



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

6E - SYNCOPE ADULT & PEDIATRIC

TREATMENT PRIORITIES

- Vital signs
- O₂
- Dextrose for hypoglycemia
- Benzodiazepine for sustained, active seizure (refer to 6D Seizure if applicable)
- BVM prior to administration of Naloxone

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

- Acute Coronary Syndrome
- Cardiac Dysrhythmia
- Hypotension (Shock)
- Hypoxemia (Shock)
- Head Injury
- Stroke
- Seizure
- Infection (Sepsis/Meningitis)
- Medication/Alcohol
- Heat or Cold Illness
- Psychogenic/Emotion

EMD

KEEP PATIENT FREE FROM INJURY HAZARDS
AVOID PLACING ANYTHING IN MOUTH
ADVISE TO AVOID PHYSICAL EXERTION OR ENVIRONMENTAL STRESS (TEMP EXTREMES)
PLACE IN RECOVERY POSITION/POSITION OF COMFORT

EMERGENCY MEDICAL DISPATCHER

EMERGENCY MEDICAL RESPONDER

EMT

EMT-INTERMEDIATE 85

ADVANCED EMT

PARAMEDIC

EMR	EMT
<p>GENERAL SUPPORTIVE CARE; OBTAIN VITAL SIGNS O₂ VIA NC, NRB, OR BVM AS APPROPRIATE DETERMINE BLOOD GLUCOSE FOR PATIENT ABLE TO SWALLOW</p> <p>ADULT & PEDIATRIC WEIGHT ≥ 25 kg HYPOGLYCEMIA CARE: IF GLUCOSE <50 mg/dL, 1 tube ORAL GLUCOSE (15 grams) PO PEDIATRIC WEIGHT <25 kg HYPOGLYCEMIA CARE: IF GLUCOSE <50 mg/dL, ½ tube ORAL GLUCOSE (7.5 grams) PO</p> <p>TOXINS/DRUG OVERDOSE – SUSPECTED NARCOTIC/OPIATE ADDRESS OXYGENATION AND VENTILATION (SP02 ≥ 94%) BEFORE ADMINISTRATION OF NALOXONE</p> <p>APNEIC/AGONALLY BREATHING ADULT: NALOXONE 2 mg IN, MAY REPEAT ONCE PEDIATRIC: NALOXONE 0.5 mg IN, MAY REPEAT TO MAX OF 2 mg</p> <p>INEFFECTIVE BREATHING ACTIVITY ADULT & 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>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 INEFFECTIVE</p>	

EMT-185	AEMT
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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 P T 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 AMS 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

PARAMEDIC

ADULT: MEDICATION-ASSISTED INTUBATION IF INDICATED
CONTINUOUS ASSESSMENT & 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