

2026 CJP Protocol Updates Change Summary

Changed Protocols in **yellow**

AC1 – IM Epi and Limit code Epi to one

AC2 – Change HR to 50, push dose epi, delete dopamine (Hr to 50 is only new change from prior)

AC6 - Delete 6mg Adenosine – Start 12mg Adenosine

AC7 – Delete 6mg Adenosine - Start 12mg Adenosine

AC9 – Epi is deleted from shockable Rhythms, adjust Lidocaine dose, Change Vector or DSD after 2nd shock.
Add Esmolol Bolus for Refractory VF/VT

AM5 – slight rearranging – allow blood for hemorrhagic shock

UP15 – Craven no change except adding Cefepime as an Abx Option.

UP18 – Simplified dosing for all otherwise no significant changes

UP19 – added Haldol and simplified dosing

AO3 – Pitocin added to Craven to comply with ncep, Modified ncep Mag dose – increase 2g q 3 min – max 8

PC1 – Max Epi is 3 code doses – removed ncep ETT Epi – added IM Epi 1:1K

PC2 – removed ncep ETT Epi – Max 3 doses of Epi

PC7 – Only 1 epi dose for VT/VF, change ncep – manual defib change to Paramedic skill only, EMT, AEMT may only use AED in Peds

AR2 – added Failed unstable airway language to Page 2

TB3 –Slight Versed dose adjustment for simplicity

TB5 – added TXA and Keppra to severe Head Injury – was present from Onslow and Craven Prior – Adjust Target SpO2 to match other NCCEP protocols 92-98%

TB6 –added blood for craven to ready if able to implement

TB10 – added blood for craven to ready if able to implement

TE3 – added cpap in Pearles but no other changes

TE4 – Added LR and Cooling temp specifics