM
126	We needed to purchase compounded medication at a very expensive price with a very short expiration date in order to have critical medication available for patient care.	Apr 9, 2012 1:00 PM
127	It is a sad commentary on our health-care system when it is to the point that medications cannot be obtained in a timely manner. It makes it worse, too, in that the alternative concentrations we were forced to change to results in more of the drug wasted due to single-dose usage requirments.	Apr 9, 2012 12:48 PM
128	This is getting out of hand. I don't know who all to blame but I believe that there is plenty of blame to go around. The patient are the one's suffering and no one seems to care. Hopefully things will change and the government and the drug companies will step and do there part. If not then the healthcare industry needs to send a clear message this fall.	Apr 9, 2012 12:47 PM
129	The last drugs to be shorted are medications used in emergency medicine. This is a travesty	Apr 9, 2012 12:28 PM
130	following drugs unable to obtain - fentanyl any form, Brethine, Versed, Mag. Sulfate, toradol	Apr 9, 2012 12:20 PM
131	The shortages create great confusion for the EMS sytem. When a drug becomes unavailable, great efforts are spend locating any stock that can be found. Then the search for alternatives begins. When an alternative is found, the crews must be trained on the new drug. In South Florida, our biggest issue is with benzodiazapines.	Apr 9, 2012 12:06 PM
132	We currently are using Morphine and do not have a alternative analgesic if the pt. is allergic to to MS. Our other medication is Fentanyl that has been unavailable for months.	Apr 9, 2012 11:24 AM
133	More times you have to put interim treatment guidelines in place more likely an error with bad outcome will occur. We've been lucky so far....	Apr 9, 2012 11:07 AM

Q11. Please share any other comments on the EMS drug shortage issue here.

134	We cannot effectively treat our patients without the proper medication!	Apr 9, 2012 11:02 AM
135	The amount of drugs that agencies can not get is growing and making it extremely difficult to treat patients appropriately. Something needs to be done immediate to make these drugs available.	Apr 9, 2012 10:55 AM
136	Our pharmacy has reported getting low on several medications but it has not been to the point of changing protocol or having any adverse effects on patient care. We have identified back-up medications if we have to use them; but even some of them are in short supply. I guess we will cross that bridge when we come to it. Are you going to send out a report from this survey to give us ideas on how to best handle this situation? Maybe the services who have not experienced this yet will get some tips from those who have. Thanks	Apr 9, 2012 10:43 AM
137	Pharmaceutical companies should not be allowed to abruptly discontinue manufacturing medications. I have been a practicing paramedic for 18 years and never in my career have we had to deal with a drug shortage as broad and alarming as the current shortage. I feel that the FDA did not think this one through and the pharmaceutical companies are only concerned with their bottom line. Meanwhile, we are caught in the cross fire and no one so far is being held accountable for this. While it has not happened here yet, I am sure that there are numerous adverse outcomes as a result of this shortage, not to mention that patients are at risk for not receiving pain management in the prehospital field because there are no narcotics available to give them. As a supervisor it has occurred to me that rationing the pain medications is definitely an option until the medications are no longer on backorder. Heads should roll over this one!	Apr 9, 2012 10:38 AM
138	This issue has become one of life and death. We are being forced to make serious concessions due to a lack of supply. It is only a matter of time before this will be a direct factor in the mortality of patients.	Apr 9, 2012 10:23 AM
139	Quit shipping Meds to 3rd world countries when we need them here	Apr 9, 2012 10:20 AM
140	It make consistency in training and patient care difficult	Apr 9, 2012 10:13 AM
141	It doesn't make sense why the FDA isn't extending expiration dates for critical life sustaining medications similar to what they have done with Antiviral and SNS medications. It doesn't make sense that EMS providers are disposing of medications due to expiration dates, that were good the day before, to then find out that they can't receive a replacement due to medication shortage.	Apr 9, 2012 10:13 AM
142	Presently receive drugs through hospital Shortages noted and have been able to get what is required up to now.	Apr 9, 2012 10:09 AM
143	Lasix had to use Bumex Diazepam had to use Versed	Apr 9, 2012 10:01 AM
144	WHY? Other countries don't have this problem!	Apr 9, 2012 10:00 AM
145	We have not had an adverse event yet but this has just started for our area.	Apr 9, 2012 9:52 AM
146	On several occasions in the past few months we have had difficulty obtaining Morphine, Ativan, and Valium.	Apr 9, 2012 9:52 AM

Q11. Please share any other comments on the EMS drug shortage issue here.

