

Maine EMS 2025 Protocol Update

Summary Change Reference



This document is intended to act as a quick reference to the major changes occurring in the Maine EMS 2025 Protocol update. This document should act only as a reference and is not intended to supplant attendance at a Maine EMS Protocol Update, and review of the Maine EMS 2025 Protocols, which can be found on the Maine EMS website (www.maine.gov/ems/) under the “Protocols” section.

For questions regarding these changes, please refer to your Maine EMS Regional Medical Director, the Maine EMS Medical Director/Associate Medical Director, or another member of the Maine EMS Medical Direction and Practices Board (MDPB). Thank you for reviewing this information.

Brown Section/Foreword

There were limited changes to the Brown Section in the 2025 Protocol Updates. The electronic run report completion requirement is updated to account for services who have invested in mechanisms that transmit their electronic patient care reports to hospitals’ electronic medical record. In particular, the protocols acknowledge these practices but also note that the vital information in the EMS report must still be available for hospitals to use for patient evaluation.

Purple Section/Definitions

The Purple Section review highlighted additional definitions, including hypothermia and fevers in neonates or young infants, positive end expiratory pressure, peak inspiratory pressure, total body surface area and ECG/EKG. In addition, the Purple Section updates the definition of young infant as less than 60 days old based on updated recommendations from the American Association of Pediatrics.

Blue Section/Respiratory

The Blue Section review has updated the “Airway Algorithm” protocol, updating the language used to denote BVM use with or without adjuncts, from “basic” to “BLS”. The “Post-Intubation/BIAD Pain Control” protocol is updated to remove OLMC for anxiolysis (with either midazolam or ketamine) and emphasizes the importance of pain control prior to anxiolysis. The “Respiratory Distress with Bronchospasm” protocol has been updated to emphasize the use of oral dexamethasone in both pediatric as well as adult patients whenever possible. Lastly, the “Pulmonary Edema” protocol has been updated to include the acquisition of 12 leads for all EMS scopes of practice.

Red Section/Cardiac

The “Chest Pain-Suspected Cardiac Origin/STEMI” protocol pearl has been updated to highlight regional systems of care for STEMI and tips for destination guidance in STEMI care. The “Chest Pain Fibrinolytic Checklist” has been updated to be more user friendly. The “Adult Refractory VF/VT” protocol has been updated to remove confusion regarding the sequence of treatment strategies or the EMS clinician scopes of practice able to access those treatments. Updates were made to the “Pediatric Cardiac Medications and Dosages” section. The “Adult Tachycardia” protocol added a pearl recommending continuous recorded cardiac monitoring during adenosine administration. A new “Pediatric Tachycardia” was added to emphasize recognition and management of tachydysrhythmias in the pediatric population. This protocol adds a similar pearl recommending continuous monitoring and recording of the patient’s rhythm while administering adenosine and offers recommendations regarding how to perform Valsalva maneuvers in pediatric patients. Similarly, a “Pediatric Bradycardia” protocol has been added to highlight unique etiologies and management steps for pediatric patients suffering bradycardias.

Gold Section/General Medical

The Gold section review in the 2025 Protocols added ECG acquisition for patients who continue to have altered level of consciousness in the “Altered Level of Consciousness” protocol. The “Diabetic Emergencies” protocol broadens the list of currently used oral diabetic medications. The “Seizure” protocol adds and emphasizes the IM route for magnesium in suspected eclampsia-induced seizures when no IV is established. The “Fever” protocol has been updated to add the option of IV acetaminophen for fever control when the patient has had an IV established for an alternate reason and when oral administration is contraindicated. Lastly, the “Obstetric Emergencies” protocol has been removed from the Gold Section and moved to a newly created Lavender Section that has been created to highlight all obstetric protocols.

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Green Section/Trauma

The Green section review has been updated to emphasize the preferred position for suspected spine injured patients. While the preferred position is flat, the protocol accounts for allowing no more than a 30-degree incline for patients with respiratory distress or suspected head injury. The Chest Injury protocol has been updated to emphasize that needle thoracostomy (AKA needle decompression) should only be performed in patients with suspected tension pneumothorax, identified clinically by respiratory distress, hemodynamic instability, or cardiac arrest. The Head Trauma protocol has been updated to reflect age specific blood pressure goals and to clarify the definition of fluid boluses in pediatric patients. The “Hemorrhage” protocol has added a request, asking EMS clinicians to document the application time of tourniquets and share this information with receiving hospital staff. In addition, the “Hemorrhage” protocol adds a request to establish 2 large bore IV’s whenever possible and clarifies fluid boluses in pediatric patients. The “Burn” protocol has updated fluid resuscitation goals, based on the newest American Burn Association guidelines for patients who are not in shock. The “Crush Injury” protocol has added guidance on sodium bicarbonate dilution for children under 2 years old. Lastly, the “Open Fractures” protocol clarifies that antibiotics should be provided in patients with amputations due to the high likelihood that these injuries include bone fracture.

Yellow Section/Toxicologic and Environmental

Yellow section review includes updated calcium gluconate dose/dilution/administration time for adults and pediatric patients in symptomatic bradycardia secondary to beta blocker or calcium channel blocker overdose. In addition, the dose/dilution/infusion time of magnesium sulfate in TCA overdose with dysrhythmias has been updated in patients who do not respond to sodium bicarbonate.

Pink Section/Pediatric

The Pink section review has updated the definition of “young infant” to be less than 60 days old, based on evolving practices and guidelines championed by the American Association of Pediatrics. In addition, the definition of hypothermia in neonates and young infants has been changed to less than or equal to 36 degrees C or 96.8 degrees F.

Lavender Section/Obstetric

Recognizing the evolution of Maine’s obstetric resources, the 2025 protocol updates have moved all obstetric related emergencies and emergencies related to childbirth into a new section, the Lavender Section. This includes the “Obstetrical Emergencies” protocol (formerly Gold 18), as well as the “Childbirth”, “Apgar Scores”, and “Newborn Resuscitation” protocols (formerly Pink 4,5,6,7). No other significant updates were made to these protocols.

Orange Section/Behavioral Emergencies

The Orange section review updates the maximum dose of ketamine for use in “Hyperactive Delirium with Severe Agitation” and provides a weight-based IM ketamine dosing chart. In addition, the “Care of the Patient Experiencing Homelessness” protocol adds a suggestion to provide patients refusing transport a list of local resources.

Grey Section/Operations

Grey section additions include a definition of the “minor-person” as a patient who has not reached the age of 18. This update also includes two new protocols, including a “Care of the Deaf and Hard of Hearing” protocol and a “Care of the Visually Impaired and Blind” protocol with associated resources to assist in patient management.