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SPECIALIZED MEDICAL SERVICES EMERGENCY MEDICAL SERVICES

DATE: April 1, 2026

TO: Base Hospital Coordinators
ERC Medical Directors
911 Provider EMS Coordinators/Managers
IFT-ALS Nurse Coordinators
Paramedic Training Centers
BLS Ambulance Providers

FROM: Almaas A. Shaikh, MD, MPH, FACS
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SUBJECT: REMINDER AND CLARIFICATION to October 1, 2025, Updated EMS Policies, Procedures, and Standing Orders

Typically, the Orange County EMS Agency reviews, updates, and edits its policies, procedures, and standing orders on a biannual basis. New policies may also be added.

On October 20, 2025, a system-wide memo was sent out by the previous EMS Medical Director, Dr. Carl Schultz, listing out the October 1st EMS updates.

I am sending out this memo as a reminder that those updates go into full effect on April 1, 2026.

Included is the summary of those changes along with addressing requested clarifications.

POLICIES

325.00 Advanced Life Support (ALS) Provider Unit Minimum Inventory: Under Section V, required equipment, OCEMS has added Continuous Positive Airway Pressure device (CPAP) for pediatric and adult patients. In addition, ketamine has been added to Section VII Pharmaceutical Inventory.

900.00 Multi-Casualty Incident Response Plan: Language has been changed to Sections IV.E.4. thru 6. and F. to more accurately reflect how patients are managed and how/what information is collected. For Section IV.F under ALS Providers: numbers 2-5 have been modified or added. For BLS Providers: in this same section, numbers 1-3 have been modified or added.

STANDING ORDERS:

- SO-C-40 Wide QRS complex Tachycardia with a Pulse – Adult/Adolescent: Additional language has been added to clarify the need to use synchronized cardioversion when administering electric shocks. Also, the time required to allow drug therapy to have an effect before initiating cardioversion was modified so no more than 2-3 minutes should expire before moving on to cardioversion.
- SO-M-30 Psychiatric/Behavioral Emergencies-Adult/Adolescent: Under Item 7., the dose for IM/IN midazolam for those under age 65 is increased to 10 mg as a one-time injection. In addition, an IV dose is added in the unlikely event that an IV can be established. Also, a reduced initial dose of IM/IN midazolam has been added for those patients 65 and older, as they are more sensitive to the respiratory depressant effects.
- SO-M-35 Respiratory Distress – Adult/Adolescent: The option of making BH contact is added for authorization to give IM epinephrine to patients with an acute exacerbation of asthma or COPD that are not responding to continuous nebulized albuterol.
- SO-P-35 Acute Respiratory Distress – Pediatric: The option of making BH contact is added for authorization to give IM epinephrine to patients with an acute exacerbation of asthma that are not responding to continuous nebulized albuterol.
- SO-P-70 Psychiatric/Behavioral Emergencies – Pediatric: Under Item 7., the dose for IM/IN midazolam is increased to 0.2 mg/kg IM/IN with a maximum dose of 10 mg as a one-time injection. *****The wording “consider” has been changed to “the base hospital may order” to reinforce this is not a standing order medication but a base hospital order medication.***
- SO-P-120 Pre-existing Endotracheal Intubation Requiring Sedation – Pediatric: This is a new standing order. It addresses the situation when an IFT is in progress with an intubated pediatric patient who becomes agitated and starts struggling. This risks loss of the ET tube and ability to control the airway. The standing order authorizes the transporting paramedics to administer midazolam 0.1 mg/kg IV/IO/IM one time with a maximum dose of 5 mg if the blood pressure is above 80 mmHg. If the blood pressure drops after administering midazolam, a 20 mL/kg bolus is authorized. After administering the midazolam, paramedics need to notify the base hospital (CCERC preferred) that sedation was required.
- I-15 **Adult/Adolescent Standing Order Drug Guide:** This was updated to reflect changes made in October 2025 to be fully in effect on April 1, 2026, and clarifications requested.

Summary of updates:

1. **Epinephrine (Push Dose)** was added; once mixed the dose is 1 ml (10mcg) IV or IO every 3 minutes to maintain a systolic BP > 90.
2. **Ketamine** was added for IV/IM/IN with varying doses depending on the route of administration.
3. **Ketoralac** was added for IV/IO/IM 15mg one time.

