




Advisory 25-03 Protocol Updates

To: All Fire and EMS Agencies

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Regional Medical Director

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NYS DOH Division of EMS has released updated NYS Collaborative Protocols along with a Change Log which outlines the specific changes made to the protocols. They can be found at <https://www.health.ny.gov/professionals/ems/protocol.htm>

[Collaborative Protocols](#)

[Change Log \(Division of EMS Policy 25-01\)](#)

For purposes of regional Quality Improvement and patient safety activities, the updated protocols may be used immediately and are expected to be applied to all patients no later than July 1, 2025.

Handtevy

The Handtevy app will be updated over the coming weeks to reflect changes in optional formulary medications and the updated protocols. It is important that Handtevy users regularly open their Handtevy app to accept updates during this time.

Protocol Update Overview

A video overview of significant protocol changes is available [HERE](#). Although not required by the region, agencies are strongly encouraged to establish a process by which their members are updated on relevant protocol changes specific to the scope of practice and optional medications afforded to paramedic practice that the agency may choose to use.

Optional Medications and Formulary

The use of any of the following medications identified as “optional” in the Collaborative ALS protocols requires a request to the Regional Medical Director (as delegated by the REMAC) to approve the agency’s use prior to procuring and deploying: Acetaminophen (IV formulation), Buprenorphine/Naloxone, Cefazolin, Moxifloxacin, Nitroglycerin (IV formulation), Nitrous Oxide, Olanzapine, Oxymetazoline, Tetracaine, Tranexamic Acid.

The use of any medication identified as “REMAC Alternative” requires a request to the Regional Medical Director (as delegated by the REMAC) prior to procuring and deploying the medication with the exceptions of Duo-neb (Albuterol/Atrovent combination) or levalbuterol.

With any questions, please do not hesitate to contact this office.

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Policy Statement

Collaborative Protocol Change Log V.25.0 Effective 07.01.2025

Collaborative Protocol Change Log from v24.1 to v25.0

Throughout the protocols, language was simplified while reducing inconsistencies and efforts made to improve readability and ease of use without changing the medicine.

(2.0) Extremis / Cardiac Arrest Protocols

Cardiac Arrest – Adult: General Approach

- Removed “a bag valve mask (BVM) should be connected to supplemental oxygen, if available” as this is covered in **Oxygen Administration and Airway Management** protocol

Cardiac Arrest – Pediatric: General Approach

- Removed “a bag valve mask (BVM) should be connected to supplemental oxygen, if available” as this is covered in **Oxygen Administration and Airway Management** protocol

Cardiac Arrest – Adult: Asystole or Pulseless Electrical Activity (PEA)

- Established max of 5 doses epinephrine. Additional epinephrine with Medical Control.

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

- Established max of 5 doses epinephrine. Additional epinephrine with Medical Control.

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

- Clarified under medical control considerations option of amiodarone or lidocaine and respective dosing.

Cardiac Arrest – Adult: Ventricular Fibrillation or Pulseless Ventricular Tachycardia

- Established max of 5 doses epinephrine. Additional epinephrine with Medical Control.
- Added “Consider vector change for refractory shockable rhythms¹” to all provider levels.
- Under key points added “1 - A vector change refers to altering the placement of the defibrillation pads (e.g. changing from sternum/apex to anterior/posterior). A refractory shockable rhythm means that multiple shocks were given and the patient is suspected to remain in a pulseless, shockable rhythm such as VF or pulseless VT.”

- Added Lidocaine with appropriate dosing for indicated condition as option instead of amiodarone. Clarified under medical control considerations option of amiodarone or lidocaine and respective dosing.

Cardiac Arrest – Pediatric: Ventricular Fibrillation or Pulseless Ventricular Tachycardia

- Established max of 5 doses epinephrine. Additional epinephrine with Medical Control.
- Added “*Consider vector change for refractory shockable rhythms¹*” to all provider levels.
- Under key points added “*1 - A vector change refers to altering the placement of the defibrillation pads (e.g. changing from sternum/apex to anterior/posterior). A refractory shockable rhythm means that multiple shocks were given and the patient is suspected to remain in a pulseless, shockable rhythm such as VF or pulseless VT.*”
- Added Lidocaine with appropriate dosing for indicated condition as option instead of amiodarone. Clarified under medical control considerations option of amiodarone or lidocaine and respective dosing.

(3.0) General Adult and Pediatric Medical Protocols

Anaphylaxis and Allergic Reaction - Adult

- Added Ipratropium (Atrovent) 0.5mg in 2.5 mL (unit dose) mixed with albuterol to EMT or higher
- Where necessary, removed Albuterol and Atrovent dosing at higher certification levels to prevent duplication/confusion within same protocol.
- Clarified in Key Points that CFR and higher may use autoinjector and EMT and higher may use syringe epinephrine.

Anaphylaxis and Allergic Reaction - Pediatric

- Added Ipratropium (Atrovent) 0.5mg in 2.5 mL (unit dose) mixed with albuterol to EMT or higher
- Where necessary, removed Albuterol and Atrovent dosing at higher certification levels to prevent duplication/confusion within same protocol.
- Clarified in Key Points that CFR and higher may use autoinjector and EMT and higher may use syringe epinephrine.

Behavioral: Agitated Patient - Adolescent

- Removed Haloperidol
- Add under Medical Control Options: Olanzapine 10 mg IM once or 5 mg SL once – use caution if midazolam given or anticipated. (Paramedic Only, if equipped and trained)
- Added “If the agitated patient goes into cardiac arrest, refer to the appropriate protocol and administer Sodium Bicarbonate 50 mEq IV” under paramedic

Behavioral: Agitated Patient - Adult

- Removed Haloperidol

- Add under Medical Control Options: Olanzapine 10 mg IM once or 5 mg SL once – use caution if midazolam given or anticipated. (Paramedic Only, if equipped and trained)
- Added “If the agitated patient goes into cardiac arrest, refer to the appropriate protocol and administer Sodium Bicarbonate 50 mEq IV” under paramedic

Cardiac – Pediatric: Bradycardia

- Added “consider chest compressions” for marked bradycardia with depressed mental status or respiratory rate per AHA guidelines
- Re-ordered Epinephrine and Atropine to reflect Epi would be first line

Cardiac – Adult: Tachycardia – Wide Complex with a Pulse

- Added Lidocaine with appropriate dosing for indicated condition as option instead of amiodarone. Clarified under medical control considerations option of amiodarone or lidocaine and respective dosing.

Cardiac – Pediatric: Tachycardia

- Clarified under medical control considerations option of amiodarone or lidocaine and respective dosing.

Dif Breathing – Adult: Asthma / COPD / Wheezing

- Added Ipratropium (Atrovent) 0.5mg in 2.5 mL (unit dose) mixed with albuterol to EMT or higher.
- Where necessary, removed Albuterol and Atrovent dosing at higher certification levels to prevent duplication/confusion within same protocol

Dif Breathing – Adult: Pulmonary Edema

- Revised to allow sublingual nitroglycerin under AEMT and higher as standing order. IV dosing remains restricted to paramedic only.
- Removed under key points reference to DuoNeb as albuterol previously removed from protocol

Dif Breathing – Pediatric: Asthma / Wheezing

- Added Ipratropium (Atrovent) 0.5mg in 2.5 mL (unit dose) mixed with albuterol to EMT or higher.
- Where necessary, removed Albuterol and Atrovent dosing at higher certification levels to prevent duplication/confusion within same protocol

Environmental: Heat Emergencies

- Added palms and soles to locations for cold pack placement

Hypoglycemia - Adult

- Clarified dose range of oral glucose to 15-30 grams and available sugar source options, adding maple syrup as example

Hypoglycemia - Pediatric

- Clarified dose range of oral glucose to 15-30 grams and available sugar source options, adding maple syrup as example

Shock – Adult: Hemorrhagic Shock

- Renamed from “Shock – Adult: Trauma Associated Shock” and moved into *3.0 General Adult and Pediatric Medical Protocols* section from *4.0 Trauma* section
- Clarified TXA indications to traumatic or obstetric hemorrhage
- Added: “Initiation of prehospital blood products subject to REMAC endorsed blood product distribution plan and Department of Health approval”
- Updated Tranexamic Acid dosage to 2 gm IV/IO over 10 minutes

(4.0) Trauma

Amputation

- Added moxifloxacin (All levels) and cefazolin (Paramedic Only) for amputation with delayed extrication or arrival to definitive care (if equipped and trained) to provide consistency with open fracture protocol
- Clarified moxifloxacin is only for adults
- Added pediatric dosing for cefazolin

Musculoskeletal Trauma

- Clarified moxifloxacin is only for adults
- Added pediatric dosing for cefazolin

(5.0) Resources

Advanced Directives / DNR / MOLST

- Added under Key Points a reference to Public Health Law PBH §2944-gg

Medication Formulary

- Clarified requirement for one anti-arrhythmic; amiodarone or lidocaine
- Added route of nebulized for Epinephrine 1:1,000 (1 mg/mL)
- Added Epinephrine (Racemic) (2.25%) 0.5 mL in 3 mL of Normal Saline with route of nebulized
- Added Olanzapine with route of IM and SL
- Added route of IO to Tranexamic Acid

Oxygen Administration and Airway Management

- Add under EMT: Supraglottic airway placement (if equipped and trained) in the adult cardiac arrest patient (as regionally approved).
- Clarified under AEMT: Supraglottic Airway instead of “Advanced Airway”
- Remove under Key Points requirement for viral filter.

- Revised under Key Points: “Providers may only place an endotracheal tube or supraglottic airway if they utilize waveform capnography for initial and ongoing monitoring of airway patency.”
- Added for EMT and higher “Consider PEEP 5 cm H₂O titrated up to 10 cm H₂O” and under medical control considerations “Additional PEEP >10 cm H₂O provided MAP maintained >65 mmHg”