



2025

PATIENT TREATMENT PROTOCOLS

ON LINE MEDICAL CONSULT (OLMC)		
MRH	503-494-7333	
Mental Health Crisis Line	503-291-9111	
POLST Registry	503-494-7333	
AMBULANCE		
AMR Ambulance	503-239-0389	
AMR Supervisor-Multnomah County	503-736-3425	
AMR Supervisor-Clackamas County	503-659-1294	
AMR Supervisor-Washington County	971-450-4120	
Life Flight	503-678-4364	
Metro West Ambulance	503-648-6658	
DISPATCH		
AMR Dispatch	503-231-6300	
BOEC (Portland)	503-823-0911	
CCOM Dispatch	503-655-8911	
WCCCA (FireCom)	503-629-0111	
Life Flight	800-232-0911	
LO Comm Dispatch	503-636-5601	
Metro West Ambulance Dispatch	503-648-6656	
HOSPITALS		
Hillsboro Medical Center	503-681-1860	
Kaiser Sunnyside ED	503-571-9516	
Kaiser Westside ED	971-310-4509	
Legacy Emanuel ED	503-413-4121	
Legacy Good Sam ED	503-413-7711	
Legacy Meridian Park	503-692-7467	
Mt Hood Medical Center ED	503-674-1400	
OHSU ED	503-494-7551	
Poison Control	800-222-1222	
Portland Adventist Medical Center ED	503-251-6168	
Providence St Vincent ED	503-216-2444	
Providence Milwaukie ED	503-513-8311	
Providence Newberg ED	503-537-1785	
Providence Portland ED	503-215-6000	
Salmon Creek ED	360-487-1400	
SW Washington ED	360-514-2464	
Unity Center for Behavioral Health	503-944-7758	
VA Portland ED	503-721-7803	
Willamette Falls ED	503-657-6702	

2025 SUMMARY OF PROTOCOL UPDATES AND CHANGES

PROTOCOL TITLE	PAGE	SECTION	DESCRIPTION OF CHANGE
Scope of Practice	0.010	Preface	Updated for 2025; added naloxone for EMR's, levalbuterol for EMTs and EMT-A's, and benzodiazepines for EMT-I's
Medical Control for Medications and Procedures	0.040	Preface	Removed OLMC requirement for buprenorphine administration.
		Treatment	All of the treatment protocols have been reformatted to a flow chart style wherever possible.
Agitated Patient	10.015	Treatment	Added language to allow the use of diphenhydramine for pediatric patients with a history of autism or developmental delays.
Altered Mental Status	10.020	Treatment	Removed specific treatment language for hypoglycemia and added a note to reference the Diabetic Emergencies Protocol.
Cardiac Arrest	10.050	Treatment	The 3 rhythm specific cardiac arrest protocols (VF/pVT, Asystole, and PEA) have been combined into 1 protocol titled "Pulseless Arrest"
Cardiac Dysrhythmias (Bradycardia)	10.060	Treatment	Updated the language about the treatment of discomfort caused by TCP.
Fever Management	10.077	Treatment	Changed the temperature for treatment considerations to 38.0 C (100.4 F).

2025 SUMMARY OF PROTOCOL UPDATES AND CHANGES

PROTOCOL TITLE	PAGE	SECTION	DESCRIPTION OF CHANGE
Hyperthermia	10.080	Treatment	Renamed to "Hyperthermia/Heat Related Emergencies". Added language for cold water immersion cooling.
Obstetrical Emergencies and Childbirth	10.135	Treatment	This protocol has been separated into 2 protocols titled "Obstetrical-Childbirth" and "Obstetrical-Complications".
Pain Management	10.135	Treatment	Added nebulized ketamine for pain management for both adults and pediatrics. Added language for the use of breath actuated nebulizers for ketamine use. Increased age range for ketorolac.
Respiratory Distress	10.160	Treatment	This protocol has been separated into 3 protocols, titled "Respiratory Distress- CHF/Acute Pulmonary Edema", "Respiratory Distress- COPD/Asthma", and "Respiratory Distress- Pediatrics".
Seizures	10.170	Treatment	Added PediDOSE seizure dosing based on age for pediatrics.
Stroke/CVA	10.190	Treatment	Replaced PPSS with BEFAST.
Submerged Patient	10.200	Treatment	Expanded this protocol to include drowning information and changed the title of the protocol to "Submerged Patient/Drowning".
Buprenorphine	20.065	Medications	Removed OLMC requirement. Removed exclusion criteria regarding no history of opioid use disorder.

2025 SUMMARY OF PROTOCOL UPDATES AND CHANGES

PROTOCOL TITLE	PAGE	SECTION	DESCRIPTION OF CHANGE
Droperidol	20.102	Medications	Changed the age for OLMC requirement to ≤12
Epinephrine	20.110	Medications	Changed the dose of push dose epi to 10 - 20 mcg IV/IO every 1 - 5 minutes.
Ketamine	20.155	Medications	Added nebulized ketamine for pain management in both adults and pediatrics.
Ketorolac	20.157	Medications	Increased the age range for use to ≤ 80 years old.
Midazolam	20.190	Medications	Added PediDOSE seizure dosing based on age for pediatrics.
		Procedures	The following protocols have been moved to the Reference Manual: Airway Management, Intranasal Medication Administration, IV Access and Infusion, LVAD device specific instructions, LUCAS Chest Compression Device, , Modified Valsalva Maneuver, Pelvic Immobilization, XSTAT, and Zoll Autopulse
Behavioral Health Emergencies (Transport to Unity Center)	30.025	Procedures	Added a weight exclusion for transport to Unity Center.
Breath Actuated Nebulizer	30.030	Procedures	New protocol.

2025 SUMMARY OF PROTOCOL UPDATES AND CHANGES

PROTOCOL TITLE	PAGE	SECTION	DESCRIPTION OF CHANGE
Endotracheal Intubation	30.040	Procedures	Definitions of Drug Assisted Airway Management (DAAM) have been added. Decision for proceeding with RSI or DSI left to provider preference and/or medical director direction.
Sports Equipment Removal	30.160	Procedures	Updated language for the removal of facemasks and equipment.
Taser Barb Removal	30.162	Procedures	Added language for the removal of taser barbs when Taser 7 tasers are deployed.
Transcutaneous Pacing	30.180	Procedures	Updated the language about the treatment of discomfort caused by TCP.
Death and Dying	50.025	Operations	Added pediatric termination of resuscitation criteria for non-traumatic cardiac arrest.
Refusals	50.117	Operations	Changed the language to suggest, rather than require, OLMC contact for certain high-risk refusals.
Trauma System Guidelines	60.100	Trauma System	Adopted new EMSAB (formerly ATAB) Trauma System Entry Guidelines. Expanded the protocol to be more in line with Multnomah County EMS protocols.
Opioid Withdrawal: Adult Medical Treatment Guideline	90.200	Clackamas County EMS Operations	New flow chart. Removed exclusion criteria regarding no history of opioid use disorder. Removed OLMC requirement for buprenorphine administration.

2025 SUMMARY OF PROTOCOL UPDATES AND CHANGES

PROTOCOL TITLE	PAGE	SECTION	DESCRIPTION OF CHANGE
Patient Treatment Protocol Aids	100.000		Moved entire section to the Protocol Reference Manual.

Introduction to Protocols

These patient care protocols will go into effect January 6th, 2025 for EMS providers of American Medical Response Clackamas and Washington Counties, Banks Fire District #13, Bay City Fire Department, Boardman Fire Rescue District, Clackamas Fire District #1, Central Oregon Coast Fire & Rescue, Confederated Tribes of Grand Ronde Department of Emergency Services, Colton Rural Fire Protection District #70, Cornelius Fire Department, Depoe Bay Fire District, Estacada Fire District #69, Forest Grove Fire & Rescue, Garibaldi Rural Fire District, Gaston Rural Fire District, Hillsboro Fire & Rescue, Hoodland Fire District #74, Lake Oswego Fire Department, Lincoln County Sheriff's Office, McMinnville Fire Department, Metro West Ambulance, Nehalem Bay Fire & Rescue, Nestucca Rural Fire Protection District, Netarts-Oceanside Fire District, Newport Fire Department, Rockaway Beach Volunteer Fire Department, Sandy Fire District #72, Seal Rock RFPD, Sheridan Fire District, Siletz RFPD, Southwest Polk Rural Fire Protection District, St. Paul Fire District, Tillamook Fire District, Toledo Fire Department, Tualatin Police, Tualatin Valley Fire & Rescue, and Washington County Sheriff's Office.

These protocols, we believe, are the best of their type. Where evidence has been available, the Protocol Development Committee has diligently evaluated the material and drafted protocols that will assist us in providing excellent patient care. Where evidence is lacking, we have relied on best practices, expert advice, and consensus to guide the development of the protocol or procedure. These protocols are reviewed on a regular basis and updated when necessary to reflect advances in the art and science pertaining to the care of the acutely ill and injured.

Remember that these protocols are guidelines. EMS is performed in a stressful environment with time-critical decisions and no specific patient care matrix can be developed that will cover every type of injury, illness, and complicating circumstance that EMT providers will encounter while providing on-scene care. It is our expectation that providers will use these protocols in conjunction with their training and experience to do what is best for each patient. From time to time, it is expected that circumstances will arise that are not covered within these protocols. In such instances, providers should function within their scope of practice and use all available resources (including OLMC) to provide the best possible patient care.

Thanks to everyone who has aided in protocol development and review. Anything that is complex and includes detail is prone to errors. Please review these protocols carefully and route any potential errors, unclear directions, or suggestions for improvement to your agency's EMS Office. Finally, we thank every one of you for your dedication and commitment every day to providing the best possible prehospital medical care to the citizens of our respective communities.

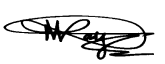
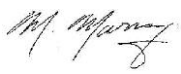

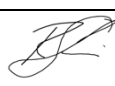
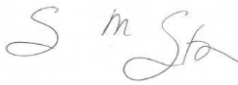
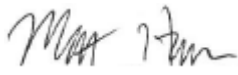






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