147	From discussions with our Medical control Director and liason the problem is expected to become much worse before it gets better. Hospitals are suffering from these same issues!	Apr 9, 2012 9:44 AM
148	I find it hard to fathom that in this day and age that the phamaceutical companies can not keep up with the demands of daily used drugs. They should have yearly projections of usage and adjust accordingly. The shortages are not new market drugs, they are industry wide standard drugs. It makes you wonder if the the phamaceutical companies are more focused on the new generation of over priced drugs rather than these lower priced drugs that we need daily.	Apr 9, 2012 9:38 AM
149	We have been unable to get anything to replace the drug that is used for seizure patients. We have no alternative medication for field use on these patients.	Apr 9, 2012 9:16 AM
150	With benzodiazepenes forecast as shortly being unavailable, we will not be able to treat seizures, agitation, RSI our patients, or keep them sedated. We cannot treat pain pharmacologically or nausea. Crews cannot keep up with protoco; changes and it seems the County is shortsighted in anticipating shortages.	Apr 9, 2012 9:15 AM
151	THis shortage has compromised our ability to provide the proper and consistant patient care that our community has come to expect. We are here for the community and if we cant make them comfortable when they are in distress, it compromises their outcome and it will have an effect on our service	Apr 9, 2012 9:03 AM
152	We are a small agency with minimal inventory and find it very difficult to keep our inventory up to date in a cost effective manner.	Apr 9, 2012 8:41 AM
153	This needs to be addressed as soon as possible or patient care will be greatly impacted.	Apr 9, 2012 8:36 AM
154	we are not able to use the present AHA changes in ACLS because of the lack of obtaing amior dorone in pre hospital doses	Apr 9, 2012 8:34 AM
155	We are being hardest hit on Fentanyl, Morphine, Magnesium and at one point SQ Epi.	Apr 9, 2012 8:22 AM
156	it seems that the hospitals have plenty of the drugs we need and yet our pts have to suffer due to the lack of drugs that we have or have run out of making us look like the one who are the incompetent paramedics and the er is the saving grace of medicine people are starting to say they should just try to drive themselves to the er once again instead of calling 911 this is not helping pt care one bit it is accually a delay in the tx of the pts we serve every day	Apr 9, 2012 8:13 AM
157	This needs to be resolved soon!	Apr 9, 2012 7:55 AM
158	State of Arkansas has a "must carry" list of medications, Some have been in the shortage and have affected some services from being in compliance with amounts and accepted administration methods.	Apr 9, 2012 7:52 AM
159	IV Benzodiazepines & Furosemide are our main issues. We need these issues corrected as soon as possible to avoid medication errors due to changes in concentrations of medication available. Thank You.	Apr 9, 2012 7:51 AM

Q11. Please share any other comments on the EMS drug shortage issue here.

160	In NYS only EMT-CC or Paramedics are allowed to administer medications. This is a very select group in Suffolk County NY EMT-B's are not even allowed to get Glucose Levels as this is considered an invaseive act that can only be done by EMT-CC's or Paramedics. This has been under testing only in one area of the county and they have just started another research program that is suppose to allow EMT-B's administer NARCAN via Nasal application but their is always some shortage and as a EMT-B and 2Lt. on the the ambulance I would receive notificatiions of drug shortages for one reason or another either from the county or our supplier. this was never a problem for me but for the EMT-CC's. I belong to a volunteer FD ambulance.	Apr 9, 2012 7:38 AM
161	FIX IT NOW! We have been lucky and have an agreement with our local hospital. But without them we would have had to change numerous protocols. FIX IT NOW!	Apr 9, 2012 7:29 AM
162	Please fix this problem. It is not fair to our patients that they have to go thru this because of politics.	Apr 9, 2012 7:28 AM
163	This is becoming increasingly disturbing. It is causing stress about our ability to deliver care to the standards we have established.	Apr 9, 2012 7:20 AM
164	We have had to use Ativan for siezures instead of Valium due to shortage. Also we have had to do additional training to make staff aware of different volume for dose and method of delivery to avoid medication erros for pts.	Apr 9, 2012 7:13 AM
165	We are having a very hard time with our controlled meds being unavailable. Each time we change a drug or concentration we have to change protocols, medical director signatures are needed, new DEA forms are needed, training in dispensing meds is required, and field training is required.	Apr 9, 2012 7:10 AM
166	The drug companies should be producing these drugs more quickly instead of non life saving drugs.	Apr 9, 2012 6:47 AM
167	While nothing serious has happened yet, the situation is still ripe for problems. We are just starting to have problems with rapid sequence intubation drugs, epi 1:1000 anaphylaxis, and valium. It is only a matter of time.	Apr 9, 2012 6:36 AM
168	It is not just the drug shortage effecting us, but equipment shortages as well. We have been informed of a shortage of vital capnography equipment that allows us to monitor EtCO2 during intubation. Since capnography has become to gold standard during intubation, this can seriously compromise patient outcome should a tube be incorrectly inserted.	Apr 9, 2012 6:30 AM
169	more questions will be answered "yes" in the near future	Apr 9, 2012 6:26 AM
170	We do have some options, but changeing the concentrations in the protocols and expecting all medics to suddenly be able to adapt to the change - is unreasonable and potentially dangerous. We need more consistency in the supply of these commonly used medications!	Apr 9, 2012 6:01 AM
171	Shortage in medications are not involving uncommon pre-hospital one's, but the more commonly used one's. Then when they become available the prices seem to inflate rapidly. Hard to believe that dextrose, epinephrine and Lorazepam are	Apr 9, 2012 4:49 AM

Q11. Please share any other comments on the EMS drug shortage issue here.

	short in supply	
172	We have been working on a state level to come up with solutions from many different angles...too many to list. I would be glad to discuss in a forum or one on one. Chuck Burnell, MD (337)291-1555.	Apr 8, 2012 9:03 PM
173	absolutely appalling that congress does not care for the citizens that elected them.	Apr 8, 2012 8:35 PM
174	Drugs need to be made available ASAP!	Apr 8, 2012 7:52 PM
175	Hardest drugs at this time for us to obtain are Morphine, Demerol, and valium. Pain management is a huge priority. Very unsatisfied about this.	Apr 8, 2012 7:49 PM
176	Call volume and large internal stocks have allowed us to continue business as normal. However it is impossible to get Valium , morphine or versed	Apr 8, 2012 7:29 PM
177	Confusion in medication dosage due to the changes of concertration. I feel that medication erorrns could be a problem	Apr 8, 2012 7:11 PM
178	It is really scary to think that EMS providers and emergency departments are not able to take care of patients to the best of their ability due to medications not being available. I know of one ED that has had to use alternative medications for RSI and another ED that can't get medications that we have on our trucks! What would the drug manufacturers and members of legislature think if they or there loved one couldn't get proper care due to a medication shortage? Last year we had to use an epi we had to mix ourselves during cardiac arrest due to ampules being unavailable!	Apr 8, 2012 4:32 PM
179	Just wait until ObamaCare!!!!!!!!!!!!	Apr 8, 2012 3:00 PM
180	Feel like Obamacare is having desired outcome as the US sinks into third world medicine.	Apr 8, 2012 12:57 PM
181	I answered no to #8 and #9 but it is only a matter of time until the answer becomes yes too.	Apr 8, 2012 12:41 PM
182	We are a very large system (140K transports per year) and have expended a lot of time and energy in our efforts to address drug shortage issues. Because of that, we've been very lucky and now, with the exception of fentanyl and mag sulfate, up to at least 6 month supplies of our medications. Our number 1 priority in examining alternative concentrations/formulations/formats has been patient safety. We've had to spread orders across multiple vendors, deal directly with manufacturers when permitted, and access compounding companies for essential drugs. The latter results in paying from 2 to 4 times as much as usual for a drug and is complicated by mandatory 6 month expiration dates, but has been a virtual lifesaver for us.	Apr 8, 2012 10:24 AM
183	If the shortage continues it is only a matter of time before we do have a bad outcome becasue we do not have the medications we need in the field.	Apr 8, 2012 8:23 AM
184	This shortage is ridiculous and hurtful to the public.	Apr 8, 2012 7:19 AM
185	Tell the drug companies their lack of action is hurting people and decreasing the	Apr 8, 2012 6:23 AM

