

OCTOBER 2026 OCEMS UPDATES

- Orange County Emergency Medical Services Agency
- Release: October 27, 2026
- Mandatory implementation: April 27, 2027

Release and implementation

- Routine releases occur on April 1 and October 1
- The volume and scope of this cycle delayed the release until October 27, 2026
- Documents appear in the “Upcoming” section of the OCEMS website
- The six-month implementation period ends April 27, 2027
- OCEMS may issue updates outside the routine cycle or require earlier implementation when necessary
- Webinar will be recorded and posted on-line
- QR code for evaluation of webinar
- QR code for questions related to policies
- Link to updates: [Upcoming Policies and Standing Orders | Orange County California - Health Care Agency](#)

Upcoming Policies and Standing Orders

https://www.ocalthinfo.com/providers-partners/emergency-medical-services/ems-policies-procedures-standing-orders/upcoming

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EMS Policies

EMS Standing Orders / Treatment Guidelines

EMS Procedures

Upcoming Policies and Standing Orders

MICN Base Hospital Treatment Guidelines

UPCOMING POLICIES AND STANDING ORDERS

Policy, Standing Order, and Treatment Guideline Update - October 2026

- #6032 New and Updated Policies, Procedures, and Standing Orders

EMS Policies Effective Immediately (Initial Release Date in Parentheses)

- 300.31 OC-MEDS PCRS Data Dictionary (10/2026)
- 300.51 OC-MEDS Stroke Registry Data Dictionary (10/2026)

EMS Policies Effective on April 1, 2027 (Initial Release Date in Parentheses)

- 090.00 Definitions (10/2026)
- 305.00 Prehospital Leave Behind Naloxone Program (10/2026)
- 309.00 Transport of Public Safety Working Dogs (10/2026)
- 310.00 911 ALS Base Contact, Standing Order, Hospital Contact, and Transport (10/2026)
- 310.30 Trauma Triage (10/2026)
- 310.31 Trauma Triage Algorithm (10/2026)



Combined Treatment Guideline Format

- Established a new Treatment Guideline format
- Combines the standing order and Base Hospital treatment guideline for a specific condition
- Sections include notes, definitions, BLS interventions, ALS interventions, transport considerations, additional considerations, and Base Hospital interventions
- OCEMS will release the new format in phases



Notes/Definitions



Base Hospital Contact Required
BLS Interventions
<ul style="list-style-type: none"> Bullet points for information <ul style="list-style-type: none"> Bullet points for subtext information Subtext information
ALS Interventions
<ul style="list-style-type: none"> Bullet points for information <ul style="list-style-type: none"> ► Medication X.X mg (X mg / X ml) route – additional instructions
Transport Considerations
<ul style="list-style-type: none"> Transport Considerations / Specialty Destination listed here if applicable If Base Hospital contact is required, then it will be listed this way: Base Hospital Contact
Additional Considerations
<ul style="list-style-type: none"> Additional information about treatment considerations that does not fall under BLS/ALS interventions
Base Hospital
<ul style="list-style-type: none"> Additional information used only for base hospitals. Will not need on most SO, only for those where additional orders fall outside SO.

Cross References:

Approved:

Review Date: MM/YY
Date of Release: MM/DD/YYYY
Final Date for Implementation: MM/DD/YYYY
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Example of Combined Treatment Guideline Format

Snake Envenomation E-030



Notes/Definitions

- Ensure the scene is safe and risk of second snake strikes is alleviated.
 - If snake is located, take cell phone picture of snake (if it can be done safely) to show the receiving facility staff.
 - Do not bring the snake to the hospital.
- Do NOT apply tourniquets, ice, or suction.

Base Hospital Contact Required

BLS Interventions

- Refer to OCEMS General BLS Standing Orders SO-BLS.

Affected Extremity Intervention

- Minimize patient movement.
- Immobilize the affected extremity and keep it at heart level.
- Remove any restrictive clothing or jewelry from the affected extremity.
- Avoid blood pressure cuffs or other constrictive devices on the affected extremity.
- Control any external bleeding if present.

