CAREMSG Updates Overview 2026

1. Push Dose Epi:
    a. added route of administration (IV/IO) that was missing throughout the document
    b. corrected the dosing to weight-based 1 mcg/kg to max 20 mcg per dose, previous version resulted in underdosing
    c. these changes were applied to the Shock, Crashing Patient, Bradycardia, Bites and Envenomations guidelines along with the Push Dose Epi instructions

2. Pain Management:
    a. Morphine dose updated to 4 mg increments to max total dose of 16 mg
    b. previous version was 2-5 mg increments to max total dose of 15mg

3. Seizure:
    a. updated midazolam and lorazepam doses to weight-based dosing

4. Hypoglycemia:
    a. updated oral glucose to fixed dose instead of range
    b. glucagon was updated to remove conflicting doses for age/weight criteria

5. Shock:
    a. updated verbiage for IVF bolus for clarity

6. Chest Pain:
    a. Added “Occlusive Myocardial Infarction (OMI)” to the title
    b. eliminated Morphine for pain control per discussion at CAREMDC
    c. Added max per dose: Fentanyl 0.5 mcg/kg/dose IN/IV/IO, max initial dose 50 mcg, max total dose 200 mcg.

7. Agitated Patients:
    a. Adult lorazepam - removed range dose of 2-4 mg and changed to 2 mg increments
    b. Pediatric midazolam - removed range dose for IM and IV/IO options

8. Communications Options
    a. Removed patient name/incident number

9. Stroke
    a. Added Stroke triage/destination decision
    b. Symptoms < 4 hours = transport to closest stroke center
    c. Symptoms 4-24 hours + VAN + = transport to closest comprehensive or thrombectomy stroke center IF transport time is < 30 minutes

10. Sepsis
    a. Remove blood glucose parameters – removed from national sepsis guidelines

11. VAD
    a. Added HonorHealth VAD phone number

12. Airway
    a. Changed post-intubation placement to read “post advanced airway placement”

13. Obvious and Apparent Death
    a. Clarified when cardiac monitor is required for confirmation of death

14. DNR/Advanced Directives/POA
    a. Bold/underline verbiage regarding when patch is needed for ease of finding

15. Childbirth
    a. Updated inclusion and exclusion criteria (simplified)
    b. Links to new Maternal HTN, Preeclampsia, and Eclampsia guideline
    c. Added “within 3 hours of birth” to TXA dosing parameters

16. Maternal Hypertension, Preeclampsia, and Eclampsia
    a. Replaces OB/GYN Conditions
    b. New medication options for maternal hypertension
    c. Matches new national guidelines for management of maternal HTN, Preeclampsia, and Eclampsia

17. Perinatal Facilities
    a. Updated list per Arizona Perinatal Trust website

18. Poisoning/Overdose Universal Care
    a. Clarified that if medications/bottles are on scene, bring them to the ED, don’t take pictures
    b. Poison Control and ED need actual bottles and pills to make treatment decisions

19. Opioid Overdose
    a. Added verbiage to consider naloxone leave behind kit if carried by agency
    b. Added “consider” before calling OAR line if patient refuses transport

20. IO
    a. Added distal femur as option for both adult and pediatric patient
    b. Emphasized proximal location (e.g. proximal humerus or distal femur)

21. Guidelines for Use of Restraints
    a. Emphasized waveform capnography
    b. Updated documentation requirements

22. AEMS Categorized EDs
    a. Per AEMS website 12/22/2025

23. AEMS Categorized Satellite Centers and FSEDs
    a. Per AEMS website 12/22/2025

24. Trauma Centers
    a. Per AEMS website 12/22/2025

25. TXA Drug Profile
    a. Updated to match ADHS drug profile

26. Midazolam Drug Profile
    a. Updated list of hyperlinks

27. Labetalol Drug Profile
    a. Added for Maternal HTN guideline

28. Nifedipine Drug Profile
    a. Added for Maternal HTN guideline

Seizures: Adult & Pediatric

TOC

Includes: Ongoing seizure upon EMS arrival or seizure lasting > 5 minutes, more than two seizures in one hour (AKA status epilepticus.)

Seizures in patients greater than 20 weeks of pregnancy or up to six weeks postpartum (regardless of the age of the patient) are managed with magnesium sulfate. See below.

EMT

- Initiate **Universal Care.**
- Provide airway support as needed.
- Assess neurologic status (AVPU/GCS).
- If pregnant, place in left lateral recumbent position.
- Check blood glucose – refer to **Hypoglycemia** as indicated.

Paramedic

- If blood glucose <60 mg/dL, refer to **Hypoglycemia.**

- Administer **benzodiazepines**.
  - If age >60, consider reducing dose by half.
  - **May repeat for total of 2 doses regardless of route**.
- **Midazolam: 0.2 mg/kg IM/IN,** max single dose 10mg
- **Lorazepam, Midazolam: 0.1 mg/kg IV/IO,** max single dose 4mg
  - Administer slowly over 2 minutes.

- If greater than 20 weeks of pregnancy or postpartum up to six weeks, administer **Magnesium sulfate** 4 g slow push IV/IO over 20 minutes. Refer to **Maternal Hypertension, Preeclampsia, and Eclampsia.** If unclear etiology, you may administer a benzodiazepine simultaneously with the magnesium.
- Initiate continuous cardiac and $EtCO_2$ monitoring.
- Patients requiring pharmacologic management for agitation in the postictal state, refer to **Agitated or Violent Patient/Behavioral Emergency**. Ketamine is not indicated for postictal patients.