Summary of clarifications:

1. The word “approximately” was removed through out this document within the standing order column.

2. **Adenosine:** on the standing order column the words "one time", "approximately", and "more than 2 minutes" were removed for the order to now read: 12 mg rapid IV, may repeat once after 3 minutes if tachycardia \geq 150 persists.
3. **Albuterol:** on the indications column "smoke inhalation with wheezing" was changed to "smoke inhalation with symptoms".
4. **Amiodarone:** on the route column and on the standing order column IO was added to match Wide QRS Complex Tachycardia with a Pulse SO-C-040.
5. **Atropine:** on the route column and on the standing order column IO was added to match Symptomatic Bradycardia SO-C-020.
6. **Dextrose:** on the indications column #3 was removed (known diabetic in asystole or PEA with suspected hypoglycemia) since this is no longer listed within Cardiac Arrest SO-C-010.
7. **Dextrose:** on the standing order column wording was added to reinforce that IV is the preferred route of administration to now read: 250 ml IV (preferred route) or IO infusion if unable to obtain IV and no improvement with IM glucagon
8. **Benadryl:** on the indications column added a 3rd indication for the treatment of anaphylaxis only after Epinephrine has been given.
9. **Benadryl:** on the standing order column added an asterix next to IO and the word "only" to reinforce IO is only to be used if one was already established for fluid administration.
10. **Epinephrine (1mg/1ml solution):** on the indication column added a 2nd indication for the treatment of anaphylaxis.
11. **Epinephrine IV for allergic reaction:** on the indication column added a 2nd indication for the treatment of anaphylaxis.
12. **Epinephrine IV for cardiac:** on the indication column the word "pulseless" was added next to Wide Complex Tachycardia.
13. **Fentanyl IV:** on the indication column chest pain and pain control were merged into the same row.
14. **Lidocaine IV/IO:** on the indication column added a 2nd indication for the treatment of wide QRS complex tachycardia with a pulse to match SO-C-040.
15. **Midazolam IM for seizure control:** on the standing order column the wording "call BH" was changed to "contact BH".
16. **Midazolam IN for seizure control:** on the standing order column the words "support ventilation as necessary" were removed since this is listed within the SO-M-040 and I-15 is a medication guide.
17. **Midazolam IV for seizure control:** on the route and standing order column added the additional route of IO to match Seizure SO-M-040.
18. **Midazolam for aid in intubation:** added the additional routes of IO and IM to match SO-M-080.
19. **Midazolam for aid in intubation:** on the indication column wording was changed to reinforce this medication is to relieve increased muscle tone involving the jaw.
20. **Midazolam IM/IN for behavioral:** the dose was increased to 10mg with a note to consider only 5mg for patient age > 65 years old.
21. **Narcan:** the IM and IN routes were combined into one row.
22. **Normal Saline:** all previous rows for indications of use have been merged into one.
23. **Normal Saline:** on the indication column added hyperglycemia with symptoms to match SO-M-010.
24. **Sodium Bicarb:** additional solution form and indication for use added to match Cardiac Arrest SO-C-010.

I-20 **Pediatric Medication Volume Dose by Weight:** This was updated to reflect changes made in October 2025 to be fully in effect on April 1, 2026, and clarifications requested.

Summary of updates:

1. Added Midazolam for pre-existing ETT 0.1mg/kg IV/IO/IM up to a max of 5mg.
2. Added Epinephrine for the treatment of asthma 0.01mg/kg IM up to a max of 0.5mg and flagged it as a base order.
3. Increased the dose of Midazolam for the treatment of toxic delirium to 0.2mg/kg up to a max of 10mg and also removed the IV route (allowable routes are IM or IN). This medication is flagged as a base hospital order.

Summary of clarifications:

1. Added a very light gray background to the white Broselow section in order to better distinguish the separate medications.

PROCEDURES:

PR-70 **Ketamine Analgesia:** This is a new procedure that authorizes the use of ketamine as an option for pain management. It can be administered IV, IM, or IN. Doses vary by the route of administration. It is indicated when fentanyl is refused or contraindicated. It is not as effective as fentanyl for pain relief so should be considered a second-choice option unless fentanyl can't be given.

PR-110 **Transcutaneous Pacing (TCP):** This procedure has been modified to designate an initial dose of atropine IV as a first priority before moving on to TCP. If the first dose of atropine is ineffective, treating paramedics should implement TCP while continuing to administer atropine. In addition, if paramedics encounter difficulty with establishing an IV, further delay should be avoided, and TCP should be initiated before further attempts at IV placement.

PR-120 **Continuous Positive Airway Pressure (CPAP):** Language has been modified to better identify pediatric age group as age 8 and above; starting pressure is 5 cm H2O for all age groups. *****A typographical error under the list of indications for use related to respiratory rate for the pediatric age has been corrected to "30".***

PR-230 **Preparation and Dosing of Push Dose Epinephrine-Adult/Adolescent:** This procedure has been modified to remove the requirement for base hospital contact in order to obtain the order for administration.