State of Maryland
Maryland Institute *for* Emergency Medical Services Systems

Wes W. Moore
Governor

Clay B. Stamp
Chairman EMS Board

Theodore R. Delbridge, MD, MPH
Executive Director

To: Highest Jurisdictional Officials
Commercial Ambulance Services Directors
EMS Medical Directors

From: Theodore Delbridge, MD, MPH
Executive Director

Timothy Chizmar, MD
State EMS Medical Director

Date: March 20, 2025

RE: **Amiodarone Shortage / Lidocaine (2%) Substitution**

Given the current shortage of amiodarone, jurisdictional and commercial EMS services may temporarily use lidocaine for the cardiac indications described below.

The ALS Pharmacology – Lidocaine Protocol (11.25) has been revised to include ventricular fibrillation, ventricular tachycardia and prevention of recurrent VF/VT after defibrillation as indications. The maximum per patient dose of lidocaine is 3 mg/kg. Based upon this dosing, we recommend carrying a minimum of 400 mg of lidocaine per ALS unit.

If you need to transition to lidocaine temporarily, please take the following steps:

- Provide a copy of the attached, revised protocol to your EMS clinicians. Please emphasize that this is a temporary change until amiodarone supplies have been restored.
- Jurisdictional services should notify Dr. Chizmar (tchizmar@miemss.org) of the start and end dates for their amiodarone shortage.
- Commercial services should request a waiver to carry lidocaine in lieu of amiodarone by sending an email request to socalr@miemss.org.

Attachments:
ALS Pharmacology: Lidocaine (11.25), revised

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