



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
 1. Vital signs
 2. Epinephrine for anaphylaxis
 ** First two epi doses are standing order. Any additional epi dose requires OLMC consult.
 3. OK Poison Center consult
 4. Appropriate destination per OK Poison Center consult

8E – SNAKEBITES – PIT VIPERS (RATTLESNAKES, COPPERHEADS, & MOCASSINS) (CROTALINAE ENVENOMATION) 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).
MOVE AWAY FROM SNAKE(S) IF ABLE
OPEN AIRWAY IF NOT ALERT AND INEFFECTIVE BREATHING

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GENERAL SUPPORTIVE CARE – MARK EDGE OF SWELLING/TENDERNESS EVERY 15 MINS TO DETERMINE SYMPTOM PROGRESSION
OBTAIN VITAL SIGNS & ADMINISTER O₂ VIA NC, NRB, OR BVM AS APPROPRIATE
IMMOBILIZE/ELEVATE AND AVOID JOINT FLEXION IN EXTREMITY BITTEN TO MINIMIZE SWELLING OF EXTREMITY
DO NOT CUT THE BITE SITE OR ATTEMPT TO "EXTRACT THE VENOM" FROM BITE SITE WITH SUCTION/VACUUM DEVICES
CONSULT OKLAHOMA POISON CONTROL CENTER PER PROTOCOL 8C – DESCRIBE SNAKE APPEARANCE/TYPE AS BEST ABLE
APPLY CARDIAC MONITOR (if equipped)
ADULT/PEDIATRIC: N/V: ISOPROPYL ALCOHOL PADS HELD 1 TO 2 CM BELOW NARES (MAX 3 PADS EVERY 15 MINUTES)
EMT OR HIGHER LICENSE:
 FOR ANAPHYLAXIS ONLY (ANAPHYLAXIS FROM SNAKEBITE IS RARE):
ADULT: **EPINEPHRINE 1mg/mL 1:1000 0.5 mg (0.5 mL) IM OR AUTOINJECTOR ANTERIOR/LATERAL THIGH.
PEDIATRIC: **EPINEPHRINE 1mg/mL 1:1000 0.15 mg (0.15 mL) IM OR AUTOINJECTOR ANTERIOR/LATERAL THIGH.
 OLMC ORDER ONLY FOR EPINEPHRINE IF PT ≥ 50 YEARS OLD, HEART ILLNESS HISTORY, OR BLOOD PRESSURE > 140/90 mmHg
 MEASURE END-TIDAL CO₂ & MONITOR WAVEFORM CAPNOGRAPHY (if equipped, *** Mandatory use if pt intubated)
ADULT: APPLY Bi/CPAP IF INDICATED (if equipped)
 PLACE SUPRAGLOTTIC AIRWAY IF INDICATED & ONLY IF BVM VENTILATIONS INEFFECTIVE

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ADULT: INTUBATE IF INDICATED
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 & NO SIGNS OF PULMONARY EDEMA
 REPEAT UP TO 60 mL/kg IF SYS BP REMAINS < (70 + 2x age in years) mmHg & NO SIGNS OF PULMONARY EDEMA

FOR ANAPHYLAXIS ONLY (ANAPHYLAXIS FROM SNAKEBITE IS RARE):
ADULT: **EPINEPHRINE 1mg/mL 1:1000 0.5 mg (0.5 mL) IM ANTERIOR/LATERAL THIGH
PEDIATRIC: **EPINEPHRINE 1mg/mL 1:1000, 0.01 mg/kg IM NOT TO EXCEED 0.3 mg IM ANTERIOR/LATERAL THIGH
 OLMC ORDER ONLY FOR EPINEPHRINE IF PT ≥ 50 YEARS OLD, HEART ILLNESS HISTORY, OR BLOOD PRESSURE > 140/90 mmHg

PARAMEDIC

ANTIEMETIC (IF REQUIRED); **ADULT:** ONDANSETRON 4 mg IVP/ODT. MAY REPEAT ONCE IN 10 MINUTES
PEDIATRIC: ONDANSETRON 0.1 mg/kg IVP TO A MAXIMUM SINGLE DOSE OF 4 mg; IF AGE > 2 years, MAY GIVE ONDANSETRON 4 mg ODT

ANALGESIA (IF REQUIRED); OPIOID/OPIATE USE, ADULT MUST HAVE SYS BP ≥ 100 mmHg; PEDIATRIC MUST HAVE SYS BP ≥ (70 + 2x age in years) mmHg
ADULT: FENTANYL 1 mcg/kg SLOW IVP/IM/IN, MAXIMUM DOSE 100 mcg. MAY REPEAT EVERY 10 MINUTES TO MAXIMUM CUMULATIVE DOSE OF 3 mcg/kg or 250 mcg WHICHEVER IS LESSER.
 OR
ADULT: MORPHINE SULFATE 2 - 4 mg SLOW IVP, MAY REPEAT 2 - 4 mg EVERY 5 MINUTES TO A TOTAL OF 10 mg.
 OR
ADULT: HYDROMORPHONE 0.5 - 1 mg SLOW IVP, MAY REPEAT EVERY 10 MINUTES TO MAXIMUM CUMULATIVE DOSE OF 2 mg.
PEDIATRIC: OLMCP ORDER ONLY FOR OPIOID/OPIATE ANALGESIA

SEVERE REACTION/ANAPHYLAXIS SERIOUS DYSPNEA, GI DISTRESS, ANGIOEDEMA, OR SYS BP <100 mmHg ADULT OR < (70 + 2x age in years) mmHg PEDIATRIC
ADULT: **EPINEPHRINE 1mg/mL 1:1000 0.5 mg (0.5 mL) IM ANTERIOR/LATERAL THIGH
PEDIATRIC: **EPINEPHRINE 1mg/mL 1:1000, 0.01 mg/kg IM NOT TO EXCEED 0.3 mg IM ANTERIOR/LATERAL THIGH
IF REFRACTORY ANAPHYLAXIS, ADMINISTER INTRAVASCULAR EPINEPHRINE 1:10,000
ADULT: **EPINEPHRINE 0.1mg/mL 1:10,000 1 mg SLOW IV/IOP (OVER 3 MINUTES)
PEDIATRIC: **EPINEPHRINE 0.1mg/mL 1:10,000, 0.01 mg/kg SLOW IV/IOP (OVER 3 MINUTES) NOT TO EXCEED 0.5 mg
ADULT: MEDICATION ASSISTED INTUBATION IF INDICATED
 CONTINUOUS ASSESSMENT & TREATMENT PER APPLICABLE PROTOCOL(S)