# Summary of Changes
# September 2, 2026, MCB Updates

| Protocol | Credentialing Level | Effective Date | Summary |
|---|---|---|---|
| **PROTOCOL 2F:** Oral Intubation – Adult: | Equipment Change | 01/15/2027 | Malleable Introducer to replace the Flex Guide Introducer. A malleable introducer is a hybrid airway management device combining features of an endotracheal stylet and a bougie. It features a bendable internal core allowing clinicians to shape the device, helping guide ET tubes safely during intubations. |
| **Protocol 10H:** Tourniquet – Adult & Pediatric | EMR & Higher | 01/15/2027 | Adding AAJT-S(Abdominal Aortic Junctional Tourniquet – Stabilized) was added to the protocol. |
| **Protocol 17B Table:** Categorization of Hospitals | All | 01/15/2027 | Updated with name changes etc. |
| **Protocol 9C:** Epistaxis Adult & Pediatric<br><br>**Protocol 10I:** Hemostatic Agents – Adult & Pediatric<br><br>**Protocol 16 UU (Changed from 17K):** Tranexamic Acid (TXA) Formulary | EMT & Higher | 01/15/2027 | Adding TXA for EMT usage:<br>**ADULT**: TRANEXAMIC ACID (TXA) 1 GRAM IM DIVIDED INTO FOUR 2.5mL INJECTIONS IN THE ANTEROLATERAL THIGHS<br><br>Adding Intranasal TXA via Atomizer:<br>**ADULT & PEDIATRIC OLDER THAN 12 YEARS OF AGE:** PHENYLEPHRINE SPRAY 2 SPRAYS IN AFFECTED NOSTRIL(S)<br>COMPRESS NOSE IMMEDIATELY AFTER ADMINISTRATION OF PHENYLEPHRINE SPRAY<br>**ADULT**: IF BLEEDING CONTINUES AFTER PHENYLEPHRINE TRANEXAMIC ACID (TXA) UP TO 2mL IN & PLACE NOSE CLAMP |
| **PROTOCOL 3C:** Dyspnea - Asthma – Adults & Pediatric<br><br>**PROTOCOL 3D:** Dyspnea - Chronic Obstructive Pulmonary Disease (COPD) – Adult<br><br>**PROTOCOL 3M:** Acute Dyspnea – Croup - Pediatric: | AEMT | 01/15/2027 | Solu-Medrol was added to the AEMT for adult & pediatrics:<br>**ADULT:** Methylprednisolone 125 mg IVP, May be given IM if no IV access<br>**PEDIATRIC:** Methylprednisolone 2 mg/kg not to exceed 125 mg IVP or may be given IM if no vascular access obtained. & EPI dosage change from 0.3mg to 0.5mg to keep the epi dose the same. |

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| **PROTOCOL 3E:** Dyspnea – Congestive Heart Failure (CHF) – Ault & Pediatric<br><br>**PROTOCOL 5A:** Chest Pain – Uncertain Etiology - Adult & Pediatric<br><br>**PROTOCOL 5C:** Acute Coronary Syndrome – Adult<br><br>**Protocol 16HH:** Nitroglycerin – (Nitrolingual, Nitromist, Nitrostat, Nitroquick, Tridil (IV Infusion), Nitro-Bid-Dermal | AEMT | 01/15/2027 | Nitroglycerin was added to the AEMT scope of practice.<br>**ADULT: Pharmacologic treatment if SYS BP ≥ 100 mmHg:**<br>Nitroglycerin 0.4 mg sublingual every 5 min **OR**<br>If patient NIPPV, use Nitroglycerin 2% Ointment 1½ Inches applied to chest wall |
| **Protocol 8D:** Acute Allergic Reactions – Adult & Pediatric<br><br>**Protocol 8F:** Bee/Wasp Stings & Fire ant Bites (Hymenoptera Envenomation) – Adult & Pediatric<br><br>**Protocol 16DD**: Methylprednisolone (Solu-Medrol) | AEMT | 01/15/2027 | Solu-Medrol was added to the AEMT for adult & pediatrics:<br>**ADULT:** Methylprednisolone 125 mg IVP, May be given IM if no IV access<br>**PEDIATRIC:** Methylprednisolone 2 mg/kg not to exceed 125 mg IVP or may be given IM if no vascular access obtained. & EPI dosage change from 0.3mg to 0.5mg to keep the epi dose the same. |

