



EMS System for Metropolitan Oklahoma City and Tulsa 2021 Medical Control Board Treatment Protocols



DRAFT for Review & Action 3/10/21, Effective 6/1/21, replaces all prior versions

2B - AIRWAY ESTABLISHMENT / OBSTRUCTION MANAGEMENT ADULT & PEDIATRIC

TREATMENT PRIORITIES

1. Remove obstruction
2. Oxygenation/Ventilation support
3. NGT/OGT with iGel or intubation

EMD

VERIFY IF PATIENT IS CHOKING
AVOID BACK SLAPS
ENCOURAGE COUGHING AND BREATHING EFFORTS
INSTRUCT CALLER IN HEIMLICH MANEUVER IF INDICATED

EMERGENCY MEDICAL DISPATCHER

EMERGENCY MEDICAL RESPONDER

EMT

EMT-INTERMEDIATE 85

ADVANCED EMT

PARAMEDIC

EMR	EMT
<p>GENERAL SUPPORTIVE CARE</p> <p>ADULTS: HEIMLICH MANEUVER OR ABDOMINAL THRUSTS IF SUPINE (CHEST COMPRESSIONS IF PREGNANT OR MORBID OBESITY) PEDIATRIC: HEIMLICH MANEUVER OR ABDOMINAL THRUSTS IF SUPINE (CHEST COMPRESSIONS IF < 1 YR OLD)</p> <p>OBTAIN VITAL SIGNS O₂ VIA NC, NRB, OR BVM AS APPROPRIATE APPLY CARDIAC MONITOR (if equipped)</p> <p>EMT OR HIGHER LICENSE: MEASURE END – TIDAL CO₂ & MONITOR WAVEFORM CAPNOGRAPHY (if equipped, **Mandatory use if pt intubated) PLACE SUPRAGLOTTIC AIRWAY IF INDICATED & ONLY IF BVM VENTILATIONS INEFFECTIVE</p>	

EMT- I85	AEMT
<p>DIRECT LARYNGOSCOPY & REMOVAL OF FOREIGN BODY</p> <p>ADULT: INTUBATE IF INDICATED</p> <p>IV ACCESS (IF NEEDED)</p>	

PARAMEDIC
<p>ADULT: MEDICATION ASSISTED INTUBATION IF INDICATED ADULT: CRICOTHYROTOMY FOR COMPLETE, INTRACTABLE OBSTRUCTION PEDIATRIC: PT > 6 YRS OLD, CRICOTHYROTOMY FOR COMPLETE, INTRACTABLE OBSTRUCTION</p> <p>CONTINUOUS ASSESSMENT & TREATMENT PER APPLICABLE PROTOCOL(S)</p> <p>CONSULT OLMC IF AIRWAY OBSTRUCTION PERSISTS DESPITE ABOVE MEASURES</p>