



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. Personal safety
2. Patient safety
3. USAR (OK TF 1) if needed
4. Vital signs
5. Hospital notification of concern regarding trunk/limb circulation compromise
6. OLMCP consult on treatment plan prior to crush release (if > 2 hours crush)
7. Hyperkalemia prophylaxis (if required)

10K – CRUSH INJURY SYNDROME

Adult & Pediatric

EMD

DO NOT MOVE THE PATIENT UNLESS IN DANGER
CONTROL BLEEDING WITH DIRECT PRESSURE
DO NOT ATTEMPT TO SPLINT INJURIES

EMERGENCY MEDICAL DISPATCHER

EMERGENCY MEDICAL RESPONDER

EMT

EMT-INTERMEDIATE 85

ADVANCED EMT

PARAMEDIC

EMR

EMT

PERSONAL & PATIENT SAFETY

MOBILIZATION OF LOCAL FIRE-RESCUE PROFESSIONALS FOR TRAPPED PATIENTS REQUIRING HEAVY/COMPLICATED EXTRICATION
MOBILIZATION OF URBAN SEARCH & RESCUE SPECIALIST TEAM IF NUMEROUS TRAPPED PATIENTS/LARGE BUILDING OR TRENCH COLLAPSE

(OKLAHOMA TASK FORCE 1 IS BASED & SUPPORTED AT OKLAHOMA CITY FIRE DEPARTMENT & TULSA FIRE DEPARTMENT)

TRAUMA AND HYPOVOLEMIC SHOCK SUPPORTIVE CARE
OBTAIN VITAL SIGNS

HISTORY OF ONGOING AND/OR PROLONGED CRUSH MECHANISM ON TRUNK OR PROXIMAL EXTREMITY
EVALUATE EXTREMITY FOR "5 Ps" OF COMPARTMENT SYNDROME PER PROTOCOL 10K
ECG MONITOR (if equipped)

EMT-I85

AEMT

IV ACCESS (IO IF INDICATED)

IF CRUSH ≥ 4 HRS IN DURATION:

ADULT: IV NS 1 LITER BOLUS THEN 250 mL/HR RATE IF NO SIGNS OF PULMONARY EDEMA

ADULT: REPEAT UP TO 2 LITERS NS IF SYS BP REMAINS < 100 mmHg WITH HYPOTENSIVE SYMPTOMS & NO SIGNS OF PULMONARY EDEMA

PEDIATRIC: IV NS 20 mL/kg BOLUS THEN 5 mL/kg/HR RATE IF NO SIGNS OF PULMONARY EDEMA

PEDIATRIC: REPEAT UP TO 60 mL/kg NS IF SYS BP REMAINS < (70 + 2x age in years) mmHg & NO SIGNS OF PULMONARY EDEMA

PARAMEDIC

IF CRUSH ≥ 4 HRS IN DURATION:

JUST PRIOR TO CRUSH MECHANISM REMOVAL, ADMINISTER HYPERKALEMIA PROPHYLAXIS:

IV FLUID HYDRATION AS ABOVE

CALCIUM CHLORIDE 10 mg/kg IVP/IOP (MAX 1 gram)

SODIUM BICARBONATE 1 mEq/kg IVP/IOP (MAX 50 mEq)

ANALGESIA (IF REQUIRED)

FOR OPIATE USE, ADULT MUST HAVE SYS BP ≥ 100 mmHg; PEDIATRIC MUST HAVE SYS BP ≥ (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 FOR TIMING/NEED FOR HYPERKALEMIA PROPHYLAXIS IF CRUSH < 4 HRS IN DURATION

OR IF FURTHER ANALGESIA REQUIRED