Q11. Please share any other comments on the EMS drug shortage issue here.

effectiveness of our EMS system nation wide

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| 186 | I have been more judicious with use of certain medications, knowing there is a shortage. For example, I will use a sedative, Ativan, instead of a sedative hypnotic, Versed. Now, Ativan is short too. We are also short on pain medications and have changed our patient care guidelines multiple times. Luckily, Ketamine is still available. When we experience shortage of Ketamine and Etomidate, patients will surely suffer the consequences. We need drugs that promote cardiac stability in patients with risk for hypotension. If Ketamine and Etomidate remain in short supply, patients will have negative outcomes. Thanks for listening! Aaron Friel, Life Flight Network Clinical Educator. | Apr 7, 2012 10:35 PM |
| 187 | Must be a high priority nationally. | Apr 7, 2012 10:10 PM |
| 188 | I am an EMT, so I do not administer medication. | Apr 7, 2012 9:30 PM |
| 189 | Unacceptable, period and the lawmakers and manufactures lives can be directly affected if they fall in need of emergency care | Apr 7, 2012 8:36 PM |
| 190 | everytime drugs are ordered lately something new is backordered. sometimes these have very long delivery dates if they even have one. | Apr 7, 2012 7:40 PM |
| 191 | I have not yet experienced any of the questions asked above but due to our protocols we are going to need to have a similar medication available to us when and if this happens, and have our protocols meet that situation. such as using the drug ativan due to the shortage of valium. | Apr 7, 2012 6:53 PM |
| 192 | This is for question #9. It is only a matter of time before there is a bad outcome. We are running out of meds and dont have any on hand restock. W e are very rural and never know when there will be multiple calls and lack of restock. | Apr 7, 2012 5:52 PM |
| 193 | The fact that patient care is being negatively affected due to pharm. companies trying to gouge prices is totally unacceptable and any deaths that WILL follow should be criminal. | Apr 7, 2012 5:13 PM |
| 194 | One aspect that needs to be addressed is the hording of the medications by so called "Brown Market" compainies. Many of these companies are getting some form of insider information that allows them to buy up complete lots of medications with the knowledge that there will be a shortfall due to production cutbacks coming up. I don't have a cyrstal ball but they sure seem to have one. These companies are selling back meds w/ up to 4,000% mark-ups. I have seen very few articles out there bringing this "legal" practice to the forefront. There is profitering being done here. According to one article I read many of these companies operate out of Florida due to it's weak consumer protection laws. So much for the idea that without government regulation people and companies will still always do the right thing. | Apr 7, 2012 4:29 PM |
| 195 | I'm not sure of the reason for the drug shortage but since the country is in such disaray at this time I'm not suprised. The government officials need to step up and look at what is happening to this country and fix it so we can provide the best care possible to those patrons that voted them into their respective governmental positions. The US can be short in alot of areas but medications is not acceptable. | Apr 7, 2012 4:22 PM |

Q11. Please share any other comments on the EMS drug shortage issue here.

196	this is all a matter of the drug companies squeezing america...for more money again	Apr 7, 2012 4:18 PM
197	I am continually amazed that we are experiencing medication shortages in this era of lightening fast communication. The fact that life altering medications are unavailable is utterly fascinating to me.	Apr 7, 2012 4:05 PM
198	We are having to carry different volumes and concentrations of the same medications on some of the ambulances. We have lost uniformity and are greatly concerned about administering an inappropriate dosage.	Apr 7, 2012 3:08 PM
199	This needs to be corrected as soon as possible since we are almost all of all of our narcotics.	Apr 7, 2012 2:58 PM
200	I believe this is a contrived shortage on the part of drug manufacturers to drive the price of medications up. This is certainly true of IV Fentanyl which has come off of patent protection and we now have to new forms of the medication which are under patent protection.	Apr 7, 2012 2:51 PM
201	so far the only medication I know there is a shortage of is valium.	Apr 7, 2012 2:49 PM
202	This very simply is an unacceptable situation. While of government is wasting billions of dollars fighting wars they have completely forgotten about their responsibility to the american public	Apr 7, 2012 2:33 PM
203	Directly affecting pt care. This is nonsense	Apr 7, 2012 2:11 PM
204	It is very hard to take care of patients with out the needed medications.	Apr 7, 2012 1:37 PM
205	changes in concentrations, are potential for mistakes increasing...	Apr 7, 2012 12:08 PM
206	Seems to me that the drug companies only want the supply low so the demand is high and they can charge us more for what we really need.	Apr 7, 2012 11:11 AM
207	The issue of administering out dated meds came up in a recent meeting and if we found ourselved in a situation where that was our only choice, my medical director must give permission.	Apr 7, 2012 11:03 AM
208	Terbutaline	Apr 7, 2012 10:57 AM
209	1. At my place of employment we have been instructed not to administer certain medications unless absolutely necessary. 2. Getting certain medications replaced at the local ER has become difficult.	Apr 7, 2012 10:27 AM
210	I receive expired medications from various ambulance providers (public and private) for training use at our Paramedic Program. Efficiency in ordering is a serious problem also since I receive overflow of atropine, lidocaine, 14/16 gauge angiocaths, epinephrine multi dose vials, epinephrine 1:10000 preloads, furosemide, oxytocin, diphenhydramine and other equipment and supplies that have expired. I am fortunate to have them for practice, but sometimes there is so much that I have to turn them away. Ordering efficiency is a PROBLEM.	Apr 7, 2012 10:20 AM
211	I hope a solution is forthcoming.	Apr 7, 2012 9:46 AM