ALS Interventions

- Monitor for systemic toxicity:
 - Hypotension
 - Coagulopathy (bleeding, oozing)
 - Neuro symptoms (weakness, paresthesia)
 - Allergic / anaphylactic reaction
- Cardiac monitoring.
- Establish IV / IO access as needed.
- Treat for anaphylaxis per OCEMS Treatment Guidelines M-015:
 - ▶ **Epinephrine 0.5 mg IM** lateral thigh area (1 mg / 1 mL concentration)
*Do not administer if Epinephrine Auto-injector administered prior to arrival
 - ▶ **Diphenhydramine (Benadryl®) 50 mg IM / IV – once**
*Do not administer if taken prior to arrival
- Treat for hypotension (SBP < 90) or signs of shock:
 - ▶ **Normal Saline 250 mL IV / IO bolus** – may repeat up to 1 liter to maintain adequate perfusion
 - ▶ **Push Dose Epinephrine 1 mL (10 mcg) IV / IO** – every 3 minutes (titrate to SBP > 90)
- Treat for pain choosing one of the following to administer:
 - ▶ **Fentanyl 50 mcg IV / IM** – may repeat once after 3 minutes, hold for SBP < 90
 - ▶ **Fentanyl 100 mcg IN** – may repeat once after 3 minutes, hold for SBP < 90
 - ▶ **Morphine sulfate 5 mg (or 4 mg CARPUJECT™) IV / IM / IO** – may repeat once after 3

Approved:

[Signature] ND

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minutes, hold for SBP < 90

- ▶ **Ketamine 0.1 mg / kg IV** – may repeat once after 15 minutes, max single dose 10 mg
- ▶ **Ketamine 0.5 mg / kg IM** – may repeat once after 15 minutes, max single dose 50 mg
- ▶ **Ketamine 1 mg / kg IN** – once, max dose 100 mg

Transport Consideration

- ALS escort to nearest appropriate ERC identified by the **Base Hospital**.

Additional Considerations

- Past recommendations for use of tourniquet and keeping affected extremity below the level of the heart is no longer current due to increased risk of edema and subsequent circulatory compromise in the bite area.
- If envenomation involves a non-native / exotic species (i.e. snakes from Asia or Australia), consult the Base Hospital Physician, as specialized antivenin or alternative management may be needed.
- It is contraindicated to use Ketorolac for pain management due to life-threatening coagulopathy known as venom-induced consumptive coagulopathy.

Base Hospital

- Refer to the current "Antidote & CBRN Countermeasure Survey" to determine the closest ERC with immediate access to the antivenin Crotalidae Polyvalent Immune Fab (aka Crofab).

Cross References:

SO-BLS General BLS Standing Orders
SO-B-004 Snake Envenomation
M-015 Allergic Reaction / Anaphylaxis - Adult / Adolescent
SO-M-045 Shock (Symptomatic Hypotension)
SO-M-060 Nausea / Vomiting
PR-70 Ketamine Analgesia
PR-230 Preparation and Administration of Push Dose Epinephrine – Adult / Adolescent

Approved:

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General Basic Life Support Standing Orders

- Formerly known as SO-B001.
- Changed #'s to bullet points.
- Same information as before but rearranged into separate headings.
- Reconfigured language for performing a primary and secondary assessment.
- Reconfigured language for vital signs.
- Added “transport pediatric patients utilizing an age- and size-appropriate restraint system (e.g., Neo-mate, Pedi-mate, car seat, etc)”.
- Referenced throughout policies as “Refer to SO-BLS.”

OCEMS EMT Scope of Practice: EMT-OCEMS Accredited

- Content within policy updated to be in line with changes made to SO-BLS.
- Referenced Title 22 regulations updated.

General Advanced Life Support Standing Orders

- Changed #'s to bullet points.
- Substantive changes made to content of document.
- Rearranged into separate headings similar to the changes made to SO-BLS.

Standing Order for AMA

Base Hospital Guideline for AMA

- Added Pediatric VS graph.
- Added bullet point for patients who self-administered epinephrine.
- Any reference to 'child' or 'children' was changed to 'pediatric patient'.
- SO reference #'s updated to new treatment guideline reference #.
- Base Hospital Guideline for AMA: Document updated to include changes made to SO-AMA.

