

Drugs	Addition/update of guidance and rationale
	<ul style="list-style-type: none"> ● The indication for intravascular fluid for burns now recommends that if the burn surface area is: <ul style="list-style-type: none"> – <10% do not administer fluid. – ≥10 – <20% and time to hospital is greater than 30 minutes then administer sodium chloride 0.9% 10ml/kg over an hour. – ≥20% administer sodium chloride 0.9% 10ml/kg over an hour.
Ipratropium Bromide	<ul style="list-style-type: none"> ● A caution has been added that If COPD is a possibility nebulisation should be limited to six minutes.
Lidocaine	<ul style="list-style-type: none"> ● Removed from the AACE guidelines because lidocaine is no longer recommended.
Metoclopramide	<ul style="list-style-type: none"> ● There are no significant changes to this guideline. ● However, with the introduction of ondansetron, a more effective anti-emetic with fewer side effects, it is envisaged that metoclopramide will eventually be removed.
Misoprostol	<ul style="list-style-type: none"> ● A new guideline for the control of postpartum haemorrhage if syntometrine or other oxytocics are unavailable, contra-indicated, or if they have been ineffective at reducing haemorrhage after 15 minutes (Syntometrine and misoprostol reduce bleeding through different pathways; therefore if one drug has not been effective after 15 minutes, the other may be administered in addition). ● Misoprostol was chosen because it does not require refrigeration and therefore it has a longer shelf life. Currently there is no rectal preparation of misoprostol therefore the same tablets can be administered orally or rectally.
Morphine Sulphate	<ul style="list-style-type: none"> ● The parenteral and oral preparations of morphine have been combined into one guideline. ● Dosages for intramuscular and subcutaneous administration of morphine are presented for patients with major trauma, shock, or cardiac conditions when the intravascular or intra-osseous routes are not available. ● An emphasis on a balanced approach to pain management.
Naloxone Hydrochloride	<ul style="list-style-type: none"> ● In cases where naloxone is administered via the intravascular or intra-osseous route, the repeat dose is equal to the initial dose and is administered every three minutes up to the maximum dose until an effect is noted.
Ondansetron	<ul style="list-style-type: none"> ● Ondansetron is a new guideline for 2013; it is an anti-emetic which is effective in the prevention and treatment of opiate-induced nausea and vomiting, the treatment of nausea and/or vomiting in adults and the treatment of travel associated nausea or vomiting in children.
Oxygen	<ul style="list-style-type: none"> ● An update of the JRCALC oxygen clinical practice guideline was first issued in 2009 based on O'Driscoll BR, Howard LS, Davison AG, on behalf of the British Thoracic Society. BTS guideline for emergency oxygen use in adult patients. Thorax 2008;63(Suppl_6):vi1-68. ● http://www.brit-thoracic.org.uk/guidelines/emergency-oxygen-use-in-adult-patients.aspx