Q11. Please share any other comments on the EMS drug shortage issue here.

212	The Paramedics are not pharmacists and at risk of licensure?	Apr 7, 2012 9:22 AM
213	This undermines our effectiveness and public/professional appearance in what we do for our patients	Apr 7, 2012 9:16 AM
214	The issue has caused much frustration in a profession that already can be quite stressful. Month to month changes with drugs and doses is a danger to patients!	Apr 7, 2012 9:07 AM
215	The lack of benzodiazepines has not yet affected me personally. But the day will come when a seizure, combative, or patient needing sedation will come and I will have no option for treatment as some of my other co-workers have had to do.	Apr 7, 2012 8:44 AM
216	Protocol changes were to change order or order of preference for certain pain medications to preserve current stock.	Apr 7, 2012 8:20 AM
217	In the field time is everything, When having to always find a substitute or the same drug coming in many different containers the opportunity for error increases.	Apr 7, 2012 8:13 AM
218	My patients havent had any adverse outcomes yet but Im sure it will if we have to continue to play around with other medications we are not very familiar with and plus most of these interact with more medications. I cant believe we are in shortage of medications that help people and saves lives. It makes you think about ethics and morales.....I think we need to get back to doing whats right and not what will make us more money.	Apr 7, 2012 8:08 AM
219	Our country has typically enjoyed a wealth of resources until recently. Shortages are occurring at many levels, but healthcare should be one of the last areas to feel the impact. The lack of appropriate medications jeopardizes the health and well-being of citizens across a broad spectrum of clinic and community based medicine, pre-hospital care and the inpatient environment with the hospital setting. It is imperative that meds are readily available to treat and resolve critical, life threatening diseases or events.	Apr 7, 2012 8:06 AM
220	This should not be happening	Apr 7, 2012 7:42 AM
221	This should not be happening	Apr 7, 2012 7:42 AM
222	I wouldn't say any of my patients experienced an "adverse outcome", however a recent pt. of mine would have been more comfortable if IV zofran would have been available. The pt. was given PO zofran and vomited shortly thereafter. There are no alternate antiemetics on our units so the pt. endured a 20 minute ambulance ride without benefit of the medication.	Apr 7, 2012 7:22 AM
223	It is a sad state of affairs our country is in right now. We are spending so much on health care with little result. WE need to concentrate more on prevention and improving life styles and diet.	Apr 7, 2012 7:17 AM
224	RSI has been suspended due to lack of Amidate. very limited pain relief available. Meds change weekly	Apr 7, 2012 6:24 AM
225	EMT,s in NJ only administer eppy & O2	Apr 7, 2012 6:19 AM
226	This could result in a bad outcome and an increased amount of mistakes on	Apr 7, 2012 6:18 AM

Q11. Please share any other comments on the EMS drug shortage issue here.

medication administration since most ALS providers are used to a certain concentration/medication under stressful circumstances this may prove to be detrimental to a patient

227	Lack of familiarity with the protocol/routine due to these changes is likely to delay and hamper appropriate patient care.	Apr 7, 2012 6:04 AM
228	Increasingly difficult to give quality patient care when faced with lack of medications to help with patient's symptoms. We have a 25 minute transport time to our nearest facility and that is an eternity when a patient is in crisis and can not receive medications needed. Hard to explain to family -sorry there is a national shortage, so your loved on has to suffer....	Apr 7, 2012 5:59 AM
229	Some meds (diazepam/lorazepam) are being replaced with meds(midazolam) that may be effective at treating the current issue, may have after effects that are causing issues. In this particular case, while the midazolam i effective at treating the seizing patient, it does not last last as long in the theraputic window therefore requiring multiple doses.	Apr 7, 2012 5:55 AM
230	I think this issue is pathetic. Unable to get valium for seizures, zofran for our nauseated pts, at one point succs for RSI, and epi also at one point our supplier was critically low to the point one of the services I work for was concerned if we had a period with code blues we would run out. This is rediculous and needs to be fixed. I am not a fan of more government oversight but if things dont change we may as well get rid of advanced care and just run emt basic crews. Fix the problem, please!!!!	Apr 7, 2012 3:25 AM
231	These chortages are a travesty. There is no valid reason they exist other than politics and manufacturer;s poor planning and greed.	Apr 7, 2012 1:56 AM
232	On the opposite end of the EMS drug shortage spectrum, I have also had to administer medications to some patients whom I'd normally not administer them to because the local hospitals were out of the same medications. There were some cases where a single ambulance in our city had more Valium and Ativan than an entire hospital (a fully accredited primary stroke and STEMI center, not a small outlying facility).	Apr 7, 2012 1:25 AM
233	Our patients rely on us to be able to take care of and treat their conditions. The shortage on medications has caused some conditions to go untreated until arriving at a hospital, when just months ago, we as EMS could care for the issue.	Apr 6, 2012 10:37 PM
234	Most narcotics,	Apr 6, 2012 9:58 PM
235	Providers really, really consider administering a med that is/has been in short supply. Specifically Zofran, Mag, and adenocard are in short supply in our system.	Apr 6, 2012 9:20 PM
236	So far, we've been able to scramble to cover shartages. Alternative concentrations obviously increase the risk of over/underdose. Medical director is ready to okay the use of expired medications, and has prepared protocol changes to accomodate alternative medications. Maintaining normal inventory on ambulances and supply rooms has been impossible	Apr 6, 2012 9:02 PM

Q11. Please share any other comments on the EMS drug shortage issue here.

