POLICY STATEMENT

Number: 26-03.C
Date: September 11, 2026
Supersedes/Updates: 26-03.B

Collaborative Protocol Chage Log V.26.2
Effective 09.11.2026

The following changes were made in accordance with motions approved at the May 13, 2026, SEMAC and SEMSCO meetings.

FLAG – DOSING UPDATE: Dosing updates have been made to 2 of the Collaborative Protocols. Current protocols are now Version 26.2, and a log of the 2 protocols updated are listed starting on page 8 of this policy statement.

Version 26.0 Change Log

Throughout Protocols

- Corrected grammatical or formatting errors to improve consistency and readability
- Removed specific references to “Cardiac Monitor” or when to obtain a 12 -lead, as a cardiac monitor and 12-lead is to be used alongside other diagnostic equipment based on the patient’s needs and the certification and availability of such a device to the EMS clinician and need not be specified within any specific protocol except in limited circumstances

(2) Extremis/Cardiac Arrest Protocols

Cardiac Arrest – Pediatric: Asystole / Pulseless Electrical Activity (PEA)

- Consistent with American Heart Association 2025 guidelines for pediatrics, reordered Advanced Life Support intervention to reflect epinephrine higher in order. Although protocols are intentionally not numbered to imply order, the natural flow of each bullet implies to many clinicians an order and this is done to emphasize guidance suggesting earlier epinephrine in pediatrics may have more favorable outcome.
- Clarified that fluid administration (20 mL/kg) may be repeated once, to be consistent throughout the protocols.

Cardiac Arrest – Adult: Return of Spontaneous Circulation (ROSC)

- Removed option of lidocaine infusion in favor of single repeat bolus of 0.75 mg/kg.

Cardiac Arrest – Adult: Ventricular Fibrillation or Pulseless Ventricular Tachycardia

- Removed option of lidocaine infusion in favor of single repeat bolus of 0.75 mg/kg.

Cardiac Arrest – Pediatric: Ventricular Fibrillation or Pulseless Ventricular Tachycardia

- Consistent with American Heart Association 2025 guidelines for pediatrics, reordered Advanced Life Support intervention to reflect epinephrine higher in order. Although protocols are intentionally not numbered to imply order, the natural flow of each bullet implies to many EMS clinicians an order and this is done to emphasize guidance suggesting earlier epinephrine in pediatrics may have more favorable outcome.
- Clarified that fluid administration (20 mL/kg) may be repeated once, to be consistent throughout the protocols.
- Added Normal Saline bolus 20 ml/kg repeat rapid IV infusion on standing orders.

(3) General Adult and Pediatric Medical Protocols

Anaphylaxis and Allergic Reaction – Adult

- Moved epinephrine infusion to standing order for Paramedic

Behavioral: Agitated Patient – Adolescent

- Moved olanzapine to standing order for Paramedic

Behavioral: Agitated Patient – Adult

- Moved olanzapine to standing order for Paramedic, added 2.5-5 mg dosing for older adults (≥65)

Cardiac – Adult: Bradycardia / Heart Blocks - Symptomatic

- Removed norepinephrine and replaced with epinephrine infusion as vasopressor of choice and as standing order for Paramedic

Cardiac – Adult: Tachycardia – Wide Complex with a Pulse

- Removed Medical Control option of lidocaine infusion in favor of single repeat bolus of 0.75 mg/kg if directed.

Cardiac – Pediatric Tachycardia

- Clarified that fluid administration (20 mL/kg) may be repeated once, to be consistent throughout the protocols

Cardiac – Adult: Tachycardia – Narrow Complex

- Consistent with American Heart Association 2025 guidelines, increased cardioversion to 200 Joules across all indications.

Cardiac – Adult: Tachycardia – Wide Complex with a Pulse

- Removed “or lidocaine infusion” from medical control considerations

Difficulty Breathing – Pediatric Asthma

- Clarified epinephrine dosing for Emergency Medical Technician level to mirror that for anaphylaxis

Environmental: Heat Emergencies

- Clarified and added language surrounding active cooling for patients with elevated temperature and altered mental status as follows: For patients presenting with elevated skin temperature and altered mental status:
    - Begin active, whole-body cooling ***immediately*** until their mental status returns, at which time stop cooling efforts. Transport may be delayed if means of active cooling is available. Use any of the following in decreasing order of preference:
        - Ice water immersion, cold water immersion,
        - Tarp-Assisted Cold water with Oscillation (TACO),
        - cold water dousing, or
        - cold water-soaked towels with ice packs.

