

EMS System for Metropolitan Oklahoma City and Tulsa 2022 Medical Control Board Treatment Protocols





DRAFT for review and action, 1/12/22, Effective 3/1/22, replaces all prior versions

EMERGENCY MEDICAL 6D - SEIZURE DISPATCHER ADULT & PEDIATRIC EMERGENCY MEDICAL RESPONDER TREATMENT PRIORITIES **EMD EMT** 1. Vital signs KEEP PATIENT FREE FROM INJURY HAZARDS 2. O₂ AVOID PLACING ANYTHING IN MOUTH 3. Dextrose for hypoglycemia **EMT-INTERMEDIATE 85** PLACE IN RECOVERY POSITION POST SEIZURE 4. Benzodiazepine for sustained, active seizure **ADVANCED EMT PARAMEDIC EMR EMT** GENERAL SUPPORTIVE CARE **OBTAIN VITAL SIGNS** O2 VIA NC or NRB AS APPROPRIATE APPLY CARDIAC MONITOR (if equipped) **EMT OR HIGHER LICENSE:** MEASURE END-TIDAL CO₂ & MONITOR WAVEFORM CAPNOGRAPHY (if equipped, **Mandatory use if pt intubated)

> **EMT-185 AEMT**

> > IV ACCESS

ADULT: IV NS TKO IF SYS BP ≥ 100 mmHg WITHOUT HYPOTENSIVE SYMPTOMS

ADULT: IV NS 250 mL BOLUS IF SYS BP < 100 mmHg WITH HYPŎTENSIVE SYMPTOMS & 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 TKO IF SYS BP ≥ (70 + 2x age in years) mmHg PEDIATRIC: IV NS 20 mL/kg BOLUS IF SYS BP < (70 + 2x age in years) mmHg IF NO SIGNS OF PULMONARY EDEMA

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 ACCÈSS 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

PARAMEDIC

EVALUATE FOR OTHER ALTERED MENTAL STATUS ETIOLOGIES. TREAT PER APPROPRIATE PROTOCOL(S)

ADULT: MIDAZOLAM 0.1 mg/kg IM/IVP/IOP TO MAX OF 5 mg FOR ACTIVE SEIZURE. MAY REPEAT X 1 IN 5 MINS IF STILL SEIZING. ADULT: DIAŽEPAM 5 mg IVP/IOP or 10 mg IM FOR ACTIVE SEIZURE IF MIDAZOLAM NOT AVAILABLE.

MAY REPEAT X 1 IN 5 MINS IF STILL SEIZING. OR

ADULT: LORAZEPAM 2 mg IVP/IOP/IM FOR ACTIVE SEIZURE IF MIDAZOLAM NOT AVAILABLE. MAY REPEAT X 1 IN 10 MINS IF STILL SEIZING.

PEDIATRIC: MIDAZOLAM 0.1 mg/kg IM/IVP/IOP TO MAX OF 5 mg FOR ACTIVE SEIZURE. MAY REPEAT X 1 IN 5 MINS IF STILL SEIZING. PEDIATRIC: DIAZEPAM 0.1 mg/kg TO MAX OF 5 mg IVP/IOP/IM FOR ACTIVE SEIZURE IF MIDAZOLAM NOT AVAILABLE.

MAY REPEAT X 1 IN 5 MINS IF STILL SEIZING. OR PEDIATRIC: LORAZEPAM 0.1 mg/kg TO MAX OF 2 mg IVP/IOP/IM FOR ACTIVE SEIZURE IF MIDAZOLAM NOT AVAILABLE MAY REPEAT X 1 IN 10 MINS IF STILL SEIZING.

OLMC CONSULT IF SEIZURE CONTINUES DESPITE ABOVE TREATMENT

CONTINUOUS ASSESSMENT & TREATMENT PER APPLICABLE PROTOCOL(S)