237	the shortage of medications has hindered the ability to treat. by law, by protocol this inability is wrong.. without correcting the issue some EMS organizations are being pushed to the brink of failure to comply with protocol or follow federal and state laws.. this is a horrible catch 22 that seriously needs correction	Apr 6, 2012 9:02 PM
238	If the shortage situation isn't taken care of soon we will start to experience adverse outcome with our pt's.	Apr 6, 2012 9:00 PM
239	Do something about it.....	Apr 6, 2012 8:42 PM
240	Stock is good, but refilling units has taken a delay. Once a unit is completely out of a medication, then the unit get stock. We had medication pull from the unit to back fill command Hospital. Changes in medication due to cost cutting.	Apr 6, 2012 8:23 PM
241	If not corrected, this shortage will lead directly to patient suffering, injury, or death. Switching drugs and doses can result in increased errors in dosing or drugs used when contraindicated.	Apr 6, 2012 8:16 PM
242	Frequently changing medications is a pain and could lead to mistakes.	Apr 6, 2012 8:14 PM
243	Our department has been relegated to finding alternative manufactures who will produce the necessary drugs for us at a price 10 times the previous cost. Additionally, these products routinely have an usage date of no more than 60 days and usually provides for a large waste of the medication both in product and fiscal cost to the tax payers as we are a City/County municipally funded agency.	Apr 6, 2012 7:57 PM
244	It's hard to keep.changing drug doses and concentrations.	Apr 6, 2012 7:56 PM
245	I'm dumbfounded by the letter to Congress. As Professionals, EMS lacks in their ability to put together sentences that are not run-on and that stick to a present or past tense without the use of both. Take the following sentence: "We have participated in the development of two complementary letters to Congress that outline the drug shortage problem from the EMS perspective and provide suggestions for consideration by the Senate and House committees charged with crafting legislation to address the problem." First, where are the commas? Second, 'You have participated in the development of two complementary letters to Congress'? Are you kidding? Why not put it straight forward, 'We have written two letters to Congress, expressing our concern of the drug shortage crisis that EMS is currently facing with critical patients.' Also, Congress is inundated with a ton of letters and paperwork; it would be better if you actually named the specific drugs you wanted Congress to consider, and then put your concerns in bullet points. Anyone can write a letter, but it takes someone who has the ability to stay focused that will do the job well. Your letter was all over the place with additional add-ons and it was so difficult to read that your meaning was lost in many of the lines. Maybe you should try to write the letter and have only one other person assist with the editing. In EMS, we simplify everything - try the bullets and KISS it and Congress will honestly read what you have to say. Oh, and maybe you should not try to put different forms of the same word, three times in one sentence. There are literally tens of thousands of words to choose from, maybe you could try not to repeat the same words in your sentences, the next time you write to Congress. It's just a suggestion.	Apr 6, 2012 7:53 PM

Q11. Please share any other comments on the EMS drug shortage issue here.

246	many locally have said if we have to pay more so these companies can make MORE money then fine increase the price, but we need these medications. Someday we may be treating/transport their family and how do we provide leel care if we dont have to tools to do our job?	Apr 6, 2012 7:46 PM
247	Due to the shortage of Narcotics, it has been difficult for patients that require pain management. I have also heard of other Medics having trouble with diabetic patients and not having any glucose to increase blood sugar levels. As the current drugs that we carry expire it will become nearly impossible to treat patients. This problem will have a trickle down effect and the Medic will be blamed by the public because of lack of knowledge.	Apr 6, 2012 7:44 PM
248	Please do your best present and resolve these drug shortage issues for our pts who are totally dependent on provision of care/medicinal interventions/treatments. Thank you	Apr 6, 2012 7:33 PM
249	I have not seen any adverse impacts, yet.. Could happen if this keeps up though.	Apr 6, 2012 7:29 PM
250	Although my departmenr has not been directly effected, I am concerned for those who are both as an EMS provider and a potential patient. This is a big deficit in the EMS community as a whole.	Apr 6, 2012 7:27 PM
251	This drug shortage is forcing EMS agencies to focus on issues that detract from other aspects of operations as so much time has to be dedicated to just-in-time training, protocol administration, and protocol meetings. Furthermore, there will be an inherent cost increase thanks to macroeconomics as demand is high while supply remains low. This will have a significant impact on budgeting and will cause other operational areas to endure an impact from the medication shortage.	Apr 6, 2012 7:23 PM
252	Please fix this problem.	Apr 6, 2012 7:16 PM
253	Why the shortages? Please get the word out to the field "why" other than there is a "shortage". Thanks!	Apr 6, 2012 7:09 PM
254	I think it's time to look at the entire drug box we carry and see which drugs we "like" versus what we "need".	Apr 6, 2012 7:09 PM
255	So far we have not had to administer expired Valium but we had to change the protocol to allow use of versed IV. We are holding expired Valium and will issue it to the filed medics for use when we run out of versed.	Apr 6, 2012 7:06 PM
256	Getting more common. We had the D-50 shortage and used D-10 instead. I actually preferred this treatment method over D-50. It gave a more steady and gradual rise in blood sugar. We now have the Fentanyl shortage. We do have morphine as a back up but it was nice to have alternative treatments. For example, I had a patient today that laid down his motorcycle and had severe road rash all over his arms and legs. Very painful injury. He was allergic to Morphine. 2-3 weeks ago I could of treated his pain. We are currently out of Etomidate as well. I have not had to do a conscious sedation since shortage but I could see this being an issue if this treatment is needed.	Apr 6, 2012 7:06 PM

Q11. Please share any other comments on the EMS drug shortage issue here.