Fever – Adult

- Moved oral acetaminophen and ibuprofen to Emergency Medical Technician or higher
- Moved Intravenous acetaminophen to Advanced Emergency Medical Technician or higher

Fever – Pediatric

- Moved oral acetaminophen and ibuprofen to Emergency Medical Technician or higher
- Reordered Key Points/Considerations

Nausea and/or Vomiting – Adult

- Moved “patients may be given an isopropyl alcohol pad for self-administered inhalation” to all levels
- Moved ondansetron via any route to Advanced Emergency Medical Technician or higher

Nausea and/or Vomiting – Pediatric (≥ 2 y/o)

- Moved “patients may be given an isopropyl alcohol pad for self-administered inhalation” to all levels
- Moved ondansetron via Oral Dissolving Tablet/Per Os (by mouth)/Intramuscular route to Advanced Emergency Medical Technician or higher
- Clarified ondansetron dosing of 2 mg IM/IV if ≤ 25kg, 4 mg IM/IV if >25 kg

Obstetrics: Pre-eclampsia / Eclampsia

- New protocol for the management of pre-eclamptic or eclamptic patients

Obstetrics: Preterm Labor (24-37 weeks)

- Renamed from Childbirth: Preterm Labor (24-37 weeks)

Obstetrics: Childbirth

- Renamed from Childbirth: Obstetrics

Obstetrics: Newborn / Neonatal Care

- Renamed from Newborn / Neonatal Care – Pediatrics and placed adjacent to Childbirth protocol for ease of reference
- Consistent with American Heart Association 2025 guidelines, reworded to emphasize waiting at least one minute before clamping and cutting the umbilical cord. Place the infant immediately on the mother's bare chest after delivery. Only once packaging for safe transport should wrapping occur.
- Added reference to supraglottic airway device for Paramedic

Obstetrics: Hemorrhagic Shock

- New protocol for the management of postpartum hemorrhage patients

Opioid (Narcotic) Withdrawal

- Enhanced clarity that this a limited approval program which requires local Regional Emergency Medical Advisory Committee and New York State Department of Health approval for use

Pain Management – Adult

- Removed criteria bullets as they conflict with protocols, specific agents, and create confusion without improving safety
- Moved oral acetaminophen and ibuprofen to Emergency Medical Technician or higher
- Moved Intravenous acetaminophen to Advanced Emergency Medical Technician or higher
- Combined ibuprofen and ketorolac contraindications for simplicity
- Removed educational content surrounding how to give narcotic analgesia
- Removed bullet referencing non-required items as they are indicated already by ‡(if trained and equipped) and the Medication Formulary

Pain Management – Pediatric

- Moved oral acetaminophen and ibuprofen to Emergency Medical Technician or higher
- Combined ibuprofen and ketorolac contraindications for simplicity
- Removed bullet referencing non-required items as they are indicated already by ‡(if trained and equipped)‡ and the Formulary

Post-Intubation Management – Adult

- Added supraglottic airway under indications for use of protocol.
- Clarified dosing of rocuronium (0.5 mg/kg Ideal Body Weight) or vecuronium (0.1 mg/kg Ideal Body Weight) for continued neuromuscular blockade in cases of ventilator dyssynchrony on standing order for air medical services, with med control for ground services.
- Removed air medical only restriction for ongoing neuromuscular blockade on standing order
- Removed note that inadequate response to sedation and pain management may be due to insufficient sedation and/or analgesia.

Procedural Sedation – Pediatric

- Removed reference to contact medical control as soon as possible as no medications can be administered without medical control consultation.

Rapid Sequence Intubation – Adult

- Increased Rocuronium dose to 1.5 mg/kg Ideal Body Weight with maximum of 150 mg based on current evidence
- Added Push Dose epinephrine consistent with post Return of Spontaneous Circulation (ROSC) protocol for post-procedural hypotension

Seizures – Adult

- Removed reference to magnesium dosing and instead refer to Pre-Eclampsia and Eclampsia protocol.

