



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. Oxygen administration
4. Bronchodilator for bronchospasm

**8F – BEE/WASP STINGS & FIRE ANT BITES
(HYMENOPTERA ENVENOMATION)
ADULT & PEDIATRIC**

EMD

ADVISE TO USE EPINEPHRINE AUTOINJECTOR IF AVAILABLE
AND PATIENT'S PHYSICIAN HAS PRESCRIBED TO USE
FOR SAME SYMPTOMS

ADVISE TO AVOID PHYSICAL EXERTION
OR ENVIRONMENTAL STRESS (TEMP EXTREMES).
DO NOT MOVE THE PATIENT UNLESS IN DANGER
OPEN AIRWAY IF NOT ALERT AND INEFFECTIVE BREATHING

**EMERGENCY MEDICAL
DISPATCHER**

**EMERGENCY MEDICAL
RESPONDER**

EMT

EMT-INTERMEDIATE 85

ADVANCED EMT

PARAMEDIC

EMR	EMT
<p>GENERAL SUPPORTIVE CARE – REMOVE STINGER(S) WITHOUT SQUEEZING IF STILL EMBEDDED IN SKIN OBTAIN VITAL SIGNS O₂ VIA NC, NRB, OR BVM AS APPROPRIATE APPLY CARDIAC MONITOR (if equipped) ASSIST PT WITH PT'S OWN ALBUTEROL INHALER/NEBULIZER (when applicable)</p> <p style="text-align: center;">EMT OR HIGHER LICENSE: FOR ANAPHYLAXIS ONLY</p> <p>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)</p> <p>ADULT: APPLY Bi/CPAP IF INDICATED (if equipped) ADULT & PEDIATRIC WEIGHT ≥ 15 kg: NEBULIZED ALBUTEROL 5 mg & IPRATROPIUM BROMIDE 0.5 mg PEDIATRIC WEIGHT < 15 kg: NEBULIZED ALBUTEROL 2.5 mg & IPRATROPIUM BROMIDE 0.25 mg MAY REPEAT ALBUTEROL ENROUTE X 2 AS NEEDED</p>	

EMT- I85	AEMT
<p>ADULT: INTUBATE IF INDICATED IV ACCESS</p> <p>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 ADULT: 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</p> <p style="text-align: center;">FOR ANAPHYLAXIS ONLY</p> <p>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 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</p>	

PARAMEDIC
<p>MILD REACTION (RASH, ITCH, HIVES) ANTIHISTAMINE ADULT: DIPHENHYDRAMINE 50 mg IM/IVP PEDIATRIC: DIPHENHYDRAMINE 1 mg/kg IM/IVP TO MAX OF 50 mg</p> <p>MODERATE REACTION (SOB, WHEEZING) ANTIHISTAMINE + BRONCHODILATOR + STEROID DIPHENHYDRAMINE ADMINISTRATION AS IN MILD REACTION & BRONCHODILATOR ADMINISTRATION AS IN EMT ABOVE ADULT: METHYLPREDNISOLONE 125 mg IM/IVP PEDIATRIC: METHYLPREDNISOLONE 2 mg/kg IM/IVP, MAX 125 mg</p> <p>SEVERE REACTION/ANAPHYLAXIS SERIOUS DYSPNEA, GI DISTRESS, ANGIOEDEMA, OR SYS BP < 100 mmHg ADULT OR < (70 + 2x age in years) mmHg PEDIATRIC VASOCONSTRICTOR + ANTIHISTAMINE + BRONCHODILATOR + STEROID 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 NOT TO EXCEED 0.3 mg IM ANTERIOR/LATERAL THIGH DIPHENHYDRAMINE ADMINISTRATION & BRONCHODILATOR ADMINISTRATION AS IN MILD REACTION; STEROID ADMINISTRATION AS ABOVE 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)</p>