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| **Protocol 9A:** Abdominal Pain/Nausea/Vomiting/Diarrhea – Adult & Pediatric:<br><br>**Protocol 9D:** Pain Management (Acute Onset & Chronic Type) – Adult & Pediatric<br><br>**Protocol 10B:** Eye Injury – Adult & Pediatric<br><br>**Protocol 10C:** Dental Injury / Pain – Adult & Pediatric<br><br>**Protocol 10D**: Chest / Abdomen / Pelvis Injury – Adult & Pediatric<br><br>**Protocol 10G**: Extremity / Amputation Injury – Adult & Pediatric<br><br>**Protocol 10L:** Burns – Adult & Pediatric<br><br>**Protocol 11C**: Electrical / Lightning Injury – Adult & Pediatric<br><br>**Protocol 13E:** Pelvis Injury – Adult & Pediatric<br><br>**Protocol 16TT:** Acetaminophen Intravenous (Acetaminophen Injection) | AEMT & Higher | 01/15/2027 | Acetaminophen was added to the AEMT or Higher for administration for pain.<br>**ADULT:** Acetaminophen < 70kg, 500mg IVPB over 10+ mins.<br>Acetaminophen ≥ 70kg, 1000mg IVPB over 10+ mins.<br>**PEDIATRIC**: Acetaminophen ≥ 10kg, 15 mg/kg (MAX 1000mg) IVPB OVER 10+ MINS |

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| Protocol | Credentialing Level | Effective Date | Summary |
|---|---|---|---|
| **Protocol 9D:** Pain Management (Acute Onset & Chronic Type) – Adult & Pediatric<br><br>**Protocol 10A-** Head/Neck/Spine Injury Adult & Pediatric<br><br>**Protocol 10D:** Chest / Abdomen / Pelvis Injury – Adult & Pediatric<br><br>**Protocol 10G:** Extremity / Amputation Injury – Adult & Pediatric<br><br>**Protocol 10J:** Compartment Syndrome<br><br>**Protocol 10K:** Crush Injury Syndrome<br><br>**Protocol 10L:** Burns – Adult & Pediatric<br><br>**Protocol 10P:** Blast Injury – Adult & Pediatric<br><br>**Protocol 16RR:** Ketamine | Paramedic | 01/15/2027 | Ketamine dosing schedule adjusted to 0.3 mg/kg with max of 30 mg and a repeat dosing schedule added at 0.15 mg/kg, max of 20 mg for IV/IO/IN BREATH ACTUATED NEBULIZER<br><br>**ADULT**: KETAMINE 0.3 mg/kg IV/IO UP TO A MAX OF 30 mg in 100 mL NS INFUSED OVER 10 MINUTES; May repeat once at 0.15 mg/kg IV/IO MAX of 20 mg in 100 mL NS Infused over 15 minutes<br>KETAMINE 0.3 mg/kg UP TO MAX of 30 mg IN BREATH ACTUATED NEBULIZER (ADD NS TO MAKE TOTAL VOLUME 5 mL), OXYGEN ON 6-8 LPM. May repeat once at 0.15 mg/kg UP TO MAX of 20 mg IN BREATH ACTUATED NEBULIZER (ADD NS TO MAKE TOTAL VOLUME 5 mL) |
| **Protocol 6D:** Seizure Adult & Pediatric<br><br>**Protocol 16RR:** Ketamine | Paramedic | 01/15/2027 | Ketamine dosing schedule adjusted to 1.5 mg/kg with max of 150 mg. This remains an OLMC consult required order.<br>**OMD CONSULT FOR KETAMINE ADMINISTRATION IF SEIZURE CONTINUES DESPITE ABOVE TREATMENT**<br>**ADULT:** KETAMINE 1.5 mg/kg TO A MAX OF 100 mg in 100mL NS, INFUSE OVER 5-10 MINUTES; CONSULT OMD FOR ADDITONAL ORDERS IF STILL SEIZING<br>**PEDIATRIC:** KETAMINE 1.5 mg/kg TO A MAX OF 100 mg in 100 mL NS, INFUSE OVER 5-10 MINUTES; CONSULT OMD FOR ADDITIONAL ORDERS IF STILL SEIZING |

## Summary of Changes
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# Ketamine Dosing Chart 2027 Updates

| Indication | Route | Dosing | Max | Notes |
|---|---|---|---|---|
| Medication Facilitated Intubation | IV/IO | 1.5 mg/kg | MAX 200 mg | No change for 2027 MCB Protocol set |
| Status Epilepticus, Refractory | IV/IO | 1.5 mg/kg | MAX 100 mg | Dosing Adjustment for 2027 MCB Protocol set |
| Chemical Restraint | IM | 3 mg/kg | MAX 300 mg | No change for 2027 MCB Protocol set |
| Pain Management, Traumatic Injury | IV/IO, Breath Actuated Nebulizer (BAN) | IV/IO- 0.3 mg/kg IV/IO, single repeat at 0.15 mg/kg if indicated<br><br>BAN- 0.3 mg/kg , single repeat at 0.15 mg/kg if indicated | IV/IO- Initial dose MAX of 30mg infused over 10 minutes, single repeat dose of 20 mg infused over 15 minutes<br><br>BAN- Initial dose MAX of 30 mg, single repeat dose MAX of 20 mg | Dosing Adjustment for 2027 MCB Protocol set |

