

## **Guideline Updates**

### **Patient Care Guidelines**

- Removed hyperventilation (Low ETCO<sub>2</sub>) from the BVM procedure guideline (4/2025)
- Corrected stroke alert matrix box (3/2025)
- Changed “medical alert” to “Resuscitation alert” to match verbiage in ESO (3/2025)
- Added “activate a ‘Resuscitation Alert’” to the Crashing Patient guideline (3/2025)
- Added “supraglottic airway or endotracheal intubation, as indicated” to the Crashing patient guideline in the 5-minute bundle (3/2025)
- Added “activate a ‘Resuscitation Alert’” to the *Pediatric* Crashing Patient guideline (3/2025)
- Added “supraglottic airway or endotracheal intubation, as indicated” to the *Pediatric* Crashing patient guideline in the 5-minute bundle (3/2025)
- Changed “Administer 1 mL – 5 mL of epinephrine to effect” to “Administer 2 mL to 3 mL of push-dose epinephrine to effect.” (3/2025)
- Added “Activate a Resuscitation Alert for the destination hospital during the prehospital patient report.” to the ROSC Checklist (3/2025)
- Fixed footer on Ventricular Fibrillation/Ventricular Tachycardia to reflect guideline “3003” instead of “3002” (3/2025)
- Changed Dual Sequential Defibrillation to Paramedic and Lead Paramedic from only Lead Paramedic (3/2025)
- Added “or can be obtained in ambulance *prior* to transport” to the ROSC checklist (4/2025)
- Added “Confirm continuous cardiac monitoring, if available” to the ROSC checklist (4/2025)
- Added “This guideline is intended to provide a framework to identify a crashing patient and intervene before the patient goes into respiratory or cardiac arrest” to the Crashing Patient guideline. (4/2025)
- Added “This guideline is intended to provide a framework to identify a crashing patient and intervene before the patient goes into respiratory or cardiac arrest” to the Pediatric Crashing Patient guideline. (4/2025)
- Added thiamine to Diabetic Emergencies/Hypoglycemia/Hyperglycemia and altered mental status guidelines (4/2025)
- Added “Epinephrine” to the permitted treatments for cardiac arrest for AEMTs (4/2025)

- Multiple instances of “EMS clinician” changed to “EMS practitioner” (4/2025)
- Changed “side” to “site” in the background section of the nebulizer procedure (4/2025)
- Changed VF/VT guideline (3003) to allow paramedics to administer lidocaine and amiodarone (6/2025)
- Changed multiple portions of the Environmental: Heat-Related Injuries Guideline (3043). Active cooling temperature changed from 102°F to 104°F. Added the TACO method as a suggestion for active cooling. Stop active cooling at 101°F. Submerge patient in ice back for approximately 1 min per degree Fahrenheit (°F) over 101°F. Added Transporting units should turn on air conditioning in ambulance while en route to scene in the notes section. Removed requirement for OMCP with ice water submersion is criteria are met. Added Notify destination emergency department of ice water submersion while en route to hospital. Removed heat tetany, heat edema, and heat syncope as additional considerations for purposes of conserving space. (7/2025)
- Added “Endotracheal intubation should strongly be considered in cardiac arrest, if possible” to the lead paramedic section of the Environmental: Drowning (3042) guideline. (7/2025)
- Added “a patient where the risk of having the collar on outweighs the benefits” as a contraindication to the C-Collar Application Procedure (6030). (7/2025)
- Added “consider *medical* causes of the drowning” and obtain a “blood glucose level (BGL)” to the Environmental: Drowning guideline (3042). (7/2025)
- Removed Jason Jaronik, MD and added George Kim, MD as the medical director for SJRMC (8/2025)
- Removed George Kim, MD and added Zach Walker, MD as the medical director for SJRMC (10/2025)
- Added “Ensure scene safety for fire and EMS practitioners” as a first step in the acute psychosis guideline (3017). (12/2025)
- Added “Scene safety and transport safety is of the utmost importance for these cases!” to the notes section of the acute psychosis guideline (3017). 12/2025  
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- Added Tranexamic Acid (TXA) to the vaginal bleeding guideline for hemodynamic instability due to vaginal hemorrhage. (1/2026)

