**Summary of 2025 Protocols, Policies and Procedures Change List**

UP3- Zofran and Compazine now approved for AEMT use – added alternative agents Droperidol and Promethazine – NCCEP change - Phenergan now 3rd Line – IM Only

UP7- TXA now approved for AEMT use - topical

UP9- TXA now approved for AEMT use – topical

UP10- updated acetaminophen IV drip dose

UP11- added IV Acetaminophen for AEMT, Change Nitrous to Basic

UP13- added Keppra for seizure refractory to Benzodiazepines – Ketamine was already previously approved for refractory seizures or Benzo allergy

UP15- antibiotics now approved for AEMT

UP17 – Updated Restraint Language - NCCEP Update Changes

UP18 – Geodon 20mg IM add as an optional med

UP20 – Sickle Cell Protocol is added - NCCEP Update Changes

AR4- Solu-Medrol and Mag Sulfate now approved for AEMT

AR7- Solu-Medrol and Mag Sulfate now approved for AEMT

AR8- Updated to current NCCEP -added Keppra for intubated PT’s with known or suspected head injury

AC1 – Limit EIV/IO Epi to 3 total doses

AC4 – Added Heparin to STEMI Protocol

AC9- manual defib now approved for AEMT in pulseless arrest + Limit Epi to 3 doses total

AC10 – added 10 minute COOL DOWN for ROSC

AM1- Steroid preparation now approved for AEMT, TXA for AEMT

AO3- TXA now approved for AEMT use

TE4 – updated to match NCCEP – new cold immersion guideline – NCCEP

TE11 – changed solumedrol to AEMT

TB-4 – One antibiotic is required for Open Fx/Amputations

TB-5 – Head Injury adopted – add 3% Hypertonic saline for GCS <8

TB6- TXA now approved for AEMT use (adult only), Also change TXA to slow push over 1 minute in line with Committee on Tactical Combat Casualty Care recommendations. Added Peds TXA – Letter received from ECU

PM1- Steroid preparation now approved for AEMT

PM2 – Glucagon now EMT

Ap-14 added – post intubation checklist

ASP-8 Added RACE scale to replace LA Stroke score

PAS – 11 – Updated per nccep - Change IO lidocaine dose for analgesia. Added Peds dosing // Changed needle color verbage to: Blue (25mm) IO needle is typically recommended for tibial IO placement (adults and children), Yellow (45 mm) IO needle is typically utilized for proximal humerus, and Pink (15 mm) should only be utilized in neonates. IO needle choice may vary based on a patients body habitus, or abnormal weight for age

Documentation Policy 1 – adopted from nccep without change

Disposition Policy 1 adopted unchanged from nccep

Disposition Policy 3 add exclusion at the bottom

Disposition Policy 10 adopted unchanged from nccep

Ped Policy 2 - adopted unchanged from nccep

Transport Policy 4 Weapons - adopted unchanged from nccep

Add system policy 8 – reporting child,elderly abuse

**ROSC - 10 Minute Cool Down Period**

Do Not transport for 10 minutes Post Rosc

1. Secure Airway - No RSI/DAI unless absolutely needed

2. 12 Lead EKG

3. Full Vitals – Assessment

4. Correct Hypoxia

5. Correct Hypotension