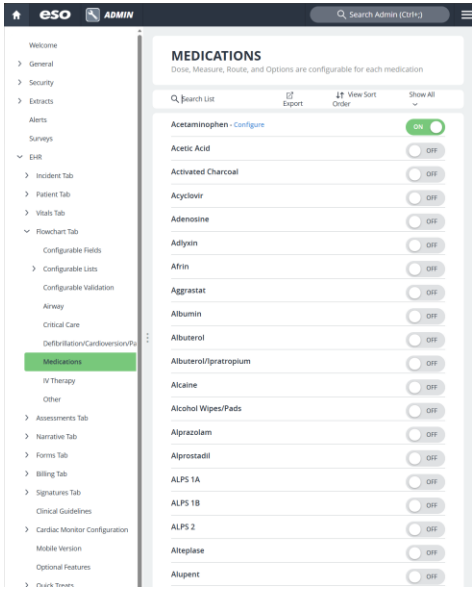
**Summary of Changes**
**September 2, 2026, MCB Updates**

# Documentation Changes

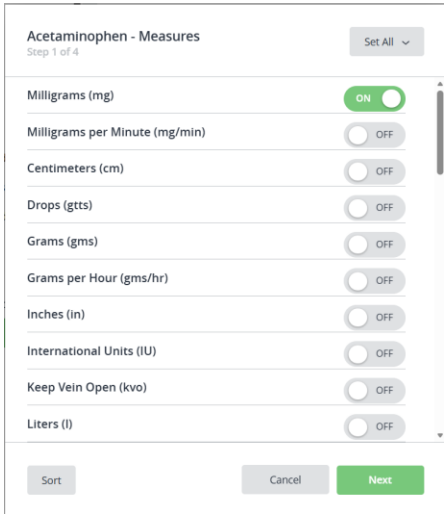
**Acetaminophen**

1. In ESO (or equivalent EHR platform), ACETAMINOPHEN will be the intervention/medication name to be documented in the EHR to reflect the treatment provided. This should be present in the EHR "Treatment" section and in the Event Log of any Stryker Lifepak 35
   (Note: Lifepak 15s that remain in the system will not be required to update the Event Log secondary to the limited number of fields available in that respective software)

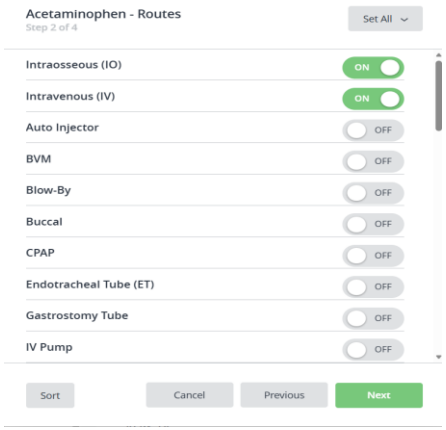
2. EHR admins in ESO will log into their respective EHRs, and go to the ADMIN section, and select EHR>Flowchart Tab>Configurable Lists>Medication. There you will turn on "Acetaminophen". The, select "Configure". Example image below:



3. Acetaminophen “Measure” should be the following: Milligrams (mg). Example image below:




4. Select “Next”. Acetaminophen “Routes” should be the following: Intraosseous (IO) and Intravenous (IV). Example image below:



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5. Select “Next” Do not select “Dose Amount”, “Controlled Substance”, or “Indications for Giving” on the next two screens. Select “Done”. This should complete the implementation of Acetaminophen in the ESO EHR. For other EHRS (.ie. FirstDue) please review the above information and integrate with your respective EHR with the same documentation details to ensure documentation, relay of patient care, and data continuity,
6. Adjustments to the .cts file for the Lifepak 35s should include “Acetaminophen” added as Medication 1 on the Medication Events in the Setup Options on the .cts file. Example image below:

**Setup Options / Medication Events**

| | |
|---|---|
| Medication 1 | Acetaminophen |
| Medication 2 | Adenosine |
| Medication 3 | Albuterol |
| Medication 4 | Amiodarone |
| Medication 5 | Ancef |
| Medication 6 | Aspirin |
| Medication 7 | Atropine |
| Medication 8 | Atrovent |
| Medication 9 | Benadryl |
| Medication 10 | Calcium Chloride |
| Medication 11 | Cardizem |
| Medication 12 | Dextrose 5% |
| Medication 13 | Dextrose 10% |
| Medication 14 | Dextrose 25% |
| Medication 15 | Dextrose 50% |

*OMD has added Acetaminophen to the .cts file for the following agencies: EMSA East, EMSA West, Tulsa Fire Department, Oklahoma City Fire Department, and Bixby Fire Department. All credentialed agencies should push this change out to their EHRs and LP35s on or before January 15, 2027 to reflect the MCB Update.*