



State of New Jersey

DEPARTMENT OF HEALTH
OFFICE OF EMERGENCY MEDICAL SERVICES
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CATHLEEN D. BENNETT
Commissioner

Certificate of Waiver

Pursuant to the provision of the New Jersey Administrative Code, specifically N.J.A.C. 8:41-1.4, a waiver is issued to:

All New Jersey Mobile Intensive Care Programs

Granting specific relief, waiving from the following provision(s) of Chapters 41 of the New Jersey Administrative Code:

1. Permitting administration of midazolam as a primary therapeutic agent for pediatric seizures.
2. To make generic the requirement that Mobile Intensive Care Units carry a benzodiazepine.
3. Permitting administration of medication by intranasal and buccal routes.

Specifically, the following changes shall apply:

SUBCHAPTER 8. STANDING ORDERS FOR PEDIATRIC PATIENTS

8:41-8.9 Standing orders for pediatric seizures (2011)

(a) The following standing orders are authorized in the event a pediatric patient presents with active seizures:

1. Assess and secure the airway;
2. Administer oxygen therapy as patient condition indicates;
3. Maintain normal body temperature;
4. Obtain a rapid glucose test;
 - i. If blood glucose is greater than or equal to 60, contact medical command;
 - ii. If blood glucose is less than 60:
 - (1) Establish vascular access with normal saline at a KVO rate.
 - (A) For patients less than one month of age, administer 0.5 g/kg of a 10 percent dextrose solution via IV/IO.
 - (B) For patients greater than or equal to one month of age, administer 0.5 g/kg of a 25 percent dextrose solution via IV/IO.
 - (C) If unable to establish vascular access, administer Glucagon 0.1 mg/kg (0.1 ml/kg) to a maximum of 1 mg IM (1mg=1ml=1 unit);
5. If ALS witnesses the patient actively having a generalized seizure for 2 minutes or greater or having repetitive seizures, then administer ~~either~~ Lorazepam 0.05 mg/kg up to 2mg IV, or Diazepam 0.1 mg/kg up to 5mg IV,
6. ~~If no vascular access administer~~ Midazolam 0.15 mg/kg up to 5 mg, or Lorazepam 0.05 mg/kg up to 2mg through an approved route of administration;
- and
7. Contact medical command.

SUBCHAPTER 6. ADMINISTRATION AND STORAGE OF MEDICATIONS

8:41-6.1 Medications and therapeutic agents

(a) The following medications and therapeutic agents are approved for utilization by ALS crewmembers. Each vehicle shall be equipped with the following medications and therapeutic agents in sufficient quantities to allow for the administration of therapeutic doses of the medication or agent:...

4. Benzodiazepine agent, ~~either Ativan and/or Valium;~~

SUBCHAPTER 12. SCOPE OF PRACTICE, ENFORCEMENT ACTIONS AND HEARINGS

8:41-12.1 Scope of practice for EMT-Paramedics...

(c) In addition, with medical command authorization or utilizing the standing orders set forth at N.J.A.C. 8:41-7.1 through 7.22 and 8:41-8.1 through 8.16, the persons identified in (b) above may:...

3. Prepare and administer approved medications and solutions (that is, those set forth at N.J.A.C. 8:41-6.1) by intravenous, intramuscular, subcutaneous, intraosseous, intranasal, oral, sublingual, topical, inhalation, rectal, ~~or~~ endotracheal routes, **intranasal, or buccal routes;**

Justification: The body of clinical evidence suggests that midazolam:

- can be administered by more routes than diazepam,
- is shorter-acting than diazepam,
- does not require refrigeration like lorazepam, and
- has a similar time of onset and clinical effect compared to the entire class of benzodiazepines.

Department Review: The Department has reviewed the body of clinical evidence provided to determine both safety and clinical benefit and has determined, on the basis of the evidence provided, that this clinical strategy should be rated:

Class (Strength) of Recommendation: Class IIA
Level (Quality) of Evidence: Level B-NR

Terms & Conditions: Prior to implementation of this protocol, all Mobile Intensive Care Paramedics and Mobile Intensive Care Nurses are provided with in-service training on the revised protocol and any new routes of administration that are approved by the program.

Duration: This waiver is shall remain in effect until to the current version of N.J.A.C. 8:41 has been revised.

For: Cathleen D. Bennett, Commissioner

By: Scot Phelps, JD, MPH, Paramedic
 Director, Office of Emergency Medical Services

Date issued:
Waiver Control Number: 17-41-8.9,6.1-035
Expiration date: Indefinite