Shock: Adult – Hemorrhagic Shock

- Added on standing order “1g Calcium Chloride for every 500 mL of whole blood administered through a separate intravenous line from the one the blood was administered through”

Shock: Adult – Severe Sepsis / Shock

- Clarified target blood pressure SBP > 100 mmHg **OR** MAP >65 mmHg
- Removed educational information about total fluid requirements

(4) Trauma

Amputation

- Clarified to consider either cefazolin or moxifloxacin if equipped and trained.

Bleeding / Hemorrhage Control

- Clarified the ability and process to convert a tourniquet by Emergency Medical Technician or higher

Burns

- Clarified fluid pediatric fluid administration is paramedic level and is “Normal Saline 20 mL/kg, may repeat once”
- Removed intubation reference as it superfluous to standard medical care of a burn patient
- Clarified that tetracaine is Paramedic only if equipped and trained as Morgan Lens insertion was already Paramedic only.

Eye Injuries

- Clarified that tetracaine is Paramedic only if equipped and trained to be consistent with Burns protocol.

Musculoskeletal Trauma

- Clarified to consider either cefazolin or moxifloxacin, if equipped and trained.

(5) Resources

Medication Formulary

- Changed Regional Emergency Medical Advisory Committee alternative from “Lactated Ringers” to “any balanced crystalloid”. As blood and blood products cannot be run with lactated ringers, other crystalloids are desirable, this allows a Regional Emergency Medical Advisory Committee to approve the use of any other balanced crystalloid.
- Removed Haloperidol from the formulary
- Added Olanzapine to formulary
- Added Furosemide to formulary

Medication Infusion Reference

- Added drip tables for Epinephrine 1 mg in 1000 ml and Norepinephrine 4 mg in 1000 ml

Version 26.1 Change Log

The following clerical corrections were made in the Collaborative Protocols V.26.1, in addition to formatting and spelling corrections. Protocol title references were also updated throughout protocols to align with updates made in Version 26.0.

(2) Extremis/Cardiac Arrest Protocols

Cardiac Arrest – Pediatric: Asystole / Pulseless Electrical Activity (PEA)

- Clarified that fluid administration (20 mL/kg) may be repeated once, to be consistent throughout the protocols.

(3) General Adult and Pediatric Medical Protocols

Pain Management – Adult

- Added to acetaminophen contraindications to include the use of >650 mg acetaminophen-containing product within 4 hours, unless medical control approved to align with Fever - Adult protocol use of acetaminophen

Post-Intubation Management – Adult

- Clarified that protocol is indicated to be used for any adult patient with an advanced airway in place

(5) Resources

APGAR

- Updated to align with most current Pediatric Assessment Triangle resource document

Ideal Body Weight Reference

- Correction made to incorrect conversions for person with a height of 83 inches

Medication Formulary

- Clarified olanzapine is "if equipped and trained" (‡) in the Medication Formulary to align with the associated protocols
- Addition of oxytocin to align with the new Obstetrics: Hemorrhagic Shock protocol
- Clarified diphenhydramine's routes of administration to intravenous (IV) and intramuscular (IM) to align with the associated protocols

Normal Vital Signs for Infants / Children

- Updated to align with most current Pediatric Assessment Triangle resource document

Version 26.2 Change Log

The following updates were made in the Collaborative Protocols V.26.2 to correct dosing instructions in the listed protocols below.

(3) General Adult and Pediatric Medical Protocols

Obstetrics: Hemorrhagic Shock

- Oxytocin initial dose is 10 units IM followed by 20 units placed in 1 L normal saline and given wide open until bleeding significantly decreases

(5) Resources

Medication Infusion Reference

- Column heading corrected for epinephrine 4 mcg/mL to read ‘Infusion Rate (mcg/min)’
- Column heading corrected for epinephrine 1 mcg/mL to read ‘Infusion Rate (mcg/min)’
- Drip rate corrected for 14 mcg/min of epinephrine 1 mcg/mL
- Drip rate corrected for 14 mcg/min of epinephrine 4 mcg/mL