



# 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

## 3A – RESPIRATORY ARREST ADULT & PEDIATRIC

- TREATMENT PRIORITIES**
1. Airway patency
  2. Oxygenation/Ventilation
  3. Vital signs
  4. Dextrose for hypoglycemia
  5. Naloxone for narcotic/opiate overdose

**EMD**  
CPR BY EMD INSTRUCTION

- EMERGENCY MEDICAL DISPATCHER
- EMERGENCY MEDICAL RESPONDER
- EMT
- EMT-INTERMEDIATE 85
- ADVANCED EMT
- PARAMEDIC

EMR	EMT
<p>ESTABLISH AIRWAY PATENCY (POSITIONING, OPA, NPA) O<sub>2</sub> VIA BVM AS APPROPRIATE GENERAL SUPPORTIVE CARE OBTAIN VITAL SIGNS DETERMINE BLOOD GLUCOSE APPLY CARDIAC MONITOR/OBTAIN 12-LEAD ECG (if equipped) TRANSMIT 12-LEAD ECG TO RECEIVING EMERGENCY DEPARTMENT</p> <p><b>TOXINS/DRUG OVERDOSE – SUSPECTED NARCOTIC/OPIATE – APNEIC</b> ADULT: NALOXONE 2 mg IN, MAY REPEAT ONCE PEDIATRIC: NALOXONE 0.5 mg IN, MAY REPEAT TO MAX OF 2 mg USE NALOXONE TO RESTORE EFFECTIVE BREATHING; AVOID EXCESSIVE DOSING TO PREVENT WITHDRAWAL</p> <p><b>EMT OR HIGHER LICENSE:</b> MEASURE END-TIDAL CO<sub>2</sub> &amp; MONITOR WAVEFORM CAPNOGRAPHY (if equipped, **Mandatory use if pt intubated) PLACE SUPRAGLOTTIC AIRWAY IF INDICATED &amp; ONLY IF BVM VENTILATIONS INEFFECTIVE</p>	

EMT-185	AEMT
<p>ADULT: INTUBATE IF INDICATED PER APPLICABLE PROTOCOLS DO NOT INTUBATE PATIENTS WITH RAPIDLY REVERSIBLE RESP ARREST ETIOLOGY (e.g. NARCOTIC/OPIATE OVERDOSE)</p> <p>IV/IO ACCESS ADULT: IV NS TKO IF SYS BP ≥ 100 mmHg WITHOUT HYPOTENSIVE SYMPTOMS ADULT: IV NS 250 mL BOLUS IF SYS BP &lt;100 mmHg WITH HYPOTENSIVE SYMPTOMS &amp; NO SIGNS OF PULMONARY EDEMA, ADULT: REPEAT UP TO 2 LITERS NS IF SYS BP REMAINS &lt; 100 mmHg WITH HYPOTENSIVE SYMPTOMS &amp; NO SIGNS OF PULMONARY EDEMA PEDIATRIC: IV NS TKO IF SYS BP ≥ (70 + 2x age in years) mmHg PEDIATRIC: IV NS 20 mL/kg BOLUS IF SYS BP &lt; (70 + 2x age in years) mmHg IF NO SIGNS OF PULMONARY EDEMA</p> <p><b>HYPOGLYCEMIA (GLUCOSE &lt;50 mg/dL) - ADULT &amp; PEDIATRIC</b> 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 &amp; IF IO SEEMS EXCESSIVE TO CLINICAL STATUS: GLUCAGON: IF PT WT ≥25 kg, 1mg IM; &lt;25 kg, 0.5 mg IM <b>ADULT &amp; PEDIATRIC:</b> REPEAT DETERMINATION OF BLOOD GLUCOSE POST-HYPOGLYCEMIA TREATMENT</p> <p><b>ADVANCED EMT OR HIGHER LICENSE:</b> TOXINS/DRUG OVERDOSE – SUSPECTED NARCOTIC/OPIATE – APNEIC ADULT: NALOXONE 2 mg IVP/IOP/IN, MAY REPEAT ONCE PEDIATRIC: NALOXONE 0.5 mg IVP/IOP/IN, MAY REPEAT TO MAX OF 2 mg USE NALOXONE TO RESTORE EFFECTIVE BREATHING; AVOID EXCESSIVE DOSING TO PREVENT WITHDRAWAL</p>	

PARAMEDIC
<p>ADULT: MEDICATION-ASSISTED INTUBATION IF INDICATED PER PROTOCOL 2G</p> <p>CONTINUOUS ASSESSMENT &amp; TREATMENT OF SUSPECTED RESP ARREST ETIOLOGY PER APPLICABLE PROTOCOL(S)</p>