



EMS System for Metropolitan Oklahoma City and Tulsa 2019 Medical Control Board Treatment Protocols



Approved 9/12/18, Effective 1/15/19, replaces all prior versions

TREATMENT PRIORITIES

3 in 5 minutes of patient contact:

1. Vital signs
2. O₂ ONLY if indicated
3. Los Angeles Prehospital Stroke Screen

Early transport & ED notification if symptoms <6 hours

6A - STROKE ADULT & PEDIATRIC

EMERGENCY MEDICAL DISPATCHER

EMERGENCY MEDICAL RESPONDER

EMT

EMT-INTERMEDIATE 85

ADVANCED EMT

PARAMEDIC

EMD

ADVISE TO AVOID PHYSICAL EXERTION OR ENVIRONMENTAL STRESS (TEMP EXTREMES).
CONDUCT STROKE SCREENING QUERY IF AUTHORIZED BY LOCAL MEDICAL DISPATCH PROTOCOL.

EMR	EMT
<p>GENERAL SUPPORTIVE CARE OBTAIN VITAL SIGNS O₂ VIA NC, NRB, OR BVM ONLY IF DYSPNEA OR PULSE OX <94% AT ROOM AIR</p> <p>LOS ANGELES PREHOSPITAL STROKE SCREEN AGE OVER 45 YEARS? NO PRIOR HX OF SEIZURE DISORDER? NEW ONSET OF NEUROLOGIC SYMPTOMS IN LAST 24 HRS? PATIENT AMBULATORY AT BASELINE [PRIOR TO EVENT]? BLOOD GLUCOSE 50 TO 400 mg/dL? FACIAL DROOP; ARM DRIFT; IMPAIRED SPEECH?</p> <p>EARLY "STROKE ALERT" NOTIFICATION TO RECEIVING EMERGENCY DEPARTMENT WITH DEFINITIVE STROKE SYMPTOMS IF LESS THAN 6 HOURS DURATION ADVISE TIME OF LAST ACCURATELY KNOWN BASELINE NEUROLOGICAL STATUS (LAST "NORMAL" FOR PT) OBTAIN CELLPHONE NUMBER(S) OF FAMILY MEMBER(S) TO PROVIDE ED STAFF UPON ARRIVAL</p> <p>APPLY CARDIAC MONITOR/OBTAIN 12-LEAD ECG (if equipped) TRANSMIT 12-LEAD ECG TO RECEIVING EMERGENCY DEPARTMENT</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 ARE INEFFECTIVE</p>	

EMT-I85	AEMT
<p>ADULT: INTUBATE IF INDICATED</p> <p>IV ACCESS IV NS TKO IF SYS BP ≥ 100 mmHg WITHOUT HYPOTENSIVE SYMPTOMS IV NS 250 mL BOLUS IF SYS BP <100 mmHg WITH HYPOTENSIVE SYMPTOMS & NO SIGNS OF PULMONARY EDEMA, REPEAT UP TO 2 LITERS NS IF SYS BP REMAINS < 100 mmHg WITH HYPOTENSIVE SYMPTOMS & NO SIGNS OF PULMONARY EDEMA</p>	

PARAMEDIC

ADULT: MEDICATION-ASSISTED INTUBATION IF INDICATED

EVALUATE FOR OTHER ALTERED MENTAL STATUS ETIOLOGIES. TREAT PER APPROPRIATE PROTOCOL(S)
CONTINUOUS ASSESSMENT & TREATMENT PER APPLICABLE PROTOCOL(S)