

# Maine EMS December 1, 2025 Prehospital Protocols

## When to Use On-Line Medical Consultation (OLMC) or Notification

On-Line Medical Consultation (OLMC) and ED Notification based on the 2025 MEMS Protocols

- When required, complete OLMC before proceeding with the following therapies
- Notification includes cases where early ED alerts could be clinically beneficial
- EMS Clinicians can and should consult ANYTIME questions or concerns arise

### **Brown Section – Foreword & FAQs**

	<u>EMT</u>	<u>AEMT</u>	<u>Paramedic</u>
Transports and Transfers (Brown 1)	<ul style="list-style-type: none"> <li>• Unexpected changes in patient status</li> <li>• Patients requiring interventions beyond provided orders</li> </ul>		
Hospital Destination Choice (Brown 1)	Delays in transport Bypassing the most accessible hospital		
Physician/NP/PA on scene (Brown 3)	Questions on care / direction from physician/NP/PA		
Other Healthcare Clinicians (Brown 4)	Dispute over treatment or transport		
Home healthcare devices (Brown 4)	Unfamiliarity with devices		
Patient Signoffs (Brown 4)	<ul style="list-style-type: none"> <li>• Patient signoffs that EMS Clinicians feel are Inappropriate</li> <li>• EMS-Initiated patient signoffs</li> </ul>		
Special Circumstances Protocol (Brown 5)	Questions on approved special circumstance protocol instructions		
Vagus Nerve Stimulator (Brown 5)	Use of magnet on VNS		
Option to Cancel ALS policy (Brown 6)	Online Medical Consultation to cancel ALS		

### **Purple Section - Definitions**

	<u>EMT</u>	<u>AEMT</u>	<u>Paramedic</u>
Fluid Bolus (Purple 3)		Total fluid of more than 40 ml/kg	
IO Insertion (Purple 4 & 5)		<ul style="list-style-type: none"> <li>• If SBP less than 90 mmHg without AMS or signs of shock</li> <li>• Patients with bilateral upper extremity burns</li> </ul>	
		Additional lidocaine for pain	

### **Blue Section – Respiratory & Airway**

	<u>EMT</u>	<u>AEMT</u>	<u>Paramedic</u>
Failed Intubation (Blue 4)			<ul style="list-style-type: none"> <li>• More than 3 attempts at intubation</li> <li>• Early notification of difficult airway</li> </ul>
Resp Distress with Bronchospasm (Blue 6 & 7)	Initiation of Q 5 min nebs once a patient is placed on CPAP vs epi if the patient is refractory to CPAP		When nebulizers, Magnesium, IM Epi fail
Anxiolysis in CPAP (Blue 9)			Midazolam or Ketamine
Pulmonary Edema (Blue 10)		NTG in patients with ED meds or pulmonary hypertension	
		SL NTG	If all therapies fail
Pulmonary Hypertension (Blue 11)	Discuss destination if questions arise		

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### Red Section - Cardiac

	<b>EMT</b>	<b>AEMT</b>	<b>Paramedic</b>
Chest Pain - Suspected Cardiac Origin (Red 2)	Administer patient's own NTG	Administer SL NTG	
Adult Cardiac Arrest (Red 9, 10, 11)	Consult to Discuss Complex Cases including peripartum arrest		Post resuscitation of Amiodarone bolus
Termination of Resuscitation (Red 14)	Questions regarding disposition of patient remains		
Pediatric Cardiac Arrest (Red 18, 19, 20)	<ul style="list-style-type: none"> <li>• Questions on OHCA causes and treatment</li> <li>• Termination of Resuscitation</li> <li>• Resources for survivors after termination</li> </ul>		
	Upon initiation of Norepinephrine post ROSC		
Tachycardia (Red 23)			<ul style="list-style-type: none"> <li>• Uncertainty between ST and SVT</li> <li>• Initiation of Metoprolol</li> <li>• Consideration of Amiodarone drip in stable, while complex tachycardia</li> <li>• QT interval greater than 0.5 sec</li> </ul>
Pediatric Tachycardia (Red 26, 27, 28)			<ul style="list-style-type: none"> <li>• Uncertainty between ST and SVT</li> <li>• Consideration of Amiodarone drip in stable, wide complex tachycardia</li> <li>• Consideration of Amiodarone drip in Torsades de Pointes</li> <li>• QT interval greater than 0.5 sec</li> </ul>
Adult Bradycardia (Red 29)			When atropine fails, after pacing or after initiation of Epinephrine drip
Pediatric Bradycardia (Red 31)			When atropine fails, after pacing or after initiation of Epinephrine drip
Cardiogenic Shock (Red 32)		Fluid Bolus	<ul style="list-style-type: none"> <li>• Provide early notification of norepinephrine use</li> <li>• Initiation of Norepinephrine in pediatric patients</li> </ul>
VAD (Red 34 & 35)	<ul style="list-style-type: none"> <li>• VAD patient destination support</li> <li>• Early consultation with VAD Team for awareness</li> </ul>		
Hyperkalemia (Red 36)			Questions if therapy does not improve ECG

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### Gold Section - Medical

	<u>EMT</u>	<u>AEMT</u>	<u>Paramedic</u>
Allergy Anaphylaxis (Gold 1 & 2)	<ul style="list-style-type: none"> <li>• Provide early hospital notification</li> <li>• When all initial therapies fail</li> </ul>		
	After repeat Epi IM		After repeat Epi IM or infusion
Diabetic/Hypoglycemic Emergencies (Gold 7)	Glucose above 60/mg/dl and symptoms of hypoglycemia still a concern		
Seizures (Gold 9)	<ul style="list-style-type: none"> <li>• Unable to stop seizures, other therapies required</li> <li>• Repeated doses of Midazolam</li> <li>• Continued seizures in pregnant patients despite Magnesium</li> </ul>		
Stroke	Notify the hospital as early as possible for suspected stroke patient		
Medical Shock (Gold 14, 15, 16)	Alert if identification of a Septic Patient		
		Discuss resuscitation IV volume	After Paramedic initiation of Norepinephrine
Abdominal Pain (Gold 17)	Repeated doses of Fentanyl		
N/V (Gold 18)	Questions regarding Ondansetron dose, abnormal VS, associated toxic ingestion		

### Green Section - Trauma

	<u>EMT</u>	<u>AEMT</u>	<u>Paramedic</u>
Trauma Triage (Green 1 & 2)	Questions regarding destination hospital for red criteria patients		
Head Trauma (Green 10)	3 <sup>rd</sup> IV bolus if SBP below goal for age		
Hemorrhagic Shock (Green 13 & 14)	Early hospital notification for any SBP under 90 mmHg after IV fluid		
		Age > 65 for fluid bolus order	Pre-TXA in patients on anticoagulants
Pain Management (Green 18 & 19)	Contact for use/treatment of back pain, headache or non-traumatic extremity pain		
	Additional dosing, changing classes of medications, or use with patients with TBI, AMS, unstable VS, alcohol/drug use		
Open Fractures (Green 26)	Questions regarding allergies and Ceftriaxone use		
Strangulation (Green 27)	Discuss transport refusals and referral options		

### Lavender Section - Obstetrics

	<u>EMT</u>	<u>AEMT</u>	<u>Paramedic</u>
Obstetric Emergencies (Lavender 1)	<ul style="list-style-type: none"> <li>• Decision support if questions arise re: most appropriate destination for patient</li> <li>• Notify hospital for trauma in pregnancy</li> </ul>		
Maternal Cardiac Arrest (Lavender 3)	Transport if fetus is greater than 24 weeks		
Childbirth (Lavender 3)	If patient suffers a complication of childbirth		

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### Yellow Section – Environmental / Poisoning / Overdose

	<u>EMT</u>	<u>AEMT</u>	<u>Paramedic</u>
	Patients refusing transport after receiving naloxone		
Poisoning (Yellow 3)			<ul style="list-style-type: none"> <li>Additional treatments for TCA OD</li> <li>Hypotension requiring Norepinephrine in TCA overdose</li> </ul>
Alcohol Intoxication/Withdrawal (Yellow 5)			Administration of Midazolam for severe alcohol withdrawal
Nerve Agents (Yellow 7)			Antidote support
Cyanide/CO Exposure (Yellow 8)			Antidote in moderate exposure
Hypothermia (Yellow 11 & 12)	No ROSC after 20 min		
			Additional fluid boluses
Drowning (Yellow 15)			Hyperbaric considerations if scuba & barotrauma related

### Pink Section - Pediatrics

	<u>EMT</u>	<u>AEMT</u>	<u>Paramedic</u>
BRUE (Pink 1)	If the parent or guardian refuses transport		
Dyspnea with Stridor (Pink 2)			2 <sup>nd</sup> dose of nebulized Epinephrine in moderate or severe cases
Neonatal/Young Infant Fever (Pink 3)	If the parent or guardian refuses transport		

### Orange Section – Behavioral

	<u>EMT</u>	<u>AEMT</u>	<u>Paramedic</u>
IFT Voluntary Committal (Orange 1)	If patient wishes to signoff/refuse during transport		
Restraints (Orange 4)	Notification ASAP once restraints are placed		
Agitation (Orange 5)	Any patient experiencing agitation that will require hospital preparation		
Agitation (Orange 6)			Pediatric (< 10 y/o) Midazolam and Ketamine

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### ***Grey Section - Operational***

	<u>EMT</u>	<u>AEMT</u>	<u>Paramedic</u>
DNR Guidelines (Grey 4)			Comfort medications to a conscious patient
To Continue Resuscitation (Grey 6)	With BLS care, if no v/s for 20 min and no hypothermia		
Patient Remains (Grey 6)	Questions about disposition of patient remains		
DNR Guidelines (Grey 7)	If DNR unclear or person has authority to request no resuscitation		
	When no DNR exists but patient has someone named as durable power of attorney for healthcare (DPOAH) who requests resuscitation be withheld		
Hospice (Grey 8 & 9)	Coordination of care for hospice patients		
			Ketamine for anxiety
Death Situations (Grey 11)	Questions regarding deceased body		
ME Death with Dignity Law (Grey 13)	Questions arise for patient care		
Bariatric Patients (Grey 14)	Notify hospital to coordinate care and discuss appropriate destinations		
Child Abuse (Grey 20)	Assistance with transport		
Patient Refusing Transport (Grey 22 & 23)	Questions regarding patient decision making capacity		
Protective Headgear (Grey 24)	Questions/dispute regarding the safety of removal		

### ***Black Section – Non-EMS Medical Intervenor***

	<u>EMT</u>	<u>AEMT</u>	<u>Paramedic</u>
Physician/NP/PA on scene (Black 1)	Questions on care / direction from physician/NP/PA		