



EMS System for Metropolitan Oklahoma City and Tulsa 2023 Medical Control Board Treatment Protocols



Approved 9/14/22, Effective 1/16/23, replaces all prior versions

1C - GENERAL SUPPORTIVE CARE ADULT & PEDIATRIC

TREATMENT PRIORITIES

- Assessment:
 - > SCENE SAFETY
 - > PROTECTIVE EQUIPMENT
 - > ABCs unless cardiac arrest
 - > CAB if cardiac arrest
 - > Early vital signs
 - > Get best history possible
- Evaluate/treat underlying medical cause per protocol(s)
- Early transport & ED notification for patients with time sensitive conditions (Resp Failure, STEMI, Stroke)

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

EMD

IF CHIEF COMPLAINT IS **MEDICAL** IN NATURE, CHOOSE THE PROTOCOL THAT BEST FITS THE PATIENT'S FOREMOST SYMPTOMS, WITH PRIORITY SYMPTOMS TAKING PRECEDENCE

QUESTIONS TO ADDRESS SCENE SAFETY ISSUES

EMR	EMT
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AIRWAY MANAGEMENT
SUPPORT OXYGENATION/VENTILATION

OBTAIN VITAL SIGNS

APPLY CARDIAC MONITOR/OBTAIN 12-LEAD ECG (when indicated & if equipped)
TRANSMIT 12-LEAD ECG TO RECEIVING HOSPITAL
MONITOR END – TIDAL CO₂ & WAVEFORM CAPNOGRAPHY (when indicated & if equipped, **Mandatory use if pt intubated)

ASSIST PT WITH PT'S OWN MEDICATION IF DIRECTED BY PROTOCOL(S)

DETERMINE BLOOD GLUCOSE/TREAT HYPOGLYCEMIA PER PROTOCOL

EMT-185	AEMT
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INTUBATE IF INDICATED

IV/IO ACCESS IF INDICATED
FLUID BOLUS AS DIRECTED BY SPECIFIC MEDICAL PROTOCOL(S)

MEDICATION ADMINISTRATION PER SPECIFIC MEDICAL PROTOCOL(S)

PARAMEDIC

CONTINUOUS TREATMENT AND ASSESSMENT PER SPECIFIC MEDICAL PROTOCOL(S)
INTERPRETATION OF 12-LEAD ECGS (when indicated & if equipped)

- Clinical Operational Notes (All Field Provider Levels):**
- The practice of EMS medicine is built upon the foundation of "taking medical care to the patient". To achieve this objective, appropriate equipment (airway equipment kit, med/trauma equipment kit, suction device, AED/Cardiac Monitor/Defibrillator, patient packaging equipment) should be brought to the patient's side per Protocol 14J – Scene Coordination to minimize critical treatment delays.
 - Minimize active movement on the patient's part in settings of suspected myocardial ischemia, stroke, and dyspnea. Move and package the patient for transport with safety considerations for all involved.
 - Maximum pediatric medication dosing equals standard adult dosing.