305.00 Prehospital Naloxone Leave Behind Policy (New)

- OCEMS is now a Narcan Distribution Center
- Policy authorizes and establishes standards for distribution of naloxone kits by EMS personnel and OCEMS system provider agencies during 9-1-1 responses in Orange County
- Documentation
 - ePCR fields:
 - Leave behind naloxone distributed: Yes/No
 - Number of kits distributed
 - ePCR narrative:
 - Indication for distribution
 - Recipient relationship to the patient, if the recipient is not the patient
 - Consent to receive the kit
 - Confirmation that just-in-time training was provided

Cardiac Arrest – Adult/Adolescent

- Formerly known as SO-C-010 and BH-C-010.
- BLS Interventions added: Refer to SO-BLS.
- Initiate an organized, team-based CPR management approach and continue high-quality CPR without interruption of continuous compressions unless pulse obtained.
- Utilize BVM with OPAS for initial airway management and add EtCO₂ when available.

Cardiac Arrest – Adult/Adolescent

- If cardiopulmonary arrest was witnessed by bystanders or EMS personnel and resources are limited, consider passive ventilation procedure (OCEMS PR-025) for up to 6 minutes.
- Apply an AED and follow instructions until an ALS crew takes over care.
- If suspected opioid overdose, consider: Naloxone pre-load nasal spray (SO-B-002).
- Extensive and substantiative changes have been made to this treatment guideline using a concept-based approach which are too numerous to list out.
- Added medications Magnesium Sulfate and Calcium Gluconate 10%.

Burns – Adult/Adolescent

- Formerly known as SO-E-005 & BH-E-05
- BLS Interventions added: Refer to SO-BLS.
- Break contact with causative agent.
- Remove jewelry and clothing from the area involved.
- Begin flushing burns with copious amounts of cool running water (target 20 minutes; do not delay transport).

Burns – Adult/Adolescent

- Specific interventions to do for thermal burns, toxic inhalation, chemical burns, and tar burns added.
- ALS Interventions added:
 - Added additional forms of pain medication that can be given.
 - Under Additional Considerations explanation for 20CRW was made.
 - 20 minutes of cool running water within the first three hours prevents worsening injury, reduces pain, lowers risk of infection, and improves long-term outcomes.

Decompression Sickness – Adult/Adolescent

- Formerly known as SO-E-010 & BH-E-10
- BLS Interventions added: Refer to SO-BLS
- Spinal motion restriction if diving or shore-break accident suspected.
- Administer 100% O2 via mask as soon as possible.
- Prevent and treat hypothermia by removing wet clothing and initiating rewarming when appropriate.

Decompression Sickness – Adult/Adolescent

- No change made to ALS interventions from previous standing orders.
- Removed the statement “position patient in flat, supine position” due to recent studies on the Durant and Trendelenburg positions showing no additional benefit and it is best to place patient in a position of comfort.
- Added a list of items to obtain from diving history if available under the Additional Considerations section.

Drowning – Adult/Adolescent

- Formerly known as SO-E-015 & BH-E-15
- BLS Interventions added: Refer to SO-BLS
- Spinal motion restriction if diving or shore-break accident suspected.
- Prevent and treat hypothermia by removing wet clothing and initiating rewarming when appropriate.
- No change made to ALS interventions from previous standing orders.

Drowning – Adult/Adolescent

- Added a list of items to obtain from submersion history if available under the Additional Considerations section.
- All drownings are now required to make Base Hospital contact.
- Listed within the Base Hospital section are reasons to send a drowning victim to a Trauma Center which include:
 - Shore break, diving, or watercraft-related incident.
 - External evidence of trauma.
 - Unwitnessed drowning.
 - Meets mechanism or trauma injury criteria per OCEMS Policy #310.30 (Trauma Triage).

Thermal Disorders – Adult/Adolescent

- Formerly known as SO-E-025 & BH-E-25.
- BLS Interventions added: Refer to SO-BLS.
- Specific interventions to do for hypothermia, mild / moderate hyperthermia, and severe hyperthermia added.
- No change made to ALS interventions from previous standing orders.
- Added to Additional Considerations section “Monitor the skin if you apply ice packs for prolonged periods. The skin is susceptible to damage with prolong exposure to ice. Covering ice packs with a sheet and adjusting the site can mitigate injury”.
- Under the Base Hospital added additional forms of pain medication that can be given.

Snake Envenomation – Adult/Adolescent

- Formerly known as SO-E-030 & BH-E-30
- BLS Interventions added: Refer to SO-BLS.
- Added a list of interventions for the affected extremity.
- ALS Interventions added: treating allergic reaction, hypotension, and pain.
- **Note: Ketorolac is excluded from the pain medication list due to coagulopathy/bleeding risk.

Abdomen Pain – Adult/Adolescent

- Formerly known as SO-M-005 & BH-M-05
- BLS Interventions added: Refer to SO-BLS.
- Evaluate and treat for hypoglycemia per OCEMS Procedures B-050 and B-055.
- NPO status.
- No change made to ALS interventions from previous standing orders.
- Additional notations were made to reinforce different causes of abdomen pain.
- Listed concerning elements from patient history to reinforce the need for ALS transport.

Diabetic Emergencies – Adult/Adolescent

- Formerly known as SO-M-010 & BH-M-10 which was just for Hyperglycemia.
- There was no separate guideline for Hypoglycemia other than for Altered Mental Status.
- Combining the two diabetic conditions into this one treatment guideline.
- No change made to ALS interventions from previous standing order.
- BLS Interventions added: Refer to SO-BLS.
- Assess blood glucose and treat per SO-B-003.
- Added the notation in the Additional Considerations section to select 'Provision of Food' with the drop-down menu within the Procedures Tab on the ePCR.

Allergic Reaction – Adult/Adolescent

- Formerly known as SO-M-015 & BH-M-15.
- BLS Interventions added: Refer to SO-BLS.
- Assist patients with the administration of their physician prescribed emergency devices and medications to include but not limited to bronchodilator inhaler/nebulizer or epinephrine device.
- Remove the stinger / injection mechanism.
- Ensure proper positioning for adequate ventilation and suction as needed.

Allergic Reaction – Adult/Adolescent

- Allergic reaction definition highlighting skin-based reaction & no airway involvement.
- Anaphylaxis definition highlighting acute onset of a systemic reaction involving two or more systems, any airway involvement, or unstable vital signs.
- Adding Diphenhydramine intervention to allergic reaction treatment.
- Allowing for BLS transport after Diphenhydramine intervention with skin-based reaction, stable, vital signs, and no history of anaphylaxis for “ADULT” patients only.

Hypertensive Disorders of Pregnancy – Adult/Adolescent

- Formerly known as SO-O-010& BH-O-10
- BLS Interventions added: Refer to SO-BLS.
- Place pregnant patient in left lateral position if second or third trimester.
- If supine position is required, manually displace the uterus to the left.
- Added additional information to the definition of pre-eclampsia and eclampsia.

Hypertensive Disorders of Pregnancy – Adult/Adolescent

- Added to ALS interventions the administration of Magnesium Sulfate if pre-eclampsia or eclampsia is present as exhibited by a SBP>160 or DBP>110 along with listed symptoms.
- Base Hospital contact is required.

Vaginal Bleeding – Adult/Adolescent

- Formerly known as SO-O-015 & BH-O-15
- BLS Interventions added: Refer to SO-BLS.
- Place pregnant patient in left lateral position if second or third trimester.
- If supine position is required, manually displace the uterus to the left.
- Added to ALS interventions the administration of Tranexamic Acid (TXA) for patients with ongoing bleeding within 3 hours post-delivery and have a SBP<90 or Shock Index>1.
- If TXA given, then requires Base Hospital contact.

Pediatric Brief Resolved Unexplained Event (BRUE)

- Adding back in this treatment guideline that at one time had its own standing order but was deleted. Only reference to how to treat a BRUE patient was within the Base Hospital Treatment Guideline section.
- Using the new Treatment Guideline format.
- Adding breastfeeding as an option for treatment of hypoglycemia.

General Injury and Trauma – Pediatrics

- Formerly known as SO-P-015 & BH-P-015
- Within the notes/definitions section signs of early and late shock listed.
- BLS Interventions added: Refer to SO-BLS.
- Apply cervical collar and/or spinal motion restriction as applicable.
- Added an initial assessment section outlining ATLS' xABCDE sequence.

General Injury and Trauma – Pediatrics

- ALS interventions added:
 - Assess PAT
 - ALS airway placement if weight criteria met & BLS airway management not adequate.
 - Discussion on need for needle decompression which requires Base Hospital Contact to obtain order.
 - Applying capnography.
 - Obtaining patient weight.

General Injury and Trauma – Pediatrics

- ALS interventions added (cont.)
 - Obtaining IV/IO.
 - Treating for hypotension.
 - Treating for pain.
 - Treating for N/V; to include IV Zofran for age > 3 months.
 - Specific injury management can be found within the Additional Considerations section.
 - Pediatric patients are to be transported securely in a size appropriate restraint system.
 - Base Hospital Contact is required if patient meets trauma triage criteria.
 - TXA administration is a Base Hospital order only.

Allergic Reaction – Pediatrics

- Formerly known as SO-P-060 & BH-P-060
- BLS Interventions added: Refer to SO-BLS.
- Assist patients with the administration of their physician prescribed emergency devices and medications to include but not limited to bronchodilator inhaler/nebulizer or epinephrine device.
- Remove the stinger / injection mechanism.
- Ensure proper positioning for adequate ventilation and suction as needed.

Allergic Reaction – Pediatrics

- Allergic reaction definition highlighting skin-based reaction & no airway involvement.
- Anaphylaxis definition highlighting acute onset of a systemic reaction involving two or more systems, any airway involvement, or unstable vital signs.
- ALS Interventions added:
 - Assess Pediatric Assessment Triangle (PAT).
 - ALS airway placement if weight criteria met & BLS airway management not adequate.
 - Use of EtCO₂.
- Adding Diphenhydramine intervention to allergic reaction treatment.
- Adding a table showing normal vital signs by age within the additional considerations section.

Altered Mental Status – Pediatric

- Formerly known as SO-P-065 & BH-P-065
- Updated language for capnography, EtCO₂, and VS parameters to treat with fluids to match what is in print on the Pediatric Stroke Treatment Guideline.
- Added line about hypoglycemia (see document).
- Added line to determine if meets stroke criteria (see document).
- Potential causes & considerations added (see document).

Seizure / Convulsion – Pediatric

- Formerly known as SO-P-075 & BH-P-075.
- BLS Interventions added: Refer to SO-BLS.
- Turn to side, protect airway, and suction when possible.
- Added line to determine if meets stroke criteria (see document).
- Added line for “a first time, non-febrile seizure in any age and for any duration is considered a neurological emergency and should be transported to a CCERC”.
- Added definition for simple febrile seizures (see document).

Drowning – Pediatric

- Formerly known as SO-P-100 & BH-P-100.
- BLS Interventions added: Refer to SO-BLS.
- Ensure patent airway and proper positioning for adequate ventilation.
- Spinal motion restriction if diving or shore-break accident suspected.
- Prevent and treat hypothermia by removing wet clothing and initiating rewarming when appropriate.

Drowning – Pediatric

- No change made to ALS interventions from previous standing orders.
- Added a list of items to obtain from submersion history if available under the Additional Considerations section.
- Additional note for dose of Albuterol added for age < 30 days old.
- Listed within the Base Hospital section are reasons to send a drowning victim to a Trauma Center which include:
 - Shore break, diving, or watercraft-related incident.
 - External evidence of trauma.
 - Meets mechanism or trauma injury criteria per OCEMS Policy #310.30 (Trauma Triage).

Acute Stroke or Intracranial Hemorrhage - Pediatric Treatment Guideline

- New treatment guideline for the recognition, treatment, and transport of a pediatric patient with stroke symptoms.
- Catching first-time seizure pediatric patients.
- Wording within this guideline will exclude simple febrile seizures.

General Injury and Trauma – Adult/Adolescent

- Formerly known as SO-T-005 & BH-T-05
- Within the notes/definitions section signs of early and late shock listed.
- BLS Interventions added: Refer to SO-BLS.
- Apply cervical collar and/or spinal motion restriction as applicable.
- Added an initial assessment section outlining ATLS' xABCDE sequence.

General Injury and Trauma – Adult/Adolescent

- ALS interventions added:
 - TXA administration.
 - Additional forms of pain medications.
 - Specific injury management can be found within the Additional Considerations section.
 - Base Hospital Contact is required if patient meets trauma triage criteria.
 - A needle decompression continues to remain a base hospital order.

Pediatric Vital Signs

- Brand new procedure outlining OCEMS recognized age-based normal ranges for pulse, systolic blood pressure, and respiratory rate.

Pediatric Vital Signs by Age			
Age	Pulse	Systolic Blood Pressure	Respiratory Rate
Neonate (0– 30 days)	100– 180	> 60	30– 60
Infant (31 days – < 1yr)	100– 160	> 60	30– 60
Toddler (1 yr – < 3yrs)	90– 150	> 70	24– 40
Pre-school (3 yrs – < 5yrs)	80– 140	> 75	22– 34
School Aged (5 yrs – < 10yrs)	70– 120	> 80	18– 30
Teen (≥ 10 yrs)	60– 100	> 90	12– 16

Tranexamic Acid (TXA) – Adult/Adolescent

- Brand new procedure outlining the administration of TXA to an adult/adolescent patient with evidence of hemorrhage shock related to blunt or penetrating trauma mechanism or related to miscarriage or post-partum uterine bleeding.



ORANGE COUNTY EMERGENCY MEDICAL SERVICES
ADVANCED LIFE SUPPORT PROCEDURES
TRANEXAMIC ACID FOR BLEEDING MANAGEMENT - Adult / Adolescent

#: PR-080
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Original Date: 10/01/2026
Revised:

BACKGROUND: Tranexamic acid (TXA) is a synthetic lysine analogue that inhibits plasminogen activation and plasmin activity to stabilize fibrin clots and reduce bleeding. It is utilized in trauma care as an adjunct to standard bleeding control measures, with maximal effectiveness when administered early.

INDICATIONS:

- Evidence of hemorrhagic shock related to blunt or penetrating trauma mechanism -OR- evidence of hemorrhagic shock related to miscarriage or post-partum uterine bleeding.
- SBP < 90 mmHg or Shock Index (SI) > 1.0
 - Shock Index = Pulse Rate / Systolic Blood Pressure
- Significant blood loss with ongoing bleeding not controlled by direct pressure, hemostatic agents (e.g. QuikClot, Hemostatic gauze), or tourniquet applications.

CONTRAINDICATIONS:

- Traumatic injury or vaginal delivery greater than 3 hours.
- Isolated neurogenic shock.
- Isolated extremity injury when bleeding has been controlled.
- Active thromboembolic event (within the last 24 hours); i.e., stroke, myocardial infarction, pulmonary embolism, or DVT.
- History of hypersensitivity or anaphylactic reaction to TXA.
- Traumatic arrest without ROSC.
- Drowning or hanging victims.

Tranexamic Acid (TXA) – Pediatric

- Brand new procedure outlining the administration of TXA to a pediatric patient with evidence of hemorrhage shock related to blunt or penetrating trauma mechanism.
- This is a Base Hospital order only.



TRANEXAMIC ACID FOR BLEEDING MANAGEMENT - Pediatric

#: PR-081
Page: 1 of 3
Original Date: 10/01/2026
Revised:

Pediatric TXA Administration

Authorization	Base Hospital order only
TXA concentration	1 gm / 10 mL vial (100 mg/mL)
Dose	15 mg / kg IV / IO over 10 minutes
Maximum dose	1 gm
Indications	<ul style="list-style-type: none"> Evidence of hemorrhagic shock related to blunt or penetrating trauma mechanism. SBP < 90 mmHg or Shock Index (SI) > 1.0 for patient age > 10 years old SBP < 80 or SI > 1.0 for patient age 5 – 10 years old SBP < 75 or SI > 1.2 for patient age 3 – 5 years old SBP < 70 or SI > 1.2 for patient age 1 – 3 years old SBP < 60 or SI > 1.2 for patient age 31 days – 1 year old SBP < 60 or SI > 1.2 for patient age 0 – 30 days old <ul style="list-style-type: none"> Shock Index = Pulse Rate / Systolic Blood Pressure Significant blood loss with ongoing bleeding not controlled by direct pressure, hemostatic agents (e.g. QuikClot, Hemostatic gauze), or tourniquet applications.
Contraindications	<ul style="list-style-type: none"> Traumatic injury greater than 3 hours. Isolated neurogenic shock. Isolated extremity injury when bleeding has been controlled. Active thromboembolic event (within the last 24 hours); i.e., stroke, myocardial infarction, pulmonary embolism, or DVT. History of hypersensitivity or anaphylactic reaction to TXA. Traumatic arrest without ROSC. Drowning or hanging victims.

PROCEDURE:

- Confirm the patient meets the indications for TXA and has no contraindications.
- Obtain a Base Hospital order.
- Determine the patient's weight using actual weight when known or utilizing an appropriate length-based resuscitation tape or age-based system.
- Using the Pediatric TXA Dosing Guide, withdraw the calculated volume of TXA into a 10-mL syringe:
- TXA concentration: **1 gm / 10 mL vial (100 mg / mL)**
- Dose: **15 mg / kg**
- Add 0.9% normal saline to the syringe to make a **total volume of 10 mL**.
- Gently mix and clearly label the syringe **"TXA IV / IO."**
- Administer the entire 10-mL syringe IV / IO evenly over 10 minutes.
- Push at rate of **1 mL per minute**.

Approved: *[Signature]*

Review Date:
Final Date for Implementation: 04/01/2027



TRANEXAMIC ACID FOR BLEEDING MANAGEMENT - Pediatric

#: PR-081
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Revised:

- Do not rapidly push IV.
- Flush the IV / IO line with 0.9% normal saline after administration to ensure delivery of medication remaining in the tubing.
- Monitor the patient, including blood pressure, during administration.
- Document the TXA dose and administration time.
- Communicate administration to the Base Hospital.
- Communicate administration to the Trauma Center at the time of arrival / transfer of patient care.

Example

For a 20-kg child: $20 \text{ kg} \times 0.15 \text{ mL/kg} = 3 \text{ mL TXA}$
Draw up: **3 mL TXA**
Add: **7 mL NS**
Final syringe volume: **10 mL**
Administer: **1 mL per minute for 10 minutes**

Pediatric TXA Dosing Guide TXA 100 mg/mL | Dose 15 mg/kg | Volume 0.15 mL/kg

Weight	TXA Dose	Volume Dose (to mix with NS in a syringe to total 10 mL)
3 kg	45 mg	0.5 mL
4 kg	60 mg	0.6 mL
5 kg	75 mg	0.8 mL
6 kg	90 mg	0.9 mL
7 kg	105 mg	1.1 mL
8 kg	120 mg	1.2 mL
9 kg	135 mg	1.4 mL
10 kg	150 mg	1.5 mL
11 kg	165 mg	1.7 mL
12 kg	180 mg	1.8 mL
13 kg	195 mg	2.0 mL
14 kg	210 mg	2.1 mL
15 kg	225 mg	2.3 mL
16 kg	240 mg	2.4 mL
17 kg	255 mg	2.6 mL
18 kg	270 mg	2.7 mL
19 kg	285 mg	2.9 mL
20 kg	300 mg	3.0 mL
21 kg	315 mg	3.2 mL
22 kg	330 mg	3.3 mL
23 kg	345 mg	3.5 mL

Approved: *[Signature]*

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Definitions

- Added these definitions: Against Medical Advice, Agency Identifiable Information, ALS Escort, Bradycardia, Continuous Quality Improvement
- Added these definitions: Diversion, Electronic Patient Care Report, Extremis, High Flow Oxygen, Hypotension
- Added these definitions: Incident Identifiable Information, Leave-Behind Naloxone, Medication Assisted Treatment, Naloxone, Opioid Use Disorder
- Added these definitions: Perfusion, Perfusion-Adequate, pVT, Skin signs, Symptomatic Bradycardia
- Added these definitions: Toxic Delirium, VFIB

Transport of Public Safety Working Dogs

Public Safety Working Dogs

- Added additional language to include other public safety working dogs instead of just police K-9's.

ALS base contact and transport criteria

- Added cell phone use for paramedics as an alternate method of communication to an ERC for an ALS no contact type of patient.
- Cleaned up language regarding SNRC & CVRC diversion.
- Added/updated reference to specific SO-Treatment Guidelines with both the adult and pediatric section.
- Added within both the adult and pediatric section for Base Hospital contact required Patients who self-administered epinephrine.

ALS base contact and transport criteria

- Added the Pediatric Normal VS graph within the pediatric section and reinforcing the need to make Base Hospital for contact for unstable vital signs defined as any values outside of the following parameters.
- Any use of the word “child” or “children” was changed to “pediatric patient”.
- Added Pediatric patients who met Stroke Criteria (P-115) for Base Hospital contact required.

Trauma Triage and Trauma Triage Algorithm

- Added additional language for unrestrained pediatric patient.

Advanced Life Support (ALS) Provider Unit Minimum Inventory

- Under Section V for Equipment: Added Note #2: Automatic Chest Compression Device: This equipment can be optional for surge or backup response units but remains required for all front-line ALS primary units.
- Under Section VII for Mandatory Pharmaceutical Inventory added: Calcium Gluconate, Magnesium for Cardiac Arrest, Magnesium for eclampsia, Tranexamic Acid for Adult/Adolescent.
- Under Section VII for Optional Pharmaceutical Inventory added Tranexamic Acid for Pediatric.

Abbreviations

- Added these abbreviations: ACLS, AMA, BHR, BHTG, BPM
- Added these abbreviations: DNR, ED, EKG, EMS, EMT
- Added these abbreviations: EMT-P, EOC, LEMSA, PDE, pVT
- Added these abbreviations: ROSC, SPO2, START
- Changed ET to ETT.
- Removed these items and placed on the Policy 090.00 (Definitions): agitated delirium, ALS Escort, bradycardia, bradycardia symptomatic, diversion, extremis, high-flow oxygen, hypotension, pediatric, perfusion adequate, skin signs.
- Removed 'excited delirium' since no longer correct terminology.

Standing Drug Guide for Adult / Adolescent

- Added clarifications to current forms to match Policy 325.
- Added TXA.
- Added Magnesium.
- Added Calcium Gluconate.
- Added a contraindications column.
- Updated indications and contraindications for Push Dose Epinephrine.
- Updated indications for Normal Saline

Pediatric Medication Guide by Weight

- Indications column added.
- BHO's highlighted in red.
- Epinephrine for Cardiac Arrest also labeled for Bradycardia.
- TXA added.
- IV Zofran added.
- Hydroxocobalamin removed.

Pediatric Medication Guide by Weight

- VS parameters updated to match with new ALS (PR-006) and BLS (B-003) procedure.
- Name of color added to side bar.
- Reordered medications into alphabetical order.
- Age for neonate 0-30 days changed from “newborn”.
- Removed 1:1 dilution from bicarb for grey, pink, & red colors.

Needle Thoracostomy: Adult/Adolescent

Needle Thoracostomy: Pediatric

- Redefined the indications, highlighting the presence of hypoxia.
- **IMPORTANT:** Hypoxia is a critical component and should be present in conjunction with signs of respiratory compromise and/or hemodynamic instability to justify a needle thoracostomy.
- Signs include:
 - Chest injury (blunt or penetrating) with hypoxia
 - Acute respiratory distress with hypoxia
 - Unilateral absence of breath sounds on the affected side

Needle Thoracostomy: Adult/Adolescent

Needle Thoracostomy: Pediatric

- Distended neck veins (JVD)
- Circulatory collapse manifested by hypotension or signs of poor perfusion
- Respiratory arrest
- Added an additional site. Choices now are: 2nd intercostal space midclavicular line or 5th intercostal space anterior axillary line.
- Cleaned up the wording within the procedure section and renaming to 'procedural guidelines.'
- Added site reference image.

IO Procedure

- Under indications: Added age breakdown for unstable hypotension.
- Under Contraindications:
 - Added vascular disruption of the extremity selected for IO infusion.
 - Added obvious skin or other infection or burn at the site selected for IO infusion.
 - Added joint replacement or orthopedic hardware adjacent to the site of IO insertion.

IO Procedure

- Added section titled Insertion Sites:
- Added two additional sites
- Proximal Humerus for age 18 years old and over
- Distal Femur for age up to 6 years old and a weight of 3-39kg
- Renamed the procedure section “procedural highlights” & removed step by step process.
- Reinforced the site selection locations and angle to insert needle.

IO Procedure

- Reinforced pain management with use of Lidocaine prior to instilling fluids or other medications.
- Reinforced the use of a pressure bag.
- Added site reference images.

Hydroxocobalamin

- Removed pediatrics from this procedure. Hydroxocobalamin is now only for Adult/Adolescent

Preparation and Dosing of Push Dose Epinephrine - Pediatric

- Reworded indications, added the word considerations (see document).
- Cleaned up the contraindications list, now just says hemorrhagic shock.
- Did some adjustment with the wording in regards to preparing for administration. Took away the wording of “mixing instructions”. Changed the wording for administration from “push dose” to “administration”.

Preparation and Dosing of Push Dose Epinephrine - Adult/Adolescent

- Reworded indications, added the word considerations (see document).
- Cleaned up the contraindications list, now just says hemorrhagic shock.
- Did some adjustment with the wording in regards to preparing for administration. Took away the wording of “mixing instructions”. Changed the wording for administration from “push dose” to “administration”.
- Removed the statement of base hospital contact and order no longer required.

WEBINAR EVALUATION AND QUESTIONS FORM



OCEMS October 2026
Updates: Webinar Evaluation



OCEMS October 2026 Updates:
Questions and Comments

In Gratitude: Ruth Clark, Laurent Repass, OCEMS Team, Standing Orders Workgroup, End-Users Workgroup, and EMS Partners



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