



EMS System for Metropolitan Oklahoma City and Tulsa
2019 Medical Control Board Treatment Protocols
 Review and Approval 3/13/19, Effective 6/1/19, replaces all prior versions



**9E – DIALYSIS-RELATED ISSUES
 ADULT & PEDIATRIC**

TREATMENT PRIORITIES:

- Circulatory support
 - External bleeding control
 - Hypotension treatment with fluids and/or vasopressors
 - If hyperkalemia, calcium chloride first medication
 - Vascular access precaution: avoid fistulas/graft/shunt
- Hypoglycemia care

EMD

CPR BY EMD INSTRUCTION (if applicable)
 CONTROL ANY BLEEDING WITH DIRECT PRESSURE
 ADVISE REST

EMERGENCY MEDICAL DISPATCHER

EMERGENCY MEDICAL RESPONDER

EMT

EMT-INTERMEDIATE 85

ADVANCED EMT

PARAMEDIC

EMR	EMT
<p>GENERAL SUPPORTIVE CARE OBTAIN VS</p> <p>DIALYSIS PORT/CATHETER/FISTULA BLEEDING? DIRECT PRESSURE HEMOSTATIC AGENT TOURNIQUET PROXIMAL TO FISTULA IF BLEEDING SEVERE & UNCONTROLLABLE ON EXTREMITY</p> <p>ADULT & PEDIATRIC WEIGHT ≥25 kg HYPOGLYCEMIA CARE: IF GLUCOSE <50 mg/dL, 1 tube ORAL GLUCOSE (15 grams) PO PEDIATRIC WEIGHT <25 kg HYPOGLYCEMIA CARE: IF GLUCOSE <50 mg/dL, ½ tube ORAL GLUCOSE (7.5 grams) PO</p>	

EMT - I85	AEMT
<p>VASCULAR ACCESS? IN MANY SITUATIONS, DIALYSIS PROFESSIONALS WILL LEAVE CATHETER IN PLACE TO USE AS IV PRN DO NOT INITIATE IV USING EMS CATHETERS IN FISTULA/GRAFT/SHUNT – VASCULAR DAMAGE CAN OCCUR USE IO ACCESS IF IV ACCESS UNOBTAINABLE</p> <p>SYMPTOMATIC HYPOTENSION? ADULT & PEDIATRIC: 10 mL/kg (MAX OF 500 mL IF ANURIC) NS IV/IO BOLUS IF NO SIGNS OF PULMONARY EDEMA</p> <p>HYPOGLYCEMIA (GLUCOSE <50 mg/dL) - ADULT & PEDIATRIC D10 5 mL/kg IVPB WIDE OPEN UP TO 250 mL OR D25 2 mL/kg IV/IO UP TO 100 mL (must be ≥ 1 year of age) OR D50 1 mL/kg IV/IO UP TO 50 mL (must be ≥ 25 kg) IF NO VASCULAR ACCESS OBTAINED & IF IO SEEMS EXCESSIVE TO CLINICAL STATUS: GLUCAGON: IF PT WT ≥25 kg, 1mg IM; <25 kg, 0.5 mg IM ADULT & PEDIATRIC: REPEAT DETERMINATION OF BLOOD GLUCOSE POST-HYPOGLYCEMIA TREATMENT</p>	

PARAMEDIC

CARDIAC ARREST OR VENTRICULAR DYSRHYTHMIA FROM KNOWN/SUSPECTED HYPERKALEMIA?
ADULT/PEDIATRIC: CALCIUM CHLORIDE 10 mg/kg IVP/IO (MAX 1 gram) & SODIUM BICARBONATE 1 mEq/kg IVP/IO (MAX 50 mEq)

CARDIAC ARREST FROM PRE-EXISTING METABOLIC ACIDOSIS?
ADULT/PEDIATRIC: SODIUM BICARBONATE 1 mEq/kg IVP/IO (MAX 50 mEq)

SYMPTOMATIC HYPOTENSION WITHOUT IMPROVEMENT AFTER 10 mL/kg IVF (MAX 500 mL IF ANURIC)?
ADULT: PHARMACOLOGIC TREATMENT IF SYS BP < 100 mmHg:
 NOREPINEPHRINE 2-4 mcg/min TITRATE to SYS ≥ 100 mmHg OR
 DOPAMINE 5-20 mcg/kg/min TITRATE TO SYS BP ≥ 100 mmHg
PEDIATRIC: OLMC CONSULT FOR PHARMACOLOGIC TREATMENT

CONTINUOUS ASSESSMENT & TREATMENT PER APPLICABLE PROTOCOL(S)