Appendix A.1 General Guidelines

a. All the important changes made to the 2025 GMVEMSC protocol are identified in this section.
b. Any changes made since the June 1, 2024 release are included.
    i. As there were mid-year changes to the 2024 Protocol, those are included and listed in green text
c. Grammatical changes, formatting or clerical corrections are not mentioned.
d. The different tabs are:
    i. General Protocol Changes – includes any changes that effect the protocol as a whole or direct all of the different disciplines
    ii. EMR – changes affecting the patient care from an EMR
    iii. EMT – changes affecting the patient care from an EMT, including from EMR tabs
    iv. AEMT – changes affecting the patient care from an EMT, including from EMR & EMT tabs
    v. Paramedic - changes affecting the patient care from a Paramedic, including from all other tabs
    vi. Drug Formulary – changes made to the 8000 series drug listings, affecting all levels
e. It is recommended that each discipline review the changes to all the other levels as well as their own as some changes could affect their practice.

Appendix A.2 2026-2028 GMVEMSC Protocol Changes

General Protocol Changes		
Tab	**Section**	**Change/Edit/Addition**
N/A	N/A	Added a sub-section after Appendices to the protocol. This section will show mid-year changes when they occur
TOC	TOC	Added Section for Change Order Directives
Whole	Whole Document	At the Paramedic level, changed {12 Lead EKG} to {12/15 Lead EKG}
1001	1001.1.g	Added stipulation that all versions of the protocol will include a release date in the right corner of the title page
1001	1001.1.h	Added stipulation making all old versions of the protocol invalid on release of a new protocol
1001	1001.7.a & b	Added section to describe the layout of the standing orders
1001	1001.7.c	Described the look and purpose of “Change Order Directives”, or mid-cycle SO changes
1002	1002.3.c	Added language to the call for orders procedure to include giving the call taker a brief synopsis of the call
1007	1007.1 Pearls	Added emphasis that CPAP and {BiPAP} are forms of “Non-invasive Ventilation”
2001	2001.1.c	Added emphasis that providers should prioritize resuscitation efforts over transport in most cardiac arrest cases
2001	2001.1.d	Added a clarifying statement that 2001.1.c applies to both adult and pediatric patients.
3005	3005.3 Pediatric	Added bullets to Pediatric Considerations, recommending pediatric burn patients go to pediatric burn centers.
4004	4004.5.c.iii	Changed admission times of DCH Mathile Center for Mental Health and Wellness to 0800-0100 hrs.
4011	4011.2.a.iii	Added: Transport to Maternity Dept. if patient experiencing obstetric related issues up to 12 weeks postpartum.
7001	7001.3.h	Changed the timeline for testing to “established by Council” to conform with new and future standards
7002	7002.1.e	Added that if normal methods of transmitting ePCRs is down, the hospital must get the report in 24 hours
7004	7004.3.b	Removed requirement to fax the drug bag discrepancy form, it can just be sent to the Hospital EMS Coordinator

Emergency Medical Responder		
Tab	**Section**	**Change/Edit/Addition**
3011	3011.1 EMR	Changed “Cover both eyes…” to “Cover affected eye(s) with a rigid cover.”

Emergency Medical Technician		
Tab	**Section**	**Change/Edit/Addition**
1009	1009.4	Added the D.O.P.E trouble shooting mnemonic, for advanced airways (primarily ET tubes)

3011	3011.1 EMR	Changed "Cover both eyes…" to "Cover affected eye(s) with a rigid cover."
4001	4001.2 EMT	Added: Consider Ondansetron (Zofran) 4 mg PO dissolving tablet for nausea or active vomiting in adults
4001	4001.2 EMT	Added: Consider Ondansetron (Zofran) 4 mg PO dissolving tablet for nausea or active vomiting in pediatrics
4002	4002.2 EMT	Removed requirement for the EMT to contact MCP for nebulized Albuterol and Ipratropium
4003	4003.1 EMT	Removed requirement for the EMT to contact MCP for nebulized Albuterol and Ipratropium
4003	4003.1 EMT	Added recommendation to provide Albuterol 2.5 mg and Ipratropium 0.5 mg, nebulized inline with CPAP
4013	4013.1 Pearls	Added recommendation to provide Albuterol 2.5 mg and Ipratropium 0.5 mg, nebulized inline with CPAP

Advanced Emergency Medical Technician

Tab	Section	Change/Edit/Addition
1009	1009.2 AEMT	Changed recommendation for ETT depth to 21-23 cm mark to a minimum of 3x tube size for adults
1009	1009.2 AEMT	Added instructions to realign tube in the case of right or left bronchial intubation
1009	1009.2 AEMT	Added directions to reassess tube placement with EtCO2 and lung sounds after every patient movement
1009	1009.4	Added the D.O.P.E trouble shooting mnemonic, for advanced airways (primarily ET tubes)
1012	1012.1.c.iii	Added option for distal femur IO in adult arrests, emphasized looking for better access later
1012	1012.3 Pearls	Added reminder that all medications and fluids that can be given IV can be given IO
2005	2005.3.d.vi	Added stipulation to NOT do Vector Change Defibrillation for recurrent V-Fib/PVT, but only for refractory v-fib
3011	3011.1 EMR	Changed "Cover both eyes…" to "Cover affected eye(s) with a rigid cover."
3015	3015.1 AEMT	Added: In patients 8 y/o or greater, Tranexamic Acid (TXA) 15/mg/kg (max 1 gram) IV/IO over **1-2 minutes**
3015	3015.1 AEMT	Added: Tranexamic Acid (TXA) 500 mg nebulized for adults with bleeding affecting the airway
3015	3015.1 AEMT	Added: If uncontrolled airway bleeding after nebulized TXA in adults, obtain MCP to administer the remainder IV/IO
3015	3015.1 Consult	Added language referencing IV/IO TXA for continued airway bleeding in adults requiring MCP orders
4001	4001.2 AEMT	Moved Ondansetron slow IV/IO for adults and pediatrics with nausea or active vomiting to AEMT level
4001	4001.2 AEMT	Change age/weight restrictions for pediatric IV/IO Ondansetron to 5 y/o or older and 30 kg or more
4002	4002.2 AEMT	Removed line stating no orders needed for the AEMT to administer nebulized meds, due to EMT change for orders
4003	4003.1 AEMT	Removed line stating no orders needed for the AEMT to administer nebulized meds, due to EMT change for orders
4003	4003.1 EMT	Added recommendation to provide Albuterol 2.5 mg and Ipratropium 0.5 mg, nebulized inline with CPAP
4008	4008.2 Pearls	Added confirmation that if no IV access in a hypoglycemic patient, an IO is an appropriate option.
4013	4013.1 Pearls	Added recommendation to provide Albuterol 2.5 mg and Ipratropium 0.5 mg, nebulized inline with CPAP
4014	4014.1 AEMT	Added dosing for Refractory Status Epilepticus (RSE) for adult and pediatric patients
4014	4014.1 Pearls	Added signs and symptoms of Refractory Status Epilepticus (RSE)

Paramedic

Tab	Section	Change/Edit/Addition
1008	1008.1 Paramedic	Removed Nasal Intubation to be in line with Ohio Scope of Practice
1008	1008.1 Paramedic	Added optional skill of {finger thoracostomy} with medical director's approval and specific training
1009	1009.2 AEMT	Changed recommendation for ETT depth to 21-23 cm mark to a minimum of 3x tube size for adults
1009	1009.2 AEMT	Add instructions to realign tube in adults in the case of right or left bronchial intubation
1009	1009.2 Paramedic	Removed Nasal Intubation to be in line with Ohio Scope of Practice
1009	1009.3	Removed reference to Beck Airway Airflow Monitor (BAAM) since nasal intubations are removed
1009	1009.4	Added the D.O.P.E trouble shooting mnemonic, for advanced airways (primarily ET tubes)
1012	1012.1.c.iii	Added option for distal femur IO in adult arrests, emphasized looking for better access later
1012	1012.3 Pearls	Added reminder that all medications and fluids that can be given IV can be given IO
2002	2002.2 Paramedic	Added emphasis that Paramedics are expected to provide on scene resuscitation efforts to all age groups
2002	2002.2 Paramedic	Added bullet that pediatric arrests should get at least a first dose of Epi and a functioning airway prior to transport
2002	2002.2 Paramedic	Added statement that the Paramedic should defibrillate at least once when indicated, prior to transport
2005	2005.3.d.vi	Added stipulation to NOT do Vector Change Defibrillation for recurrent V-Fib/PVT, but only for refractory v-fib
2005	2005.3.e.vii	Added statement that Administrators need to understand the risk of damage to monitors when using DSD
2011	2011.2 Paramedic	Added language to transport stable Atrial Fibrillation with a Rapid Ventricular Rate (RVR)
2011	2011.2 Paramedic	Added language to cardiovert unstable Atrial Fibrillation with a Rapid Ventricular Rate (RVR) with MCP order
2011	2011.2 Consult	Added instructions that cardioversion of unstable A-Fib with RVR is by MCP order only
2011	2011.2 Pearls	Added recommendation to rule out or treat compensatory or physiological causes of tachycardia
2011	2011.2 Pearls	Added descriptions of the hemodynamically unstable patient

3002	3002.1 Paramedic	Added optional skill of {finger thoracostomy} with medical director's approval and specific training
3011	3011.1 EMR	Changed "Cover both eyes…" to "Cover affected eye(s) with a rigid cover."
3015	3015.1 AEMT	Added: In patients 8 y/o or greater, Tranexamic Acid (TXA) 15/mg/kg (max 1 gram) IV/IO over 1-2 minutes
3015	3015.1 AEMT	Added: Tranexamic Acid (TXA) 500 mg nebulized for adults with bleeding affecting the airway
3015	3015.1 AEMT	Added: If uncontrolled airway bleeding after nebulized TXA, obtain MCP to administer the remainder IV/IO
3015	3015.1 Consult	Added language referencing IV/IO TXA for continued airway bleeding in adults requiring MCP orders
3015	3015.1 Paramedic	Added language for agencies that have a Medical Director approved whole blood delivery program
4001	4001.2 AEMT	Moved Ondansetron slow IV/IO for adults and pediatrics with nausea or active vomiting to AEMT level
4001	4001.2 AEMT	Change age/weight restrictions for pediatric IV/IO Ondansetron to 5 y/o or older and 30 kg or more
4003	4003.1 EMT	Added recommendation to provide Albuterol 2.5 mg and Ipratropium 0.5 mg, nebulized inline with CPAP
4008	4008.2 Pearls	Added confirmation that if no IV access in a hypoglycemic patient, an IO is an appropriate option.
4013	4013.1 Pearls	Added recommendation to provide Albuterol 2.5 mg and Ipratropium 0.5 mg, nebulized inline with CPAP
4014	4014.1 AEMT	Added dosing for Refractory Status Epilepticus (RSE) for adult and pediatric patients
4014	4014.1 Pearls	Added signs and symptoms of Refractory Status Epilepticus (RSE)
4014	4014.1 Paramedic	Changed postpartum timeline indication for Magnesium Sulfate in seizures from less than 6 weeks to 12 weeks

Drug Formulary		
Tab	Section	Change/Edit/Addition
8002	Medical Control	Removed requirement for EMTs to contact medical control
8023	Medical Control	Removed requirement for EMTs to contact medical control
8024	Indications	Added: Seizing patient with Refractory Status Epilepticus (RSE) untreated by two doses of Midazolam
8024	Adult Dosing	Added dosing of 100 mg IV/IO or (if no IV/IO), then 250 mg IM for treatment of RSE
8024	Adult Dosing	Added reminder to not reduce Ketamine in half when treating RSE in geriatric patients
8029	Indications	Changed indication in postpartum seizures from less than 6 weeks to less than 12 weeks
8031	Adult Dosing	Added third dose for adults with evidence of Refractory Status Epilepticus untreated by two previous doses
8031	Pediatric Dosing	Added third dose for pediatrics with evidence of Refractory Status Epilepticus untreated by two previous doses
8038	Adult Dosing	Added EMT as capable of administering 4 mg tablet PO
8038	Adult Dosing	Moved slow IV/IO route for adults and pediatrics to AEMT level
8038	Pediatric Dosing	Removed pediatric requirement that the patient be 40 kg or more for 4 mg PO dissolving tablet
8038	Pediatric Dosing	Changed age/weight restrictions to for IV/IO to 5 y/o or older and 30 kg or more
8046	Indications	Added uncontrolled bleeding in adult airway
8046	Adult Dosing	Added 500 mg TXA nebulized for uncontrolled bleeding in adult airway, followed by IV/IO with MCP orders
8046	Pediatric Dosing	Added: In patients 8 y/o or greater, Tranexamic Acid (TXA) 15/mg/kg (max 1 gram) IV/IO over 1-2 minutes
8046	Medical Control	Changed adult medical control indicators to align with new indications to administer TXA

END OF SECTION