## Medication

- *Added Thiamine back to the formulary as an optional medication (3/2025)*
- *Changed TXA to guideline 7038 to allow for thiamine to be added back to 7037 (4/2025)*
- *Removed adenosine as a *required* medication for *non-transport vehicles* (3/2025)*
- *Removed zofran as a *required* medication for *non-transport vehicles* (3/2025)*
- *Removed amiodarone as a *required* medication for *non-transport vehicles* (3/2025)*
- *Clarified oral diphenhydramine is the only formulation available for EMTs and AEMTs (4/2025)*
- *Clarified cardiac epinephrine was available for AEMTs (4/2025)*
- *Lowered credential requirement to administer amiodarone and lidocaine from lead paramedic to paramedic (6/2025)*
- *Added ceftriaxone as a required medication for open fractures (7/2025)*
- *Added degloving as an indication for ceftriaxone administration (8/2025)*
- *Added fentanyl and morphine to a paramedic and lead paramedic medication (8/2025)*
- *Adjusted the layout of the medication formulary coversheet (8/2025)*
- *Changed morphine to an optional medication, but fentanyl remains mandatory (8/2025)*
- *Changed required ALS non-transport vehicles to have 2 albuterol vials rather than 3 vials (8/2025)*
- *Changed required ALS transport epinephrine from 4mg to 3mg (8/2025)*
- *Changed required midazolam to 20 mg for ALS transport vehicles (8/2025)*
- *Changed required lorazepam to 6 mg from 4 mg if agencies opt to carry this medication (8/2025)*
- *Changed name of blood from “Whole Blood” to “Blood (Whole)” (10/25)*
- *Changed epinephrine from 7018 to 7017 (10/25)*
- *Changed racemic epinephrine from 7019 to 7018 (10/25)*
- *Changed etomidate from 7020 to 7019 (10/25)*
- *Removed “cardiac epinephrine” as a separate monograph as it’s included in “epinephrine” and removed from medication formulary sheet (10/25)*
- *Changed fentanyl from 7019 to 7020 (10/25)*
- *Changed all meds from fentanyl to TXA to match appropriate numerical monograph number (10/25)*
- *Formulary cover page now reads, “Transport agencies must have fentanyl but can also opt to carry both morphine and fentanyl.” (10/25)*

- Removed the weight-based dosing for Ketamine for adults IV/IO, removed the weight-based dose and increased dose for Ketamine for adults IN, added IN as an alternative route of administration with same dosing as IV/IO (10/25)
- Removed increased IN dosing of ketamine for pediatrics and added IN to the IV/IO dosing to eliminate having varying doses of the same medication which varied based on the route (10/25)
- Added “The second-best option is giving it as a slow IV push mixed in a 10 mL saline syringe” for the adult and pediatric ketamine administration (10/25)
- Updated TOC to reflect appropriate medication numbers (10/25)
- Updated adult dosing for midazolam and added the ability to give a smaller amount for smaller adults. (12/2025)
- Updated adult dosing for haloperidol and added the ability to give a smaller amount for smaller adults. (12/2025)
- Updated diphenhydramine to include 50mg for acute psychosis with haloperidol administration. (12/2025)
- Added Ketorolac to the pain management guideline. (12/2025)

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- Added Ketorolac IV/IM to the medication formulary. (1/2026)
- Added “Hyperkalemia” (without cardiac arrest) as an indication for Calcium Chloride in the medication formulary. Also added, “Consider in those patients with end-stage renal disease on dialysis. **OMCP** is recommended before administering empirically in patients without known hyperkalemia or those without end-stage renal disease on dialysis.” in the notes. (1/2026)
- Updated medication guideline numbers (1/2026)
- Added “or manufacturer’s recommendations” to the CPAP oxygen connection/flow. (1/2026)

## Procedures

- Changed manual defibrillation procedure to indicate maximum joules rather than increasing joules (6/2025)
- Changed dual sequential procedure to indicate maximum joules rather than increasing joules (6/2025)
- Add TQ take-down procedure (TBD)
- Added “or confirmed” epiglottitis as a contraindication to NPA procedure (8/2025)
- Added “Fourth or fifth intercostal space in the anterior axillary line” as the preferred location for decompression (8/2025)
- Added “anterolateral thigh” as part of the anatomic location for auto-injector administration (8/2025)
- Added triage tag example to SALT triage procedure (8/2025)
- Updated the procedure portion of the SALT triage procedure (8/2025)