



**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



**9E – DIALYSIS-RELATED ISSUES  
 ADULT & PEDIATRIC**

**TREATMENT PRIORITIES:**

1. Circulatory support
  - External bleeding control
  - Hypotension treatment with fluids and/or vasopressors
  - If hyperkalemia, calcium chloride first medication
  - Vascular access precaution: avoid fistulas/graft/shunt
2. Hypoglycemia care

**EMD**

CPR BY EMD INSTRUCTION (if applicable)  
 CONTROL ANY BLEEDING WITH DIRECT PRESSURE  
 ADVISE REST

**EMERGENCY MEDICAL DISPATCHER**

**EMERGENCY MEDICAL RESPONDER**

**EMT**

**EMT-INTERMEDIATE 85**

**ADVANCED EMT**

**PARAMEDIC**

<b>EMR</b>	<b>EMT</b>
<p>GENERAL SUPPORTIVE CARE OBTAIN VS</p> <p><b>DIALYSIS PORT/CATHETER/FISTULA BLEEDING?</b>          DIRECT PRESSURE          HEMOSTATIC AGENT          TOURNIQUET PROXIMAL TO FISTULA IF BLEEDING SEVERE &amp; UNCONTROLLABLE ON EXTREMITY</p> <p><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>	

<b>EMT - I85</b>	<b>AEMT</b>
<p><b>VASCULAR ACCESS?</b>          IN MANY SITUATIONS, DIALYSIS PROFESSIONALS WILL LEAVE CATHETER IN PLACE TO USE AS IV PRN          DO NOT INITIATE IV USING EMS CATHETERS IN FISTULA/GRAFT/SHUNT – VASCULAR DAMAGE CAN OCCUR          USE IO ACCESS IF IV ACCESS UNOBTAINABLE</p> <p><b>SYMPTOMATIC HYPOTENSION?</b>  <b>ADULT &amp; PEDIATRIC:</b> 10 mL/kg (MAX OF 500 mL IF ANURIC) NS IV/IO BOLUS IF NO SIGNS OF PULMONARY EDEMA</p> <p><b>HYPOGLYCEMIA (GLUCOSE &lt;50 mg/dL) - ADULT &amp; PEDIATRIC</b>          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 &amp; IF IO SEEMS EXCESSIVE TO CLINICAL STATUS:          GLUCAGON: IF PT WT ≥25 kg, 1mg IM; &lt;25 kg, 0.5 mg IM  <b>ADULT &amp; PEDIATRIC:</b> REPEAT DETERMINATION OF BLOOD GLUCOSE POST-HYPOGLYCEMIA TREATMENT</p>	

**PARAMEDIC**

**CARDIAC ARREST OR VENTRICULAR DYSRHYTHMIA FROM KNOWN/SUSPECTED HYPERKALEMIA?**  
**ADULT/PEDIATRIC:** CALCIUM CHLORIDE 10 mg/kg IVP/IO (MAX 1 gram) & SODIUM BICARBONATE 1 mEq/kg IVP/IO (MAX 50 mEq)

**CARDIAC ARREST FROM PRE-EXISTING METABOLIC ACIDOSIS?**  
**ADULT/PEDIATRIC:** SODIUM BICARBONATE 1 mEq/kg IVP/IO (MAX 50 mEq)

**SYMPTOMATIC HYPOTENSION WITHOUT IMPROVEMENT AFTER 10 mL/kg IVF (MAX 500 mL IF ANURIC)?**  
**ADULT: PHARMACOLOGIC TREATMENT IF SYS BP < 100 mmHg:**  
 NOREPINEPHRINE 2-4 mcg/min TITRATE TO SYