



# EMS System for Metropolitan Oklahoma City and Tulsa 2026 Medical Control Board Treatment Protocols

Draft for Approval 1/7/26, Effective 4/1/26, Replaces all prior versions



EMS SECTION

## Treatment Priorities

1. Hemorrhage control
2. Assessment/Care for life-threatening injuries/shock
3. Vital signs
4. Splint suspected fractures
5. Analgesia (if required)
6. Appropriate trauma care destination selection

## 10G – EXTREMITY/AMPUTATION INJURY

### Adult & Pediatric

#### EMD

DO NOT MOVE THE PATIENT UNLESS IN DANGER  
STABILIZE HEAD AND NECK IN POSITION FOUND  
OPEN AIRWAY IF NOT ALERT & INEFFECTIVE BREATHING  
CONTROL BLEEDING ONLY IF SERIOUS  
DO NOT ATTEMPT TO SPLINT INJURIES

EMERGENCY MEDICAL DISPATCHER

EMERGENCY MEDICAL RESPONDER

EMT

EMT-INTERMEDIATE 85

ADVANCED EMT

PARAMEDIC

#### EMR

#### EMT

##### TRAUMA AND HYPOVOLEMIC SHOCK SUPPORTIVE CARE

SPINAL "STABILIZATION" - DO NOT APPLY SPINAL "TRACTION" DURING MOTION RESTRICTION OR IMMOBILIZATION (if applicable)  
APPLY TOURNIQUET FOR HEMORRHAGE UNCONTROLLED BY DIRECT PRESSURE PER PROTOCOL 10H - TOURNIQUET

OBTAINT VITAL SIGNS

O<sup>2</sup> VIA NC, NRB AS APPROPRIATE

SPLINT SUSPECTED FRACTURES INCLUDING JOINT ABOVE AND BELOW AREA OF INJURY

COVER AMPUTATED ANATOMY WITH SALINE-MOISTENED GAUZE

PLACE AMPUTATED ANATOMY IN A CLEAN PLASTIC BAG

PLACE AMPUTATED ANATOMY OVER ICE, AVOIDING DIRECT CONTACT OF AMPUTATED ANATOMY WITH ICE

STABILIZE IMPALED OBJECTS

APPLY CARDIAC MONITOR (if equipped)

#### EMT-I85

#### AEMT

IV ACCESS (IO IF INDICATED)

IV ACCESS (IO IF INDICATED) ESTABLISH TWO LINES IF POSSIBLE

**ADULT:** IV NS TKO IF SYS BP  $\geq$  100 mmHg WITHOUT HYPOTENSIVE SYMPTOMS

**ADULT:** IV NS 250 mL BOLUS IF SYS BP < 100 mmHg WITH HYPOTENSIVE SYMPTOMS & NO SIGNS OF PULMONARY EDEMA,  
**PEDIATRIC:** IV NS 20 mL/kg BOLUS IF SYS BP < (70 + 2x age in years) mmHg & NO SIGNS OF PULMONARY EDEMA  
**PEDIATRIC:** REPEAT UP TO 60 mL/kg IF SYS BP REMAINS < (70 + 2x age in years) mmHg & NO SIGNS OF PULMONARY EDEMA

#### PARAMEDIC

CONTINUOUS ASSESSMENT & TREATMENT PER APPLICABLE PROTOCOL(S)

ANALGESIA (IF REQUIRED)

FOR OPIATE USE, ADULT MUST HAVE SYS BP  $\geq$  100 mmHg; PEDIATRIC MUST HAVE SYS BP  $\geq$  (70 + 2x age in years) mmHg

**ADULT:** FENTANYL 1 mcg/kg SLOW IVP/IM/IN, MAXIMUM DOSE 100 mcg. MAY REPEAT EVERY 10 MINUTES TO  
MAXIMUM CUMULATIVE DOSE OF 3 mcg/kg or 250 mcg WHICHEVER IS LESSER.

**PEDIATRIC:** FENTANYL 1 mcg/kg SLOW IVP/IM/IN, MAXIMUM DOSE 50 mcg

OR

**ADULT:** KETAMINE 0.3 mg/kg UP TO A MAX OF 30 mg in 100 mL NS INFUSED OVER 10 MINUTES.

KETAMINE 50 mg IN BREATH ACTUATED NEBULIZER (ADD NS TO MAKE TOTAL VOLUME 5 mL), OXYGEN ON 6-8 LPM

**PEDIATRIC:** 0.3 mg/kg up to a maximum dose of 30 mg diluted in a 100 mL bag of normal saline as an infusion over 10 minutes  
Ketamine 0.5 mg/kg (max 50 mg) IN BREATH ACTUATED NEBULIZER (ADD NS TO MAKE TOTAL VOLUME 5 mL), OXYGEN ON 6-8 LPM

OR

**ADULT:** MORPHINE SULFATE 2 - 4 mg SLOW IVP, MAY REPEAT 2 - 4 mg EVERY 5 MINUTES TO A TOTAL OF 10 mg.

OR

**ADULT:** HYDROMORPHONE 0.5 - 1 mg SLOW IVP, MAY REPEAT EVERY 10 MINUTES TO MAXIMUM CUMULATIVE DOSE OF 2 mg.

**PEDIATRIC:** OLMCP ORDER ONLY

ANTIBIOTIC for open long bone (proximal to wrist or ankle) fracture(s)

Cefazolin 1 Gm IVPB if less than 80Kg; 2 Gm IVPB if greater than or 80Kg

OLMCP CONSULT IF FURTHER ANALGESIA REQUIRED