

Date: September 17, 2025

To: MCB Physicians

From: Jeffrey M. Goodloe, MD, NRP, FACEP, FAEMS

Re: 2026 Protocol Set Recommended Changes

In another year's sincere effort to make yearly protocol set change deliberations as efficient as possible for the MCB meeting this month, I am summarizing the changes I recommend on behalf of the OMD team that worked collectively on these changes. The effective date for these changes is suggested to be January 15, 2026 to allow organizations time for training on these changes. The OMD team has personally reviewed every protocol in this process. Here are the recommended changes:

Protocol 2G – Medication Assisted Intubation - Adult:

Updated to add Ketamine 1.5mg/kg to max of 200mg IVP/IOP

Protocol 3H – Waveform Capnography – Adult & Pediatric:

Added chemical restraint as an indication.

Protocol 5P – Impella - Adult

New protocol to guide the paramedic in the maintenance and trouble shooting of the device during inter-facility transport.

Protocol 6D – Seizures – Adult & Pediatric:

Updated to add Ketamine as a OMD consult if seizure continues despite treatment of Midazolam. Adult dose of 1 mg/kg to a max of 100 mg in 100 mL NS drip in over 5 to 10 minutes & if still seizing contact OMD. Pediatric dose of 1 mg/kg to a max of 100 mg in 100 mL NS drip in over 5 to 10 minutes & if still seizing contact OMD.

Protocol 7C – Chemical Restraint – Adult & Pediatric:

Updated to add Ketamine by OMD order only if agitation is refractory to Midazolam & Haloperidol. Adult/Pediatric dose of 3 mg/kg IM to a max of 300 mg. By OMD approval.

Protocol 9D – Pain Management (Acute Onset & Chronic Type) – Adult & Pediatric:

Adult; Added Ketamine 0.3 mg/kg up to a max of 30 mg in 100 mL NS infused over 10 minutes; Ketamine 50 mg in breathing actuated nebulizer (add NS to make total volume 5 mL)

2026 Protocol Set Recommended Changes cont.'

Protocol 9K – Medication Administration – Adult & Pediatric:

Medication labels must be placed on the outside of the IV Fluid bag when any medication is added for piggyback administration. The date, name of medication added, and amount of medication added must be clearly written. This is not necessary if the piggyback medication is premixed and pre-labeled.

Protocol 10A – Head/Neck/Spine Injury – Adult & Pediatric:

Adult; Added Ketamine 0.3 mg/kg up to a max of 30 mg in 100 mL NS infused over 10 minutes;
Ketamine 50 mg in breathing actuated nebulizer (add NS to make total volume 5 mL)

Protocol 10D – Chest/Abdomen/Pelvis Injury – Adult & Pediatric:

Adult; Added Ketamine 0.3 mg/kg up to a max of 30 mg in 100 mL NS infused over 10 minutes;
Ketamine 50 mg in breathing actuated nebulizer (add NS to make total volume 5 mL)

Protocol 10G – Extremity/Amputation Injury – Adult & Pediatric:

Adult; Added Ketamine 0.3 mg/kg up to a max of 30 mg in 100 mL NS infused over 10 minutes;
Ketamine 50 mg in breathing actuated nebulizer (add NS to make total volume 5 mL)

Protocol 10J – Compartment Syndrome – Adult & Pediatric:

Adult; Added Ketamine 0.3 mg/kg up to a max of 30 mg in 100 mL NS infused over 10 minutes;
Ketamine 50 mg in breathing actuated nebulizer (add NS to make total volume 5 mL)

Protocol 10K – Crush Injury Syndrome – Adult & Pediatric:

Adult; Added Ketamine 0.3 mg/kg up to a max of 30 mg in 100 mL NS infused over 10 minutes;
Ketamine 50 mg in breathing actuated nebulizer (add NS to make total volume 5 mL)

Protocol 10L – Burns – Adult & Pediatric:

Adult; Added Ketamine 0.3 mg/kg up to a max of 30 mg in 100 mL NS infused over 10 minutes;
Ketamine 50 mg in breathing actuated nebulizer (add NS to make total volume 5 mL)

Protocol 10P – Blast Injury – Adult & Pediatric:

Adult; Added Ketamine 0.3 mg/kg up to a max of 30 mg in 100 mL NS infused over 10 minutes;
Ketamine 50 mg in breathing actuated nebulizer (add NS to make total volume 5 mL)

Protocol 16RR – Ketamine:

Ketamine formulary protocol was created with indications, contraindications, and dosages to guide the agencies and field crews with ordering and administering the medication.