



# 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

**TREATMENT PRIORITIES**

- Vital signs
- O<sub>2</sub>
- Dextrose for hypoglycemia
- Benzodiazepine for sustained, active seizure (refer to 6D Seizure if applicable)
- BVM prior to administration of Naloxone

Evaluate differential diagnosis of AMS & treat per protocol(s):

- Hypoxemia (Shock)
- Head Injury
- Stroke
- Seizure
- Infection (Sepsis/Meningitis)
- Medication/Alcohol
- Heat or Cold Illness

## 6B - ALTERED MENTAL STATUS ADULT & PEDIATRIC

**EMD**

KEEP PATIENT FREE FROM INJURY HAZARDS  
AVOID PLACING ANYTHING IN MOUTH  
PLACE IN RECOVERY POSITION POST SEIZURE

<b>EMR</b>	<b>EMT</b>
<p>GENERAL SUPPORTIVE CARE &amp; OBTAIN VITAL SIGNS O<sub>2</sub> VIA NC, NRB, OR BVM AS APPROPRIATE</p> <p><b>TOXINS/DRUG OVERDOSE – SUSPECTED NARCOTIC/OPIATE</b> ADDRESS OXYGENATION AND VENTILATION (SPO<sub>2</sub> GOAL ≥ 94%) BEFORE ADMINISTERING NALOXONE <b>APNEIC/AGONALLY BREATHING</b> <b>ADULT:</b> NALOXONE 2 mg IN, MAY REPEAT ONCE <b>PEDIATRIC:</b> NALOXONE 0.5 mg IN, MAY REPEAT TO MAX OF 2 mg <b>INEFFECTIVE BREATHING ACTIVITY</b> <b>ADULT &amp; PEDIATRIC:</b> 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>DETERMINE BLOOD GLUCOSE FOR PATIENT ABLE TO SWALLOW <b>ADULT &amp; PEDIATRIC WEIGHT ≥ 25 kg HYPOGLYCEMIA CARE:</b> IF GLUCOSE &lt;50 mg/dL, 1 tube ORAL GLUCOSE (15 grams) PO <b>PEDIATRIC WEIGHT &lt;25 kg HYPOGLYCEMIA CARE:</b> IF GLUCOSE &lt;50 mg/dL, ½ tube ORAL GLUCOSE (7.5 grams) PO</p> <p>APPLY CARDIAC MONITOR (if equipped) <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>	

<b>EMERGENCY MEDICAL DISPATCHER</b>
<b>EMERGENCY MEDICAL RESPONDER</b>
<b>EMT</b>
<b>EMT-INTERMEDIATE 85</b>
<b>ADVANCED EMT</b>
<b>PARAMEDIC</b>

<b>EMT-I85</b>	<b>AEMT</b>
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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 HYPOTENSIVE 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 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

**ADULT:** INTUBATE IF INDICATED; DO NOT INTUBATE PATIENTS WITH RAPIDLY REVERSIBLE ETIOLOGY (eg. HYPOGLYCEMIA, OPIATES)

**ADVANCED EMT OR HIGHER LICENSE:**  
**TOXINS/DRUG OVERDOSE – SUSPECTED NARCOTIC/OPIATE – APNEIC/AGONALLY BREATHING**  
**ADULT:** NALOXONE 2 mg IVP/IO/IN, MAY REPEAT ONCE  
**PEDIATRIC:** NALOXONE 0.5 mg IVP/IO/IN, MAY REPEAT TO MAX OF 2 mg  
**TOXINS/DRUG OVERDOSE – SUSPECTED NARCOTIC/OPIATE – INEFFECTIVE BREATHING ACTIVITY**  
**ADULT & PEDIATRIC:** NALOXONE 0.5 mg IVP/IO/IN, MAY REPEAT TO MAX OF 2 mg  
USE NALOXONE TO RESTORE EFFECTIVE BREATHING; AVOID EXCESSIVE DOSING TO PREVENT WITHDRAWAL

<b>PARAMEDIC</b>
<p><b>ADULT:</b> MEDICATION-ASSISTED INTUBATION IF INDICATED CONTINUOUS ASSESSMENT &amp; TREATMENT OF SUSPECTED AMS ETIOLOGY PER APPLICABLE PROTOCOL(S) CONSULT OLMC IF ABOVE TREATMENT INEFFECTIVE FOR HYPOGLYCEMIA OR NARCOTIC/OPIATE ETIOLOGY CONSULT OLMC IF UNCERTAIN OF ETIOLOGY AND TREATMENT PLAN OF AMS</p>