Protocol Updates
Oct. 01, 2026

GENERAL PATIENT CARE

GC.01. General Patient Care:
- 36 kg is dividing line between adult and pediatric (formerly 37Kg)

GC.02 Vascular Access:
- AEMT and above can perform EJ

GC.06 Appropriate Analgesia Ref:
- New reference guideline

GC.07 & 08 Procedural Sedation (Adult and Pedi):
- Entirely new procedure for ALS providers

GC.09 Nausea & Vomiting:
- BLS can give PO Zofran to adult and pediatric
- New drug: Paramedics can give Droperidol for N/V refractory to Zofran

GC.12 Chemical Relaxation:
- RASS is new (is not in TCES COGs)
- Droperidol and Geodon for Rass +2 or 3

GC.13. Heat Related Emergencies:
- Rectal temp of 105°F and Abnormal Neurological status required to begin cold water immersion

GC.15 Lift Assist Checklist:
- Vital signs will now be required on all lift-assists

AIRWAY SECTION

AW.08 & AW.09 - Adult & Pedi Failed Airway:
- Surgical airway age threshold is now >12 years old (previously 10 years)

AW.10 & AW.11 - Adult & Pedi Post Intubation Sedation:
- New protocol for departments carrying narcotics

ADULT CARDIAC ARREST SECTION

AA.02 – AA.03: Adult VF/VT Pulseless & Refractory VF/VT:

- Epinephrine given only once for VF/VT (previous TCES COG has no limit)
- Dual Sequential Defibrillation (DSED) is made available as soon as two cardiac monitors are present (previously after 4th shock)
- Delay of 1 second in between shocks for DSD

AA.04 Adult Asystole and PEA:

- Epinephrine max dosage 3mg for these rhythms

AA.05 Adult ROSC:

- Norepinephrine dose range is 5-20 mcg/min (previously 2-30)
- Epinephrine infusion is now an option, also at 5-20 mcg/min

AA.06 Termination of Resuscitation:

- New COG requires 20 mins CPR in non-shockable rhythm, 40 min in shockable
- New protocol requires obtaining EKG strip (4 lead) on all DOA Pts to be left on scene for ME (unless "visibly decomposing," danger, or prohibited by LE)

ADULT CARDIAC SECTION

AC.01 Cardiac Chest Pain:

- NTG administration is a paramedic-only intervention
- No NTG admin without an IV established.
- OLMC Required for NTG w Inferior wall or R sided MI

AC.02 Cardiac Hypotension:

- New protocol, especially pertinent for AEMT and ALS providers

AC.03 Bradycardia:

- Atropine administration is every 5 mins with max dose of 2mg (previously every 3 minutes with max dose of 3mg)
- Epinephrine infusion is a treatment option for bradycardia (previously only for pediatrics)

AC.04 Narrow Complex Tachycardia:

- Diltiazem is now a treatment option

AC.06 CHF & Pulmonary Edema:

- NTG administration is a paramedic-only intervention
- NTG Paste is an option again
- No NTG admin without an IV established

AC.07 & 08 LVAD Assessment & LVAD Related Treatment:

- All providers please review assessment and management of LVAD patients. This is much more comprehensive than in our previous protocols, and includes actions for BLS providers

ADULT MEDICAL SECTION

AM.01 Adult Allergic reaction:

- Epinephrine dosage for adults is now 0.5mg IM and All levels may repeat q 5-10 PRN
- ALS providers may choose push dose epinephrine or epi infusion instead of repeat doses
- Dexamethasone 10 mg has been substituted for Solumedrol
- Diphenhydramine dose range is now 25-50 mg (previously 25mg)

AM.04 Hypotension Non-Trauma:

- Norepinephrine dose range is 5-20 mcg/min (previously 2-30)

AM.05 Adult Sepsis:

- "NEWS Score" and "Sepsis Alert" are new
- IVF administration dosage is now 20 ml/kg (previously 30 ml/kg)

AM.06 & PD.14 Overdose and poisoning / toxic ingestion:

- Narcan dose in now 0.5-6mg for AEMT and above
- BLS EMT please refer to SO.02 First Responder Opiate Reversal for dosage of 0.2-4mg Narcan
- Dystonic reaction Diphenhydramine dose is now 25mg IV/IO (previously 50mg IV/IO/IM)
- Calcium Gluconate (only) for Calcium channel blocker OD is now 2 gm (previously 1 gm)
- Glucagon is no longer indicated for beta-blocker OD
- Sodium Bicarbonate for Tricyclic Antidepressants (TCA) is a one-time dose only. No repeat doses and no maintenance infusions.
- LR 1000ml infusion and Sodium Bicarbonate for Aspirin and salicylates OD is new

AM.08 Respiratory Distress:

- 5mg albuterol with .5mg Atrovent repeat x 1 making max dose 10mg albuterol (previously 2.5mg albuterol, repeat x 2 with max dose 7.5mg) – SAME FOR PEDIATRIC
- 0.5mg IM epinephrine if Resp Failure is imminent (Half dose for >70 with CAD). Standing order, no med control necessary (EMT / EMR / ECA)
- Dexamethasone 10 mg has been substituted for Solu-Medrol
- Magnesium sulfate 2 gm is now infused over 10 min (previously 20 min)

AM.09 Adult Seizure:

- Midazolam 10mg IM (current COGs include IM dose w all other routes at 5mg)
- Ketamine if refractory to benzodiazepine

AM.11 Adult Hyperkalemia:

- New COG states LR is safe (and superior to NS) for volume resuscitation

TRAUMA CARE SECTION

TR.01 & TR.02 Adult and Pediatric General Trauma:

- Needle / Finger Thoracostomy Procedure can be performed on patients with signs of tension pneumothorax who still have pulses at AEMT level WITH PROPER TRAINING
- Pressors used to maintain BP for TBI & Suspected Spinal Shock (See **Advanced BP Management)**

TR.03. Burn Injury:

- IV fluid formula is now the modified Parkland formula for all patients (2ml/kg x %TBSA /16) to be given as a single bolus (Formerly Rule of 10's for adults, and Parkland formula for Pediatrics)
- Calcium Gluconate (or Calcium Chloride) mixed with 5-10mL of water-based lubricant for hydrofluoric acid burns has been added
- Refer also to cyanide and Inhaled Toxins protocol (SO.01 pg. 132) which is a new protocol

TR.05. Patient Entrapment:

- New protocol. Please review (ALS providers with narcotics)

TR.06 Crush Injury:

- 2L IV crystalloid plus HCO3 1mEq/kg (previously 1 amp HCO3 in ea L of IVF, plus HCO3 1mEq/kg "at the time of reperfusion/release")

TR.07 Traumatic Brain Injury:

- Hypertonic saline 3% 250ml bolus (pedi – 3ml/kg) listed as option for patients with signs of herniation
- Review "H-BOMBS" (Hypotension, Hypoxia, Hypercapnia)
- HCO3 1mEq/kg for pediatric is now standing order (previously required OLMC)

TR.08. Submersion and Drowning:

- Atrovent Max dosage for all providers increased to 1.5mg (3 doses) PRN (previously was repeat x 1 for 1mg Max)
- CPAP PEEP limited to 5-10 cm H20 (previously 5-15 cm H20)

TR.09. Eye/ENT Injuries and Complaints:

- Protocol allows EMT providers to administer Oxymetazoline (Afrin) nasal spray to affected nostril for nosebleeds (previously Neo-synephrine)
- TXA soaked gauze dosage has changed to 7.5mg/kg (previously 15mg/kg)
- Lidocaine for eye irrigation has been removed

TR.11 Trauma Arrest:

- LR 2 L Rapid bolus during arrest is new

- Blood product administration (SO.04) is new
- Needle / Finger Thoracostomy Procedure may be performed at AEMT level WITH PROPER TRAINING
- Pericardiocentesis may be performed with OLMC by ALS personnel WITH PROPER TRAINING

OB/GYN SECTION

OB.01 Active Labor:

- Prophylactic 1 Liter LR bolus to be administered to the mother during labor

OB.02 OB Hemorrhage:

- Completely new protocol
- Administration of Oxytocin for PPH is new

OB.03 OB Preeclampsia and Eclampsia:

- Completely new protocol

OB.04 OB Hypertensive Emergency:

- Completely new protocol
- Administration of labetalol is new

OB.05 Cardiac Arrest In Pregnancy:

- Completely new protocol, with emphasis on rapid transport

PEDIATRIC CARE SECTION

PD.01 Pediatric Cardiac Arrest & PD.02 Pedi VF and VT:

- 4J/kg defib throughout arrest (formerly 2J/kg initial shock followed by 4J/kg)

PD.03 Pedi PEA & Asystole:

- Removal of “Needle thoracostomy for the asthma pt in arrest.” This is no longer an accepted treatment modality.

PD.05 Pediatric Bradycardia:

- IVF 20 mL/kg bolus, repeat at 10 mL/kg x1 (previously 20ml/kg, repeat PRN)

PD.06 Pedi Narrow Complex Tach:

- Initial adenosine dose is 0.1mg/kg (max 6mg), repeat at 0.2mg/kg (max 12mg). (Previously 0.2mg/kg for first and repeat dose)

- Contact med control after 3 attempts at cardioversion

PD.07 Pedi Wide Complex Tach:

- Adenosine as first line in Wide Complex Tach (same dose as above), followed by amiodarone (formerly amiodarone as first line)
- Lidocaine has been removed from the COG

PD.10 Pediatric Fever & General Illness:

- Ibuprofen is no longer a treatment option. Acetaminophen only
- Max dose Acetaminophen 650mg (previously 1 gm)

PD.11 Pediatric Hypotension Non-Trauma:

- Epinephrine gtts/drip is now a treatment option; standing order.
- IVF 20 mL/kg bolus, repeat at 10 mL/kg x1 (previously 20ml/kg, repeat PRN)

PD.13 Pediatric Seizure:

- New COG includes option for Midazolam IM at 0.2mg/kg, max 10mg (previously 0.1mg/kg, max 5 mg)
- IN has been removed as an administration option for Midazolam. IM has been added.

PD.16 Neonatal and Infant BRUE:

- New protocol – not addressed in current COGs – please review

PD.17 Pedi Termination of Resuscitation:

- New COG requires 20 mins CPR in non-shockable rhythm, 40 min in shockable
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