257	If drug manufacturers would put advertising monies into producing back ordered products, then this situation would be helped.	Apr 6, 2012 7:04 PM
258	The local region has moved to follow AHA protocol (not the additional AHA literature allowing for lidocaine) in ventricular tachycardia/fibrillation and removed lidocaine from the protocol. This has presented difficulties in that amiodarone is in short supply and there is no secondary option.	Apr 6, 2012 6:53 PM
259	These changes are recent. I anticipate adverse outcomes as more patient contacts are made. Particularly with the increase in times between repeat doses.	Apr 6, 2012 6:49 PM
260	I sure hope I don't run into any pediatric seizures	Apr 6, 2012 6:35 PM
261	We have also had to accept medications with a very short expiration date...very expensive to replace drugs only to have to replace if able in a month! Very frightening!	Apr 6, 2012 6:30 PM
262	We have experienced costs to replace medications that hospitals can't restock as we have a restocking agreement within eastern pa	Apr 6, 2012 6:29 PM
263	No shortages in my area	Apr 6, 2012 6:23 PM
264	This shortage has significantly effected ems as a whole and is unacceptable. The medications that are in national shortage are cheap and easy to manufacture. There is no significant reason that these medications should be in short supply. Ultimately when, not if, patients begin to suffer the blame will fall to ems providers which is also unacceptable.	Apr 6, 2012 6:06 PM
265	Valium shortage makes it more difficult to treat seizure patients	Apr 6, 2012 5:48 PM
266	EMS providers should have an unlimited supply of medications to use in treatment of the public. They are the ones that will always pay for our lack of adequate preparation and constantly changing treatment protocols due to medication shortages. Immediate attention is vital. Our next patients might very well be our family or friends whose lives depend on our ability to help them when they need us most. If this issue isn't remedied soon, it could cause unnecessary death.	Apr 6, 2012 5:47 PM
267	I do not administer drugs/meds directly to the patient, however the Medics & RNs that I work with have experience this problem.	Apr 6, 2012 5:44 PM
268	Ems can not let our patients suffer due to the lack of medications, we need to know in advance of any shortage and should get first chance to receive the drugs first when they become available.	Apr 6, 2012 5:44 PM
269	Maybe we should buy from over seas because are place dont care about pts it is the dollar sign. Knowing that you are short praying that you dont have a call that needs that drug. Put the boss of these companys family members on the other side,(ie) being the pt that needs these meds and you can only watch and do nothing. Stop thinking about dollars and worry about the pts	Apr 6, 2012 5:43 PM
270	What exactly is being done to correct this issue, and prevent it in the future?	Apr 6, 2012 5:38 PM

Q11. Please share any other comments on the EMS drug shortage issue here.

271	More lead time in time from notification to predicted shortage time . More flexibility in pre hospital medications.	Apr 6, 2012 5:36 PM
272	Magnesium we have not had a call that required it. Vasopressin and Amiodarone have alternatives. Lasix we can utilize alternate treatments (CPAP & NTG)	Apr 6, 2012 5:23 PM
273	I am an EMT Basic and do not administer drugs.	Apr 6, 2012 5:19 PM
274	The most serious concern I have with these drug shortages, is in the Rapid Sequence Induction setting. We are out of Etomidate, which we use as a short term sedative, just prior to administering a paralytic to facilitate intubation in patient's with severely decreased level of consciousness. These patient's can not protect their airway, and can die when they aspirate prior to having a protected airway via a Endotracheal Tube. Our current plan is to use old school Versed, which is a step backwards in terms of standards and patient care. I feel sorry for the next RSI patient that we have.	Apr 6, 2012 5:12 PM
275	These drugs are needed to save lives, future patients very well may be affected if this matter is not resolved quickly, what if it was you that needed a certain medication in a life threatening situation, but the medication that could save you was unavailable? I bet you'd try and resolve the problem if it hit close to home.	Apr 6, 2012 5:03 PM
276	It seems to me that the drug a shortage is being created by the manufacture ie morphine can only be supplied in multiple dose or odd concentration. It is not the lack of Orphan for example it is how is package or the concentration.	Apr 6, 2012 5:01 PM
277	It's ashame that we can't have access to what we need and have to deal with what's available when it comes to treating patients	Apr 6, 2012 4:59 PM
278	I believe that the drug companies are manipulating the market, and this needs to stop immediately.	Apr 6, 2012 4:54 PM
279	It's pretty bad, that the largest nation in the world can't provide medication for it's people and first responders. It is sad, very sad.	Apr 6, 2012 4:51 PM
280	The changes that have to be put in place to accomodate the shortages can create confusion and may result in adverse outcomes.	Apr 6, 2012 4:41 PM
281	My company, a nationwide private ambulance service, will not allow use of an expired medication under any circumstance. They have been unwilling to cooperate with local operations during the shortage.	Apr 6, 2012 4:33 PM
282	Currently in our system there is a shortage of valium in the prefilled tubex syringes and we haven't had procainamide for sometime. We have had to reduce the total amount of valium we have in our drug boxes due to the shortage.	Apr 6, 2012 4:30 PM
283	We are currently operating all of our ALS Ambulances without any medication for seizures. We normally carry Valium and Versed for seizures. It is my fear that one day soon we will respond on a pediatric or adult status seizure and not be able to provide them the medications that they need and this will lead to someone's death. Our local medical director has written a letter to the GA	Apr 6, 2012 4:27 PM

Q11. Please share any other comments on the EMS drug shortage issue here.

Attorney General and we have also addressed the drug shortage with our State EMS Office. All are in agreement, this is a health care emergency that requires immediate attention.

284	We are now using a compounding pharmacy locally rather than just ordering meds.	Apr 6, 2012 4:25 PM
285	I think it's interesting that the hospitals aren't having the same problem & get upset when a medication isn't given because they don't understand.	Apr 6, 2012 4:22 PM
286	Such shortages are scandalous, usually provoked by poor speculation, or low profit margins, a ploy often used by pharmaceutical companies. The government needs to step in and put a stop to these tactics.	Apr 6, 2012 4:22 PM
287	The medication shortage is getting very close to critical conditions in my organization. Medications are being moved from truck to truck in an attempt to keep at least one vial per unit. Protocols have been changed in anticipation of the lack of availability on the trucks. If this shortage is not fixed soon the citizens of my county will suffer and all i can pray for is that there won't be any loss of life or quality of life.	Apr 6, 2012 4:21 PM
288	It is unacceptable that the nation is experiencing this shortage. One medication may be okay but not the many drugs that emergency medicine has to face. This day and age it is total unacceptable. Some of the medication that are affect for serious indications such as respiratory and seizures disorders.	Apr 6, 2012 4:17 PM
289	Why is there a shortage? We have so many drug manufacturers available I do not understand why there would be a shortage.	Apr 6, 2012 4:17 PM
290	It is imperative that thorough education needs to be disseminated about alternates drugs and appropriate dosages.	Apr 6, 2012 4:11 PM
291	We cannot preform our jobs without the necessary equipment. Hope this will end soon, our citizens deserve better. What if it were your family that had to suffer because of the shortage. Ask the overpaid that sit high on the pedestals that for me.	Apr 6, 2012 4:03 PM
292	This is a very serious issue for sub frontier rural areas, our closest hospital is a minimum of 2 hours away, so medications we carry can make a huge difference in patient comfort, outcome and care	Apr 6, 2012 3:58 PM
293	The shortages are probably , in part, due to the fact that these drugs are generics. As such, drug manufacturers place not priority on their production when meds with higher profits margins can be made.	Apr 6, 2012 3:48 PM
294	Our needs are quite small and still, our hospitals cannot spare the drugs needed to supply us.	Apr 6, 2012 3:48 PM
295	Should be used as a opportunity to expand the current list of medications available to EMS providers nationwide and set a new standard of alternate drugs that are good for everyday EMS use	Apr 6, 2012 3:46 PM
296	No relief in site to the problem with persistant back order and no suitable	Apr 6, 2012 3:43 PM

Q11. Please share any other comments on the EMS drug shortage issue here.

alternatives to turn to

297	These are essential medications. There needs to be a process for ensuring an adequate supply for national EMS and hospital services, governmental or otherwise.	Apr 6, 2012 3:39 PM
298	This will continue to be an ongoing problem if something isn't done soon. These medications do not produce the revenue that others do per dose, but they are essential for good patient care and good patient outcome.	Apr 6, 2012 3:39 PM
299	We are constantly receiving new packaging and concentrations of pain medication and sedatives. Though we should always be diligent when giving medications and follow the rule of checking and rechecking, these constant changes make the potential for medication errors significantly higher.	Apr 6, 2012 3:39 PM
300	absolutely criminal and unethical to not be able to treat pain and nausea; don't know exactly what the problem is but with all the money drug companies have and make, seems as if this shouldn't ever have happened	Apr 6, 2012 3:39 PM
301	I work in HEMS for a very large system with a lot of purchasing power. I've noticed a greater impact to small EMS programs that don't have the same purchasing power or ability to stockpile medications.	Apr 6, 2012 3:24 PM
302	If we don't get drugs soon, we will start experiencing problems with patient outcomes. I sometimes gauge time to hospital vs immediate need for the medications but we are now out of several so immediate needs will be unable to be filled.	Apr 6, 2012 3:24 PM
303	We are going to dilaudid because of the Fentanyl shortage. I think that elevates our risks of being involved in a robbery or thefts of medicines, equipment or ambulances.	Apr 6, 2012 3:16 PM
304	Our shortages change week to week. This week one medication and next week we can get that one then get shorted on another one	Apr 6, 2012 3:16 PM
305	at some point paramedics will need to make a choice, even with protocol changes, that are in the best interest of the patient whom is unable to make a choice in the use of expired drugs or alternative choices that will increase the liability of the paramedic. We have no choice except to follow the protocols written to execute this style of treatment.	Apr 6, 2012 3:07 PM
306	Hope this gets fixed soon. As of right now, due to drug shortages, we (paramedics) are providing sub standard care when the public knows we should be able to do more.	Apr 6, 2012 3:04 PM
307	Versed, Valium, Mag Sulfate	Apr 6, 2012 2:59 PM
308	The administration of drugs is a highly technical skill reserved for trained personnel under strict medical direction. The short notice protocol changes are potentially dangerous especially in the pre-hospital setting due to the often chaotic nature of the business. It is not a question of "if" but "when" will there be a adverse event associated with the problems.	Apr 6, 2012 2:57 PM

Q11. Please share any other comments on the EMS drug shortage issue here.

309	It is a sad day in America when we move in the direction reducing access and quality o medical care for profit and corporate gain.	Apr 6, 2012 2:56 PM
310	Medications we have had problems with include Fentanyl, 50% Dextrose, 10% Dextrose, Midazolam, Atropine, & Magnesium Sulfate. Our agency has gone to local pharmacy compounding and has been able to keep us stocked. Patients have been affected by longer medication draw to delivery times but I have not seen any residual defecits as a result.	Apr 6, 2012 2:52 PM
311	The situation is becoming dangerous for both providers and patients. Its only a matter of time before a patients outcome is negatively affected, and the EMS provider is going to be liable and be forced to live with the consequences.	Apr 6, 2012 2:51 PM
312	Frequent changes to delivery methods and medication concentrations are accidents waiting to happen.	Apr 6, 2012 2:51 PM
313	This shortage seems ridiculous in this day and age...	Apr 6, 2012 2:51 PM
314	This is a huge medical crisis that needs corrected immediately and who ever is responsible for it should come forward gland tell the public	Apr 6, 2012 2:50 PM
315	I am confused on how this could've happened and frightened that it could happen so easily without a catastrophe. What will this mean to us when there is a large scale disaster. Some of the medications are a matter or life and death. It sure doesn't help our profession when we, as leaders cannot provide our rescuers with the tools they need to save someone's life.	Apr 6, 2012 2:49 PM
316	In an era when so many of our EMS clinicians are dual role providers (fire service) it is difficult to change protocols quickly and keep the clinicians abreast of rapidly changing medications.	Apr 6, 2012 2:49 PM
317	Diazepam shortage	Apr 6, 2012 2:48 PM
318	Difficult for EMS that utilize IV meds only to use alternative routes.	Apr 6, 2012 2:47 PM
319	I am concerned that there is an increased possibility of medication administration error due to variations in concentration, dosage, and packaging. We work under fast paced, multi-variant situations which create an environment where new packaging and delivery of drugs could easily lead to an error.	Apr 6, 2012 2:47 PM
320	It's too bad, but I can adapt and always have a plan "b" or "c". My patients never suffer or know about it.	Apr 6, 2012 2:44 PM
321	My service already has a shortage of Epinephrine 1:10,000 among other meds which is going to inhibit patient care in the future.	Apr 6, 2012 2:44 PM
322	The drug shortage will cause patients to experience more discomfort and pain than they should. It also has great potential to cause patients with ACS to have greater damage to their myocardiums due to the inability to benefit from the properties of Morphine. They will have to deal with continued pain and ischemia leading to further tissue death due to the inability of field porviders to administer the life giving drugs that have been porven to reduce the detrimental affects of an acute myocardial infarction.	Apr 6, 2012 2:44 PM

Q11. Please share any other comments on the EMS drug shortage issue here.

323	Stop the business criminals. We need Valium and Fentanyl to help people. This is not acceptable.	Apr 6, 2012 2:42 PM
324	We are reverting to 1960's EMS concepts.	Apr 6, 2012 2:42 PM
325	We are a hospital based EMS and will confirm that it is an issue house wide. Our pharmacy has taken measures to reapportion some medications to smaller volumes to stretch the supply but it shortens the expiration.	Apr 6, 2012 2:39 PM
326	It would be much better if there was more information prior to a shortage and to be able to find a suitable replacement. GThe big question is why is there ever such a shortage. I feel that the main point that Congress an all involved should know or realize is how would they feel being or a family member of the patient that does not get the medication they need or health care providers trying to adapt on the fly making some life and death decisions. We carry and use medications for a reasons!!	Apr 6, 2012 2:39 PM
327	Due to the constant changing in medication availability and dosing, etc. there are going to be more medication errors which can have an adverse outcome on the patient.	Apr 6, 2012 2:38 PM
328	It is estimated that our service will spend approximately 23% more on pharmaceuticals as a result of drug shortages and drug changes. Also, there is an increased administrative cost associated with staff having to monitor and track drug orders, maintain state mininum inventories, and track protocol deviations due to temporary or "short notice" protocol changes.	Apr 6, 2012 2:33 PM
329	It seems that there is a constant rotation of medications that are becoming short on supply. Our system has alternatives and has reacted very rapidly to the changes with either substitute medications or substitute concentrations but there is a continual re-education occuring that has cost time and money to bring all providers up to date on the changes	Apr 6, 2012 2:32 PM
330	Need to extend the expiration dates of meds that have been temp controlled. Our state EMS office will not take the responsibility of these actions and believe it needs to be a federal issue (KENTUCKY)	Apr 6, 2012 2:30 PM
331	Having the government intervene in a crisis that they created is absolute lunacy. The FDA is regulating the pharmaceutical industry out of business.	Apr 6, 2012 2:28 PM
332	So far in my area, this has been an inconvenience. But if the shortages continue, I could see it becoming a much larger problem for our patients.	Apr 6, 2012 2:27 PM
333	As an EMT, I do not directly give medications, but I work with a critical care team consisting of a PhRN and paramedic, and my answers reflect what I have observed	Apr 6, 2012 2:25 PM
334	It's Time for a Change	Apr 6, 2012 2:25 PM
335	This drug shortage is unacceptable. There is no reason for a well developed nation, such as the US, should have this problem.	Apr 6, 2012 2:24 PM
336	Drug shortage in rural EMS systems is at a crisis point not only because of the	Apr 6, 2012 2:24 PM

Q11. Please share any other comments on the EMS drug shortage issue here.

overall shortage, but because with our volume of purchase, we are not considered a priority. The larger services, especially in urban areas will get whatever drugs become available before we do. Additionally, compounding is not an option not only because of cost and waste from shortened shelf lives, but because we either don't have pharmacies able to compound or who WILL compound. Rural patients deserve the same quality of patient care and pain management as Urban patients!

337	Big pharma needs to be brought to heel on this issue!!!!!!	Apr 6, 2012 2:24 PM
338	Due to the short list of Medications ambulances carry it is much more important to ensure adequate supplies .	Apr 6, 2012 2:23 PM
339	Zofran shortage. Vials are now unavailable and tablets are used sparingly.	Apr 6, 2012 2:23 PM
340	grrrrr Obama	Apr 6, 2012 2:23 PM
341	This department has not had a problem, but it is getting closer and closer to affecting this department.	Apr 6, 2012 2:22 PM
342	Need to find the root cause!!	Apr 6, 2012 2:20 PM
343	This needs to be fixed ASAP before lives are lost due to the drug shortage	Apr 6, 2012 2:19 PM