

Denver Metro EMS Medical Directors

Protocol Updates July 2026



July 2026 Change List

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0010 Introduction & 0990 Quick Reference Guide



Inclusion of EMR

EMERGENCY MEDICAL RESPONDER (EMR)

EMRs serve an essential role in their community, providing emergency medical care when higher level providers may not be available and assisting in the care provided when higher level providers are present. However, their scope of practice is not defined in the State of Colorado by statute (specifically Chapter Two), and the acts allowed to be performed by these providers are outlined in the National EMS Scope of Practice Model (revision dated February 2019). Recognizing the role that EMRs serve, as well as the need to ensure consistency in the care provided in the prehospital setting, we have integrated EMRs into our protocols. Therefore, all EMRs must be appropriately credentialed by their medical director for each of the acts allowed, and these providers are subject to the same CQI practices as any other provider within their agency. Furthermore, there are specific acts in these protocols that are outside of the National EMS Scope of Practice Model (revision dated February 2019) for EMRs. Should a provider be credentialed to perform these additional acts, is the responsibility of the agency medical director to oversee training, verify proficiency, and perform the appropriate CQI process for any and all acts allowed.

1050 Supraglottic Airway



Guidance Regarding EMR Added

Emergency Medical Responder (EMR) Supraglottic Airway Insertion:

1. Supraglottic airways are not within the national scope of EMR providers.
2. An EMR may be credentialed by a medical director to perform this procedure. See the [introduction](#) for information regarding EMR credentialing by a medical director.



1060 NIPPV

Gray Box Added

For patient not tolerating
NIPPV, consider anxiolysis
with benzodiazepines,
opioids, or antipsychotics.
Contact Base

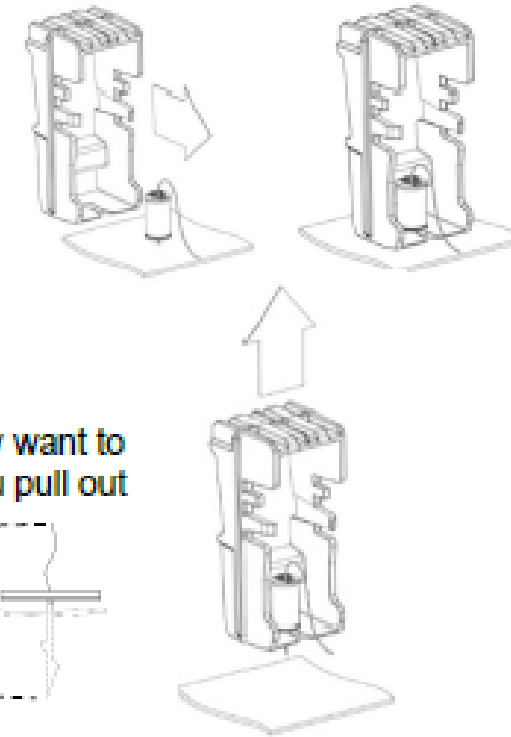


1150 TASER[®] Probe Removal

Inclusion of TASER[®] 7 Probe Removal Guidance

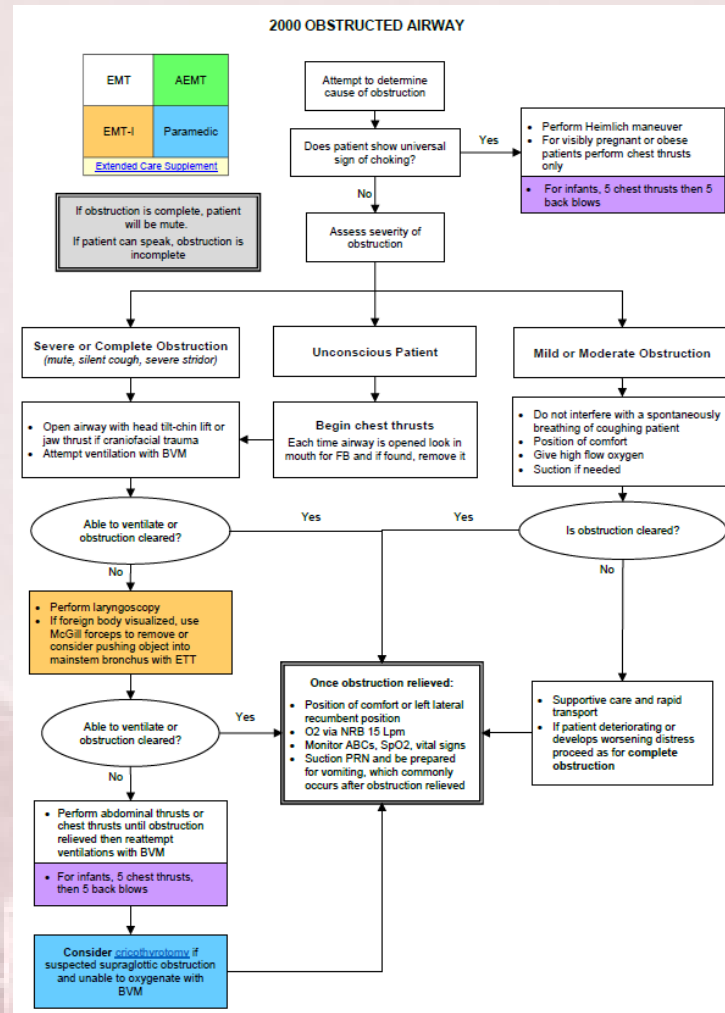
4. Procedure for removal of TASER[®] 7 cartridge probe

- a. The barbs have a round cylinder above the probe. DO NOT PULL it out by the cylinder, it will detach and leave the barb in the skin/muscle. If not removed properly the probe could stay embedded in the person and may cause some infection and/or complicate removal issues.
- b. The TASER[®] 7 Cartridge safety clip is used to remove the probes. The safety clip has a notch at on one end.
- c. Slide the safety clip between the probe and the skin.
- d. Pull the safety clip straight out. DO NOT TWIST. You may want to place your thumb on top of the cylinder to stabilize it as you pull out the probe.
- e. If the cylinder has broken off there is a disc that remains and can be used to anchor the probe for removal. Slide the Safety clip between the disc and the skin to remove the probe.

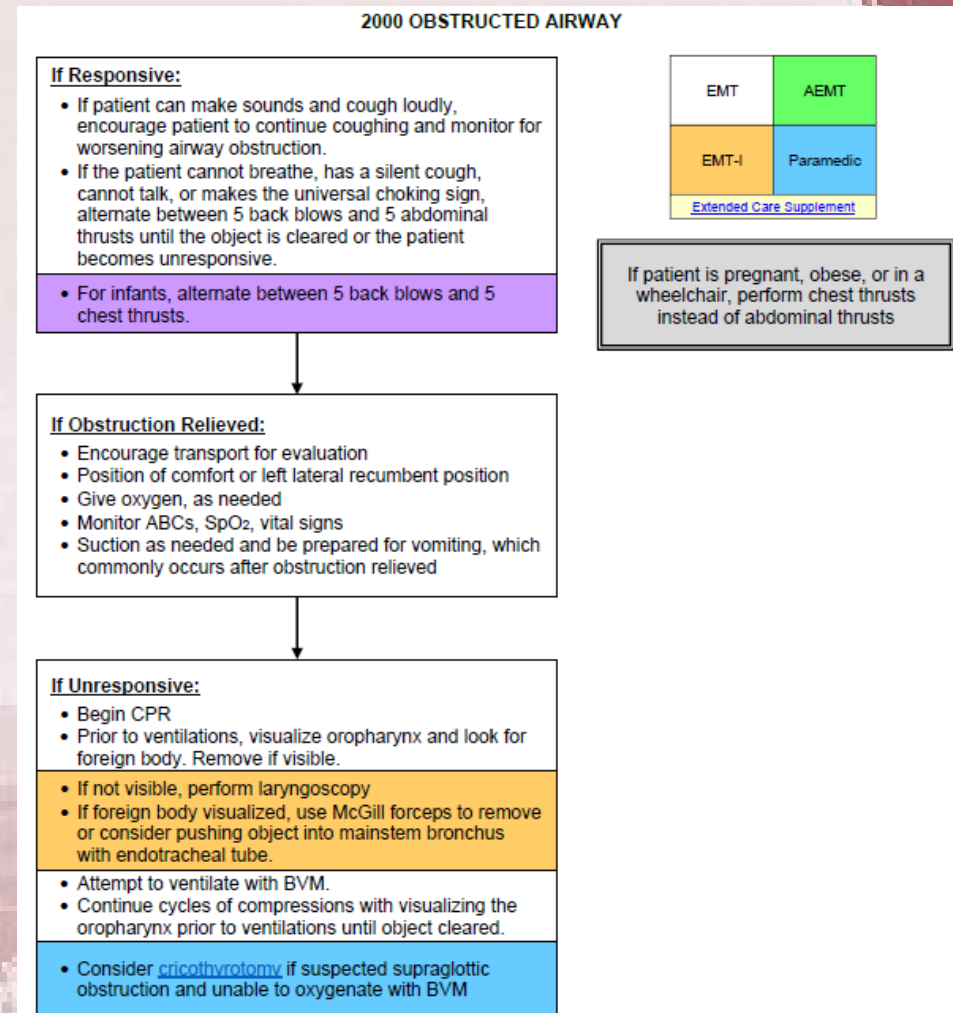


2000 Obstructed Airway

Previous

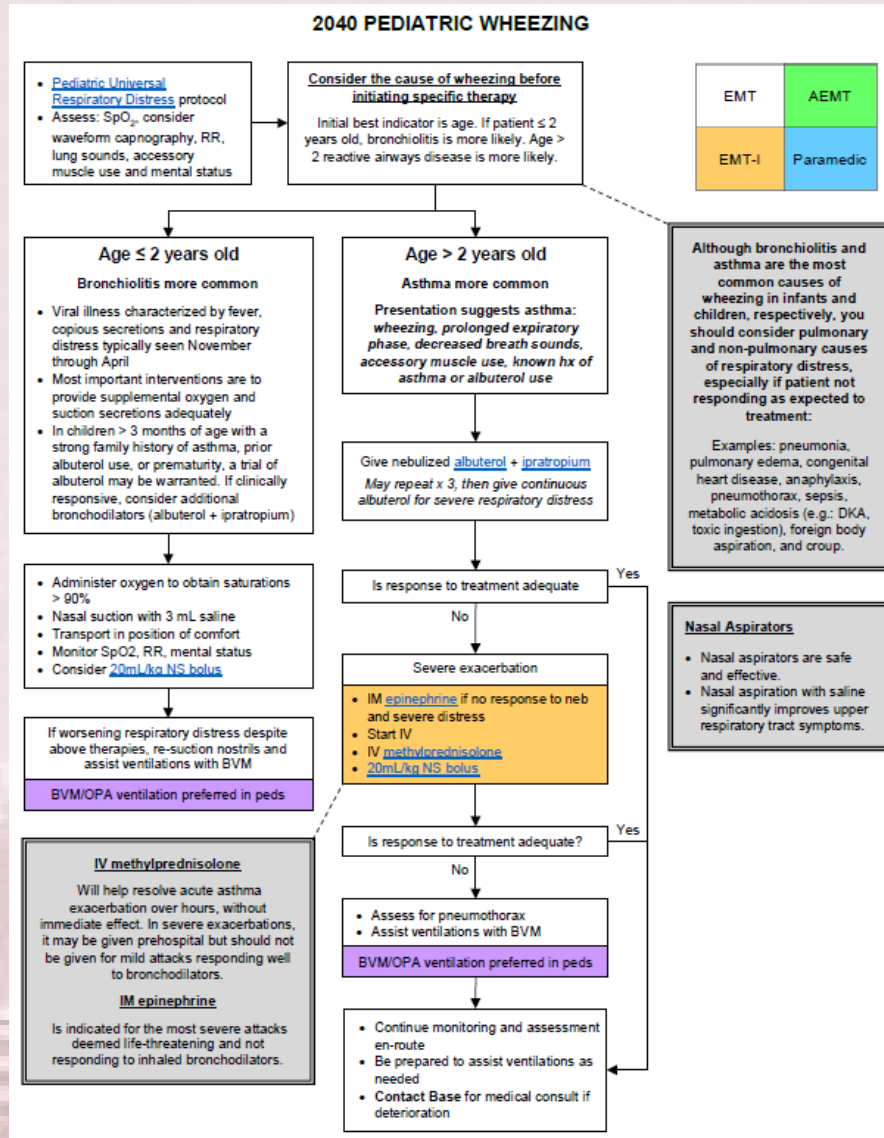


New Flow and Updated to 2025 AHA Guidelines

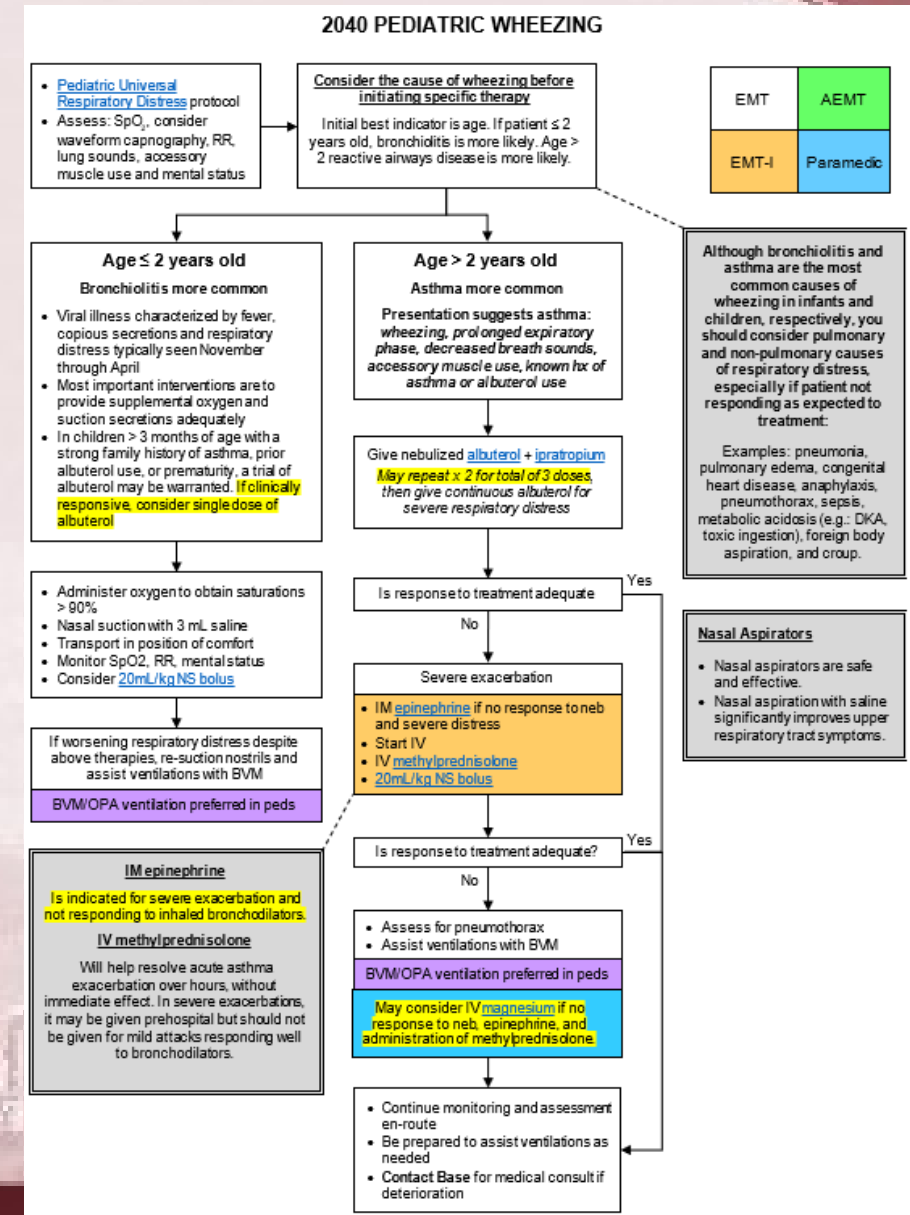


2040 Pediatric Wheezing

Previous



New



2040 Pediatric Wheezing

Previous



Age ≤ 2 years old

Bronchiolitis more common

- Viral illness characterized by fever, copious secretions and respiratory distress typically seen November through April
- Most important interventions are to provide supplemental oxygen and suction secretions adequately
- In children > 3 months of age with a strong family history of asthma, prior albuterol use, or prematurity, a trial of albuterol may be warranted. If clinically responsive, consider additional bronchodilators (albuterol + ipratropium)

New



Age ≤ 2 years old

Bronchiolitis more common

- Viral illness characterized by fever, copious secretions and respiratory distress typically seen November through April
- Most important interventions are to provide supplemental oxygen and suction secretions adequately
- In children > 3 months of age with a strong family history of asthma, prior albuterol use, or prematurity, a trial of albuterol may be warranted. **If clinically responsive, consider single dose of albuterol**



2040 Pediatric Wheezing



Previous



Give nebulized albuterol + ipratropium
May repeat x 3, then give continuous albuterol for severe respiratory distress



New



Give nebulized albuterol + ipratropium
May repeat x 2 for total of 3 doses,
then give continuous albuterol for severe respiratory distress



2040 Pediatric Wheezing



Previous

- Assess for pneumothorax
- Assist ventilations with BVM

BVM/OPA ventilation preferred in peds

New

- Assess for pneumothorax
- Assist ventilations with BVM

BVM/OPA ventilation preferred in peds

May consider IV magnesium if no response to neb, epinephrine, and administration of methylprednisolone

2040 Pediatric Wheezing



Previous

IV methylprednisolone

Will help resolve acute asthma exacerbation over hours, without immediate effect. In severe exacerbations, it may be given prehospital but should not be given for mild attacks responding well to bronchodilators.

IM epinephrine

Is indicated for the most severe attacks deemed life-threatening and not responding to inhaled bronchodilators.

New

IM epinephrine

Is indicated for severe exacerbation and not responding to inhaled bronchodilators.

IV methylprednisolone

Will help resolve acute asthma exacerbation over hours, without immediate effect. In severe exacerbations, it may be given prehospital but should not be given for mild attacks responding well to bronchodilators.

6015 Post Sedation Resuscitation and Monitoring

Addition to Gray Box

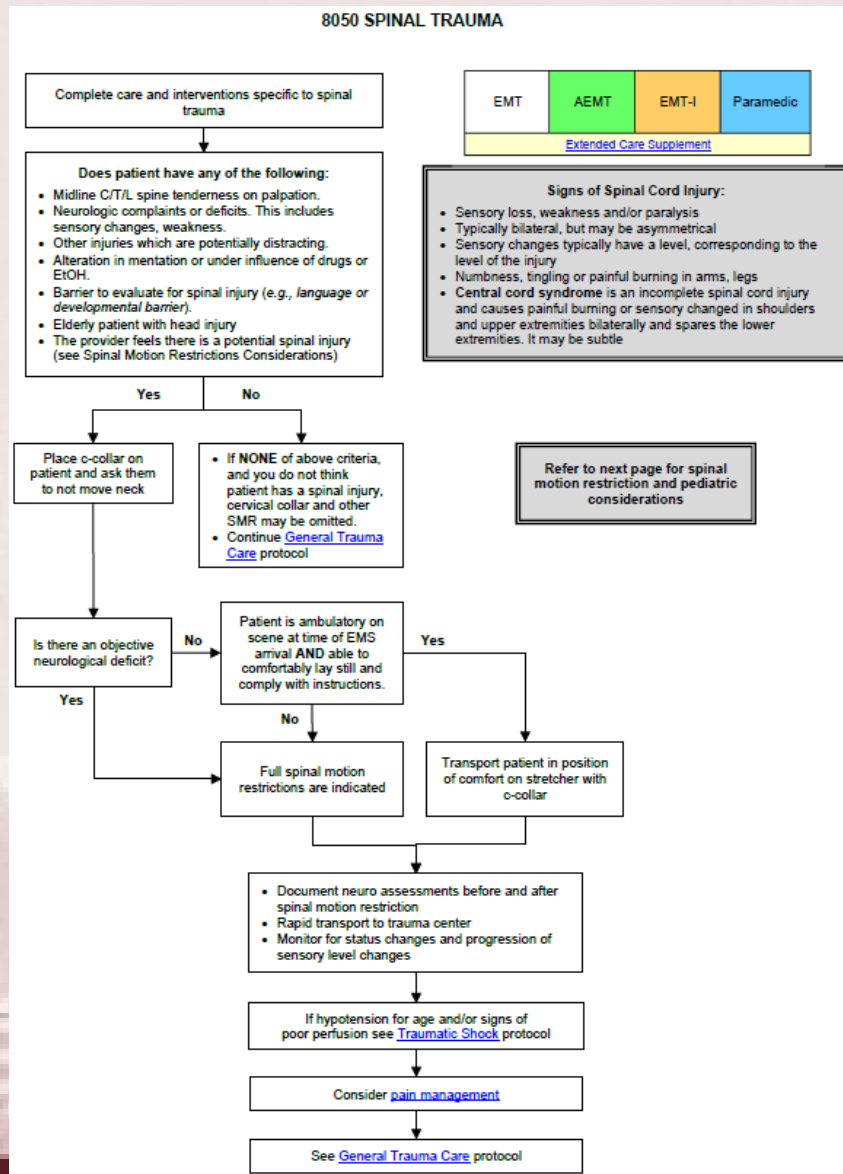


General Guidelines

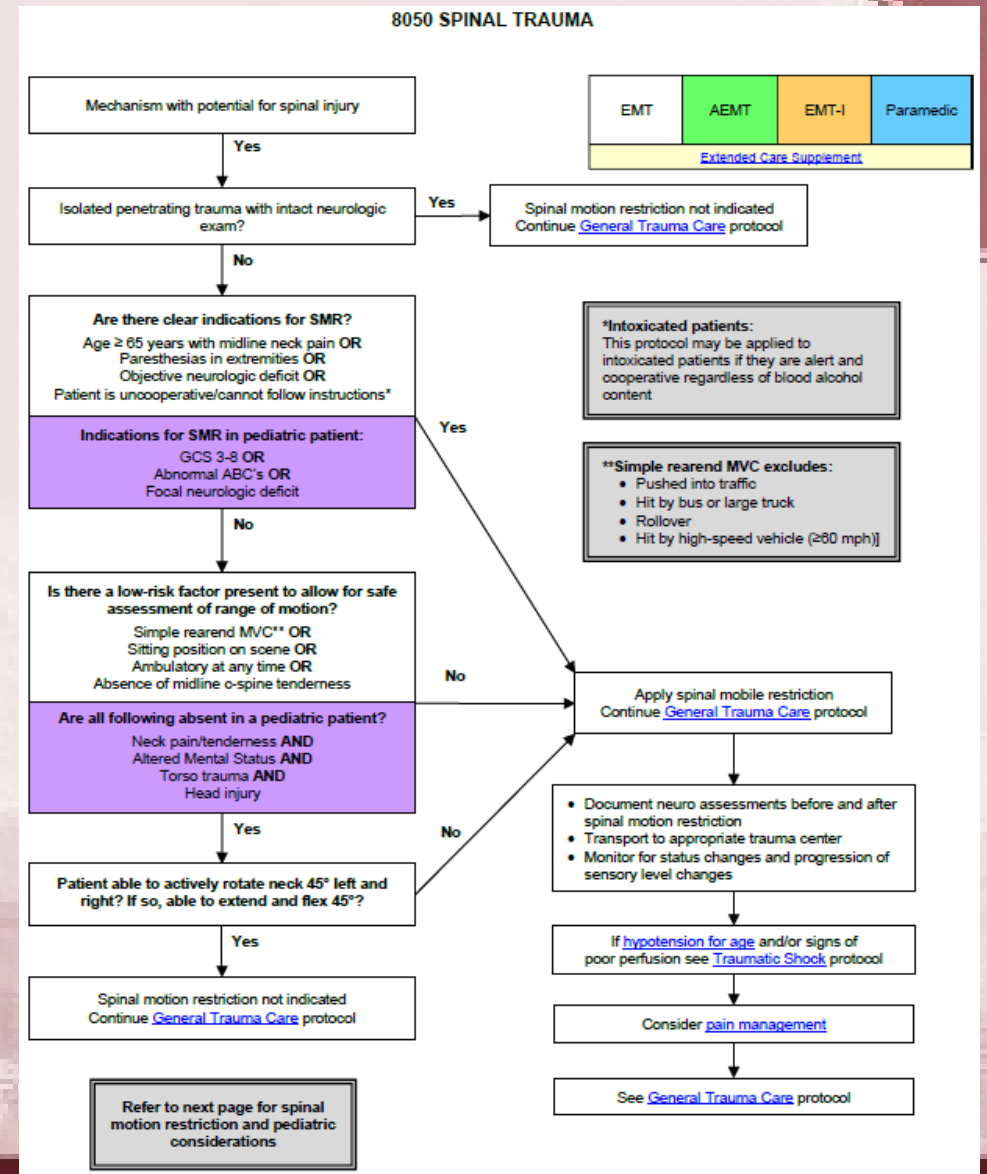
- Patients receiving sedative medications have a broad range of responses both from the medication given and the underlying etiology of the agitation. They should be treated as high risk for respiratory or cardiovascular compromise.
- Goal is to initiate resuscitation/monitoring as soon as possible.
- Each individual element of post-sedation resuscitation/monitoring should be initiated as soon as possible to do so.
- Document a RASS score before and after sedation administration

8050 Spinal Trauma

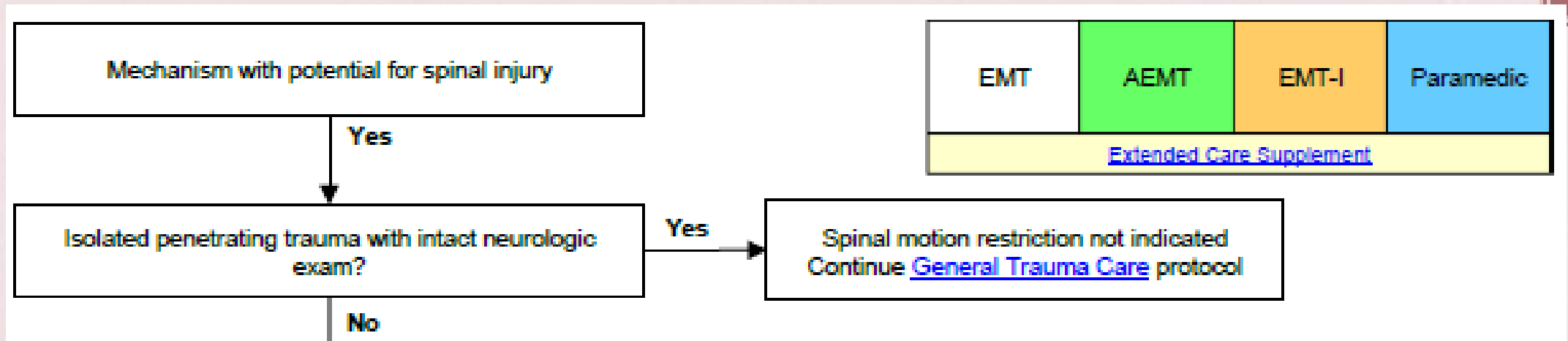
Previous



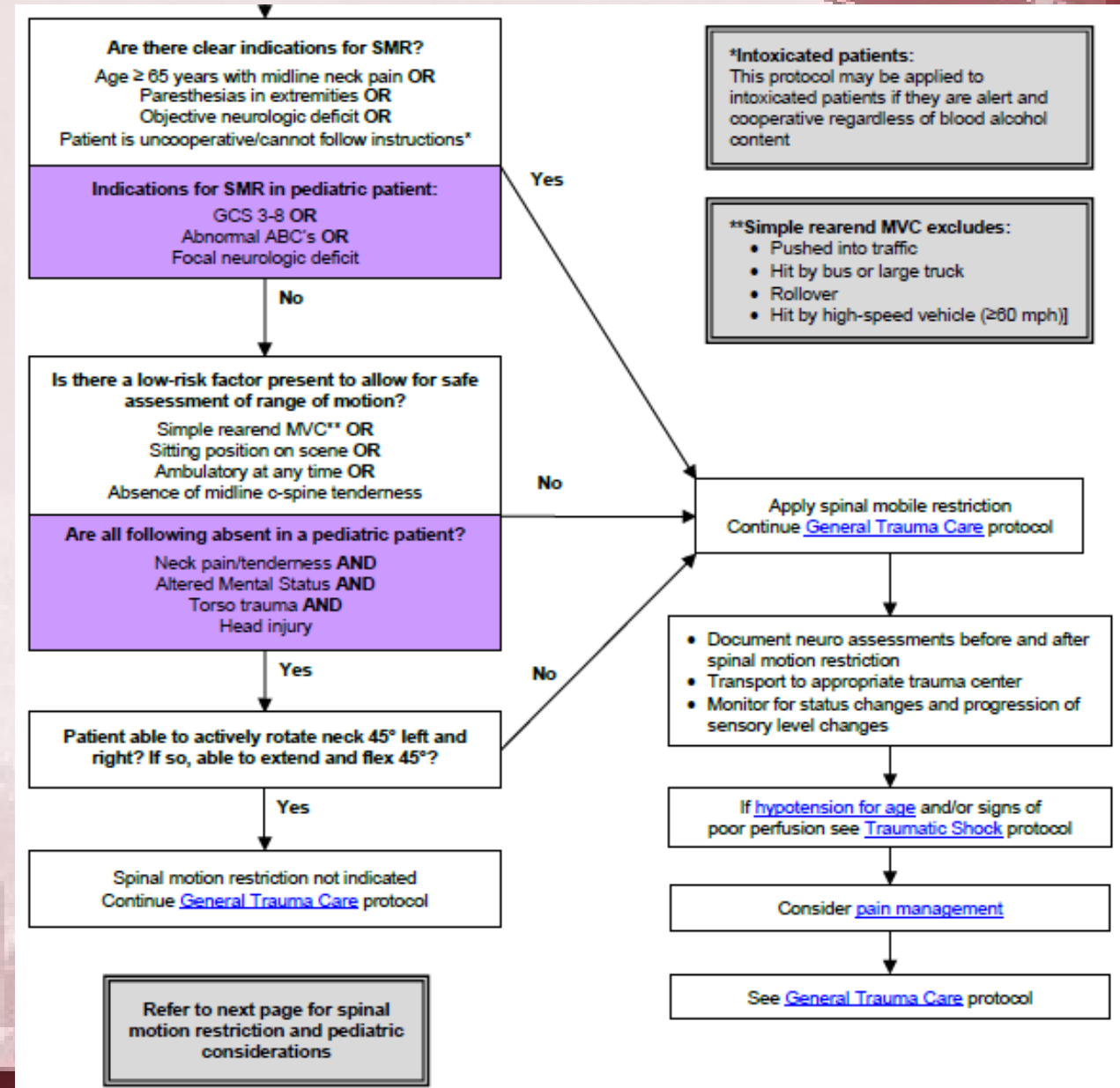
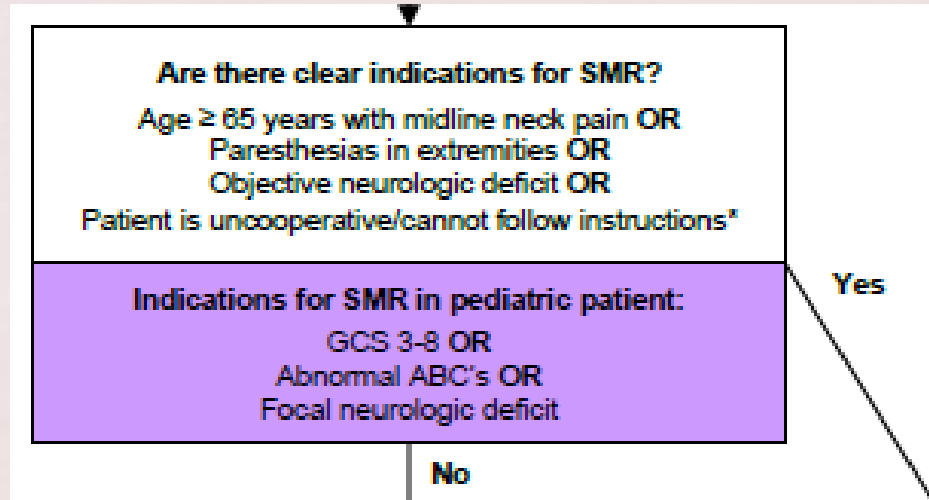
New



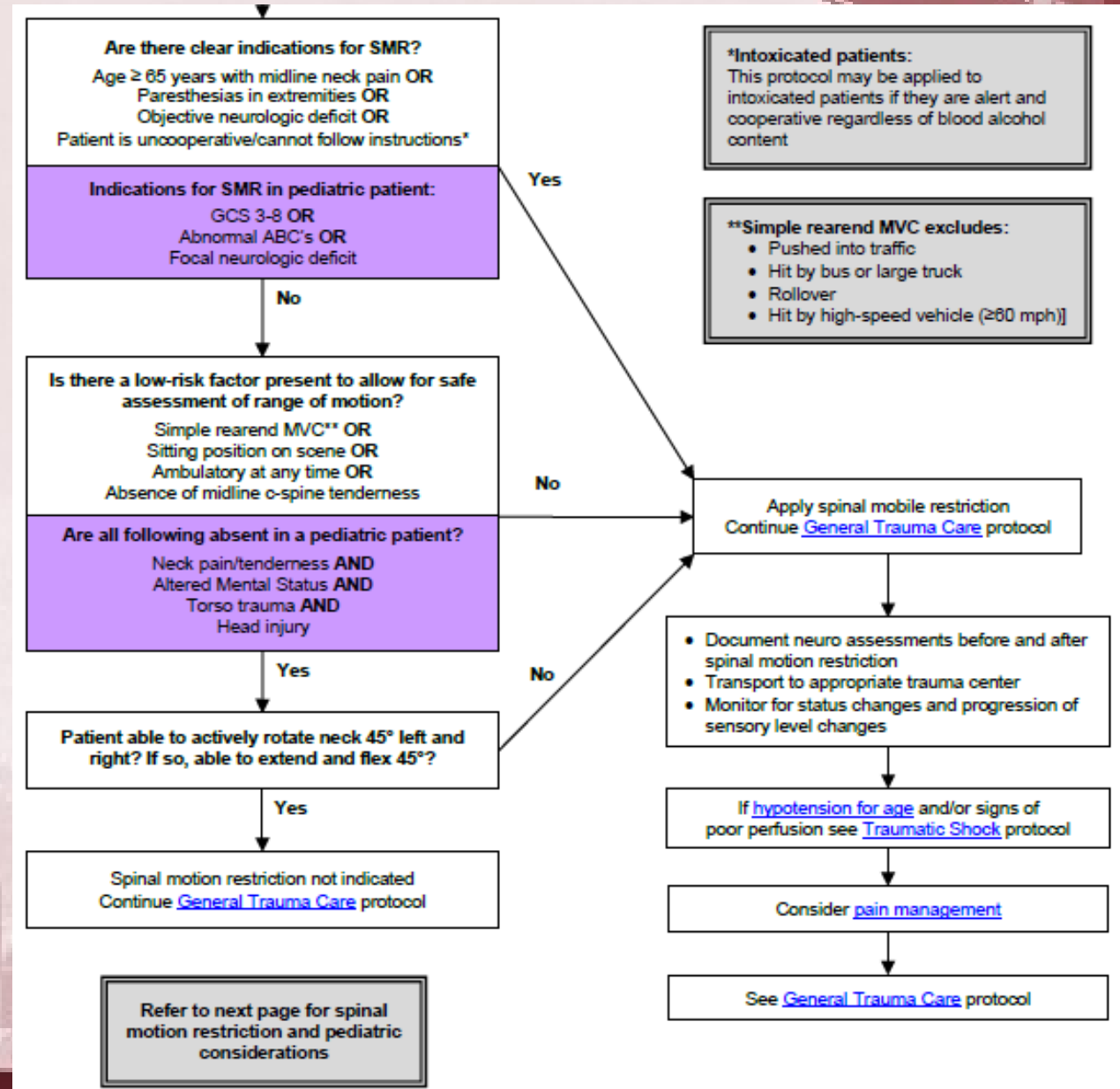
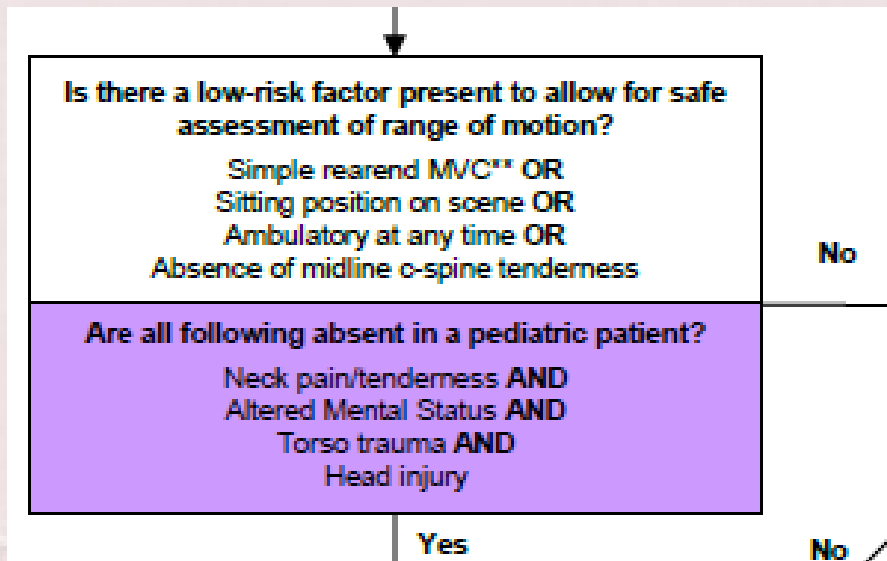
8050 Spinal Trauma



8050 Spinal Trauma –Updated Criteria



8050 Spinal Trauma –Updated Criteria



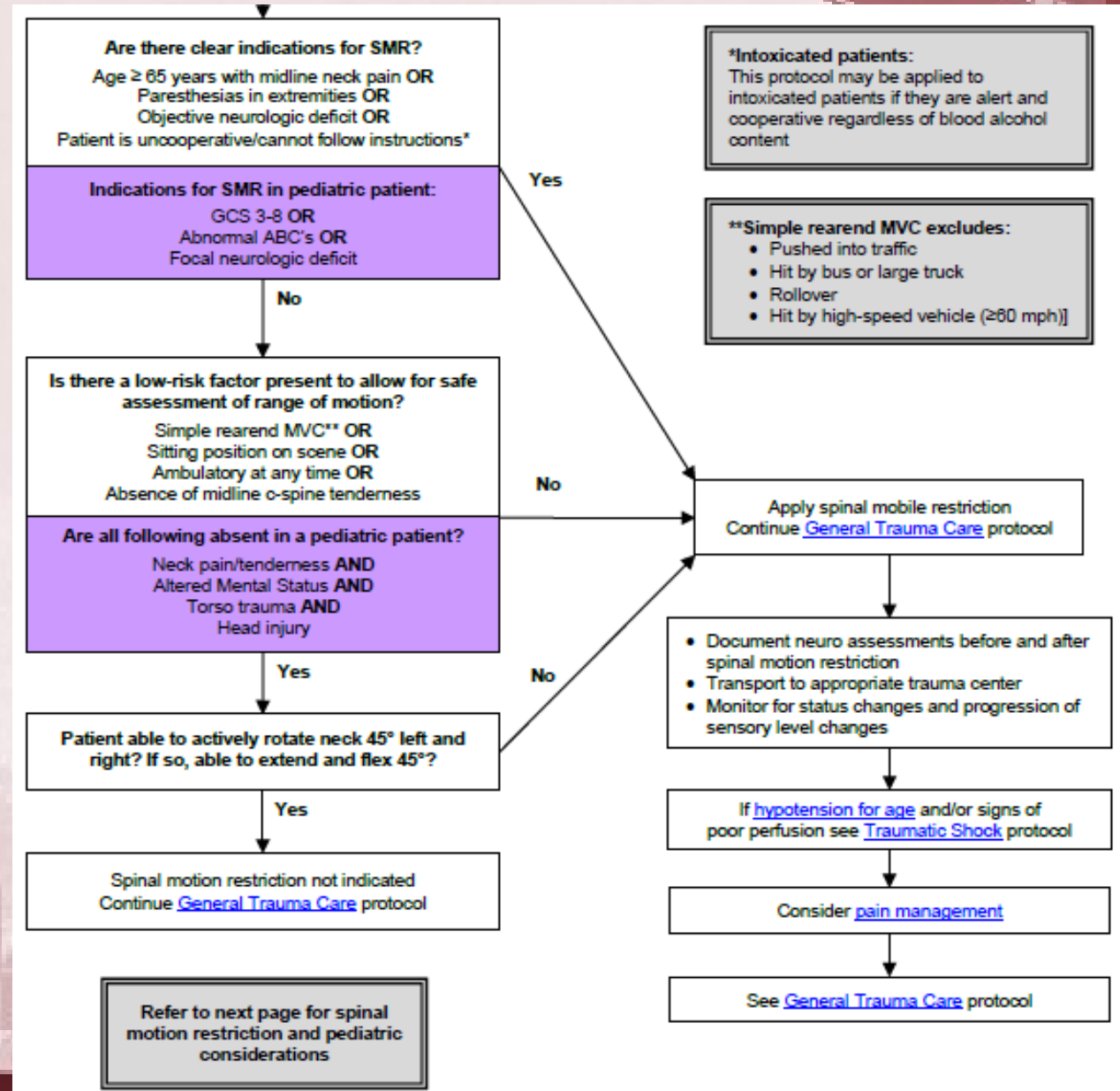
8050 Spinal Trauma –Updated Information

*Intoxicated patients:

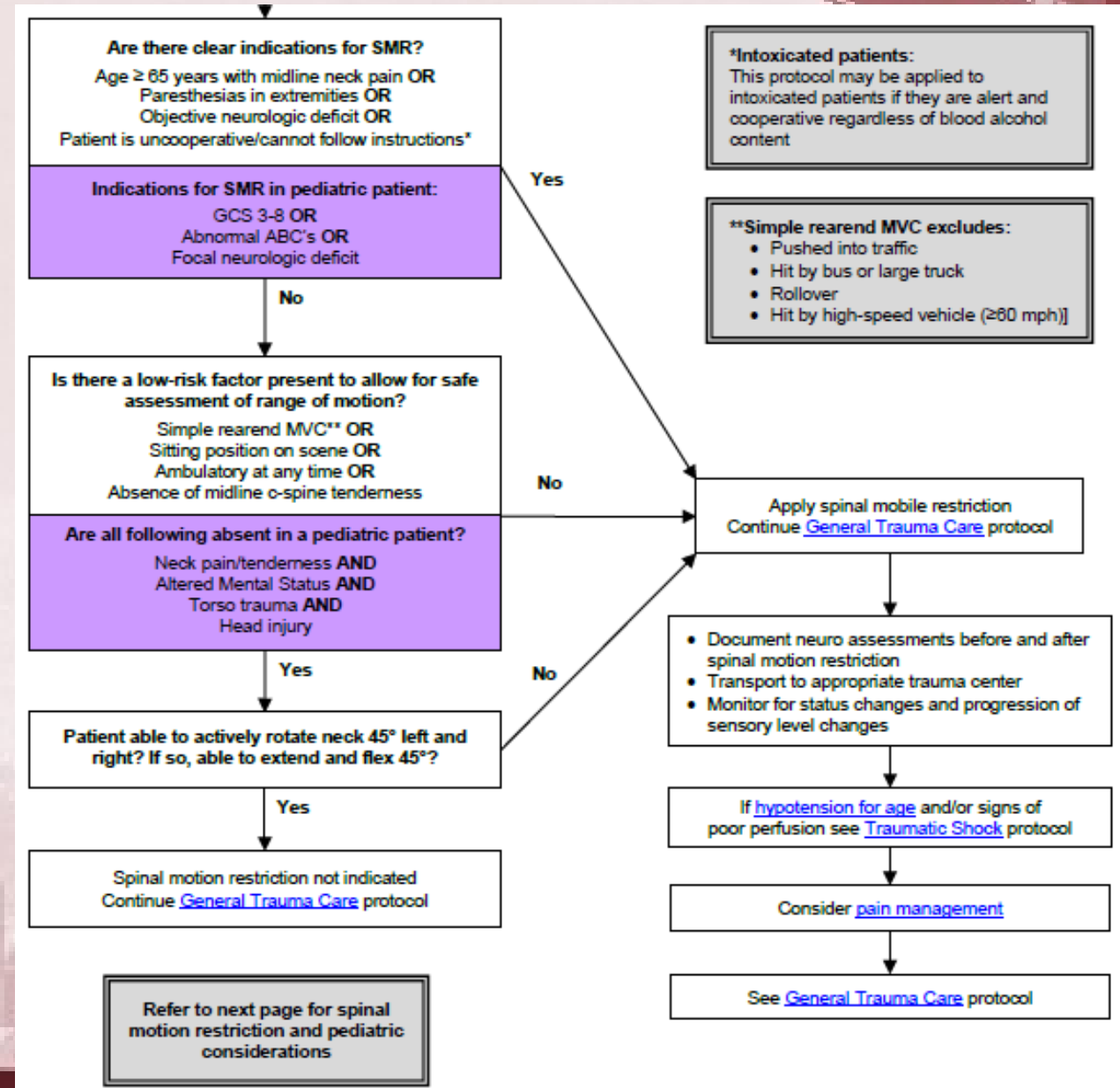
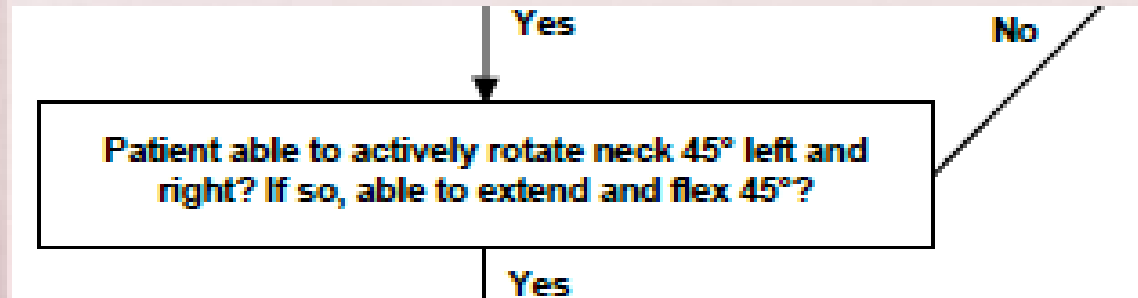
This protocol may be applied to intoxicated patients if they are alert and cooperative regardless of blood alcohol content

**Simple rearend MVC excludes:

- Pushed into traffic
- Hit by bus or large truck
- Rollover
- Hit by high-speed vehicle (≥80 mph)]



8050 Spinal Trauma –Updated Criteria



8050 Spinal Trauma –Updated Guidance



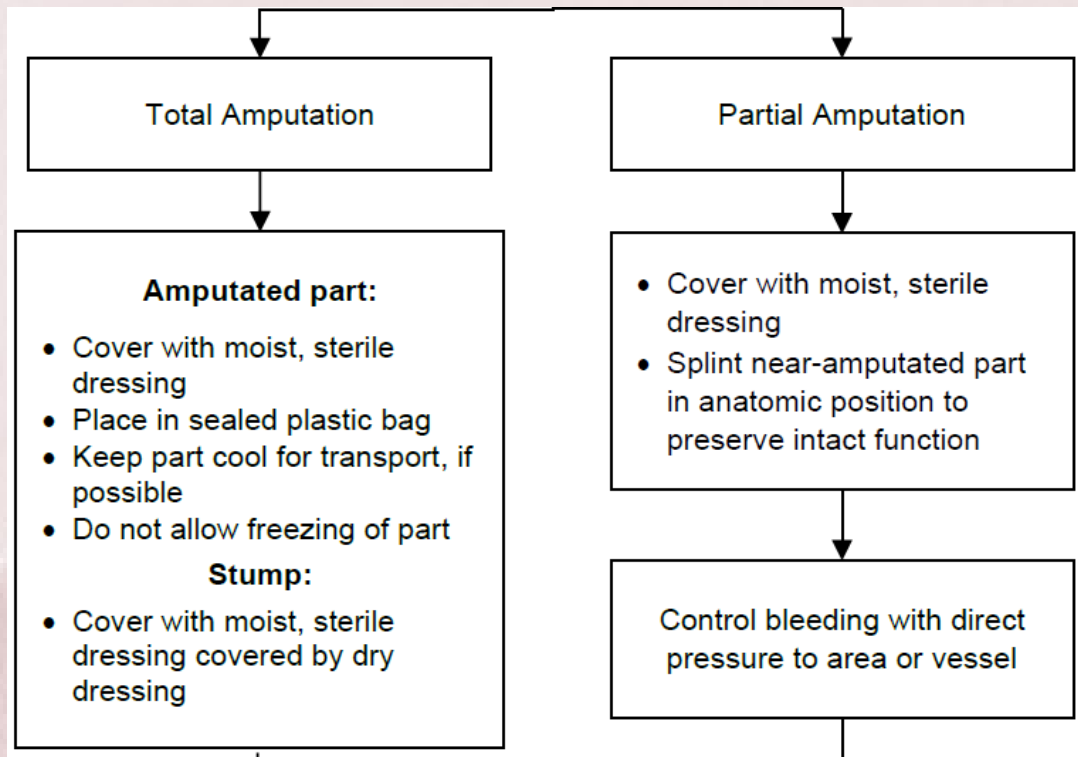
Spinal Motion Restriction Considerations

- If patient in athletic safety equipment, refer to [Suspected Spinal Injury with Athletic Equipment](#) protocol
- If for any reason you suspect the patient has a spinal injury, then take measures to prevent inadvertent movement of the spine utilizing spinal motion restriction.
- The routine use of long spine boards or other rigid immobilization devices is not recommended as the risk of patient injury exceeds any benefit of their use. The use of these devices should be reserved for patient extrication and the patient should be removed from the device as quickly as possible.
- Patients over the age of 65 are at higher risk of spinal injuries, even from ground-level falls.
- Use caution when assessing for spinal injury in elderly patients, who are at much higher risk and may have minimal or even no symptoms of neck pain despite c-spine injury.
- Communicate to receiving facility spinal motion restriction is in place.
- Neurological exam documentation is MANDATORY in ALL patients with potential spinal trauma.
- The goal of both SMR and spinal immobilization in the trauma patient is to minimize unwanted movement of the potentially injured spine.
 - The chosen modality of spinal motion restriction should be based on the individual needs of the patient and agency equipment/procedures
 - Consideration should be given to the protection of the airway and minimizing further harm to the patient when applying SMR

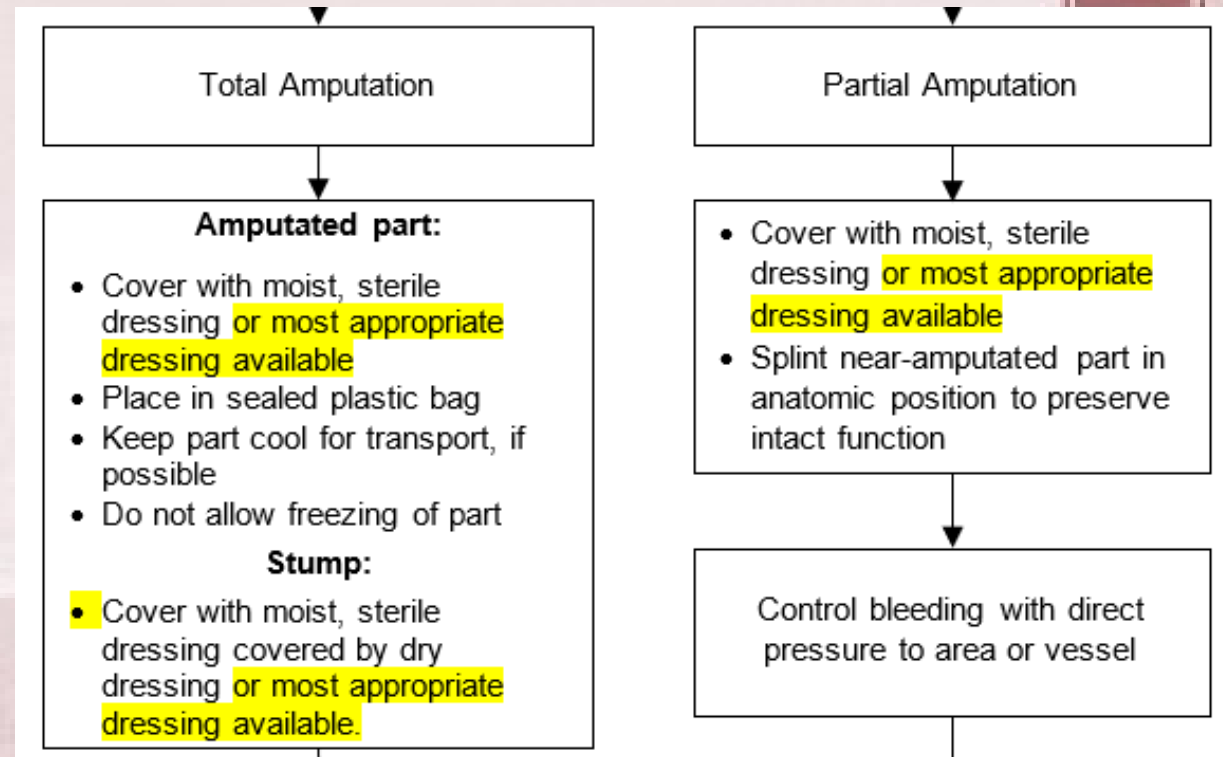
8080 Extremity Trauma



Previous



New



8080 Extremity Trauma



Amputation Transport Considerations Added

Amputation Transport Considerations:

- If there is a higher concern for trauma, transportation to an appropriate trauma center is the priority
- Consider direct transport of isolated extremity amputation to designated replantation center if time and condition allow.



9070 Benzodiazepines



Previous

LORAZEPAM:

Seizure:

Adult:

IV/IO/IM route: 2 mg

- Dose may be repeated x 1 after 5 minutes if still seizing. Contact Base for more than 2 doses.

Pediatric:

IV/IO/IM route: 0.1 mg/kg

- Maximum single dose is 2 mg. Dose may be repeated x 1 after 5 minutes if still seizing. Contact Base for more than 2 doses.

New

LORAZEPAM:

Seizure:

Adult:

IV/IO/IM route: 4 mg

- Dose may be repeated x 1 after 5 minutes if still seizing. **Contact Base** for more than 2 doses.

Pediatric:

IV/IO/IM route: 0.1 mg/kg

- **Maximum single dose is 4 mg.** Dose may be repeated x 1 after 5 minutes if still seizing. **Contact Base** for more than 2 doses.

9120 Epinephrine

Previous

Adult Wheezing / Systemic Allergic Reaction:

- 0.3 mg (0.3 ml of 1mg/mL solution) IM. May repeat dose x 1.
- If refractory, consider push dose epinephrine or infusion

New

Adult Wheezing / Systemic Allergic Reaction:

- 0.5 mg (0.5 ml of 1mg/mL solution) IM. May repeat dose x 1.
- If refractory, consider push dose epinephrine or infusion



9000X Medication Extended Care Supplements

Addition of Dexamethasone Dosing for Pediatric Stridor/Croup in Extended Care Section

CORTICOSTEROID – DEXAMETHASONE

EMT-I

Paramedic

A. Description

1. Potent glucocorticoid with minimal to no mineralocorticoid activity. Decreases inflammation by suppressing migration of polymorphonuclear leukocytes (PMNs) and reducing capillary permeability; stabilizes cell and lysosomal membranes, increases surfactant synthesis, increases serum vitamin A concentration, and inhibits prostaglandin and proinflammatory cytokines; suppresses lymphocyte proliferation through direct cytolysis, inhibits mitosis, breaks down granulocyte aggregates, and improves pulmonary microcirculation

B. Indication

1. Pediatric stridor/croup

C. Contraindications

1. Known hypersensitivity
2. Systemic fungal infection
3. Cerebral malaria

D. Dosing

1. Pediatric Dosing for PO/IV/IM administration

Age	LBT color	Estimated Weight (kg)	Dexamethasone Dose (mg)
6 months	Pink	6.5 kg	4 mg
8 months	Red	8.5 kg	4 mg
1 year	Purple	10.5 kg	6 mg
2 years	Yellow	13 kg	8 mg
3-4 years	White	16.5 kg	8 mg
5-6 years	Blue	21 kg	12 mg
7-9 years	Orange	26.5 kg	16 mg
10-11 years	Green	33 kg	16 mg

REMINDER – Evidence Based Sources List



A list of evidence-based sources used for protocol development is available



DMEMSMD Evidence Based Sources : Evidence Based Sources

DMEMSMD Protocol	Author	Title	Link to Source
9120 Epinephrine	Weant K et al.	Efficacy of bolus-dose epinephrine to manage hypotension in the prehospital setting	https://pubmed.ncbi.nlm.nih.gov/34303186/
9120 Epinephrine	Holden et al.	Safety Considerations and Guideline-Based Safe Use Recommendations for "Bolus-Dose" Vasopressors in the Emergency Department	https://pubmed.ncbi.nlm.nih.gov/28601272/
9070 Benzodiazepines	Uebinger RM, Zaidi HQ, Tataris KL, et al.	Retrospective Study of Midazolam Protocol for Prehospital Behavioral Emergencies	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7231111/
9070 Benzodiazepines 9045 Antipsychotics	Chan EW, Taylor DM, Knott JC, Phillips GA, Castle DJ, Kong DC.	Intravenous droperidol or olanzapine as an adjunct to midazolam for the acutely agitated patient: a multicenter, randomized, double-blind, placebo-controlled clinical trial.	https://pubmed.ncbi.nlm.nih.gov/22981685/
9070 Benzodiazepines 9045 Antipsychotics	Yap CYL, Taylor DM, Knott JC, Taylor SE, Phillips GA, Karro J, Chan EW, Kong DCM, Castle DJ.	Intravenous midazolam-droperidol combination, droperidol or olanzapine monotherapy for methamphetamine-related acute agitation: subgroup analysis of a randomized controlled trial	https://pubmed.ncbi.nlm.nih.gov/28160494/
9070 Benzodiazepines 9045 Antipsychotics	Taylor DM, Yap CYL, Knott JC, Taylor SE, Phillips GA, Karro J, Chan EW, Kong DCM, Castle DJ.	Midazolam-Droperidol, Droperidol, or Olanzapine for Acute Agitation: A Randomized Clinical Trial	https://pubmed.ncbi.nlm.nih.gov/27745766/
9045 Antipsychotics	Page CB, Parker LE, Rashford SJ, et al.	A Prospective Before and After Study of Droperidol for Prehospital Acute Behavioral Disturbance	https://pubmed.ncbi.nlm.nih.gov/29558224/
9070 Benzodiazepines	Guterman EL, Sporer KA, Newman TB, Crowe RP, et. al.	Real-World Midazolam Use and Outcomes With Out-of-Hospital Treatment of Status Epilepticus in the United States	https://pubmed.ncbi.nlm.nih.gov/35931608/
9190 Magnesium Sulfate	Camargo CA Jr, Rachelefsky G, Schatz M.	Managing asthma exacerbations in the emergency department: summary of the National Asthma Education and Prevention Program Expert Panel Report 3 guidelines for the management of asthma exacerbations	https://pubmed.ncbi.nlm.nih.gov/19683665/
9190 Magnesium Sulfate		Global Initiative for Asthma (GINA) 2024 guidelines	https://ginasthma.org/wp-content/uploads/2024/05/Strategy-Report-24_05_22_WMS.pdf
9190 Magnesium Sulfate	Schiermeyer RP, Finkelstein JA	Rapid infusion of magnesium sulfate obviates need for intubation in status asthmaticus	https://www.sciencedirect.com/science/article/abs/S0954682094902380
9190 Magnesium Sulfate		Gestational Hypertension and Preeclampsia: ACOG Practice Bulletin	https://pubmed.ncbi.nlm.nih.gov/32443079/
9190 Magnesium Sulfate		Which anticonvulsant for women with eclampsia? Evidence from the Collaborative Eclampsia Trial	https://pubmed.ncbi.nlm.nih.gov/7769899/
9190 Magnesium Sulfate	Altman D, Carroli G, Duley L, et al.	Do women with pre-eclampsia, and their babies, benefit from magnesium sulphate? The Maggie Trial: a randomised placebo-controlled trial	https://pubmed.ncbi.nlm.nih.gov/12057549/
9190 Magnesium Sulfate	Crowther CA, Brown J, McKinlay CJ, Middleton P.	Magnesium sulphate for preventing preterm birth in threatened preterm labour	https://pubmed.ncbi.nlm.nih.gov/25126773/
9190 Magnesium Sulfate	Grissinger M	Avoiding patient harm from a magnesium bolus dose	https://pubmed.ncbi.nlm.nih.gov/24669174/
9045 Antipsychotics	Beach SR, Gross AF, Hartney KE, Taylor JB, Rundell JR.	Intravenous haloperidol: A systematic review of side effects and recommendations for clinical use	https://pubmed.ncbi.nlm.nih.gov/32979582/
9045 Antipsychotics	Stollings JL, Bonczyk CS, Birdrow CI, Chen W, Raman R, Gupta DK, Roden DM, Rivera EL, Maiga AW, Rakhit S, Pandharipande PP, Ely EW, Girard TD, Patel MB	Antipsychotics and the QTc Interval During Delirium in the Intensive Care Unit: A Secondary Analysis of a Randomized Clinical Trial	https://pubmed.ncbi.nlm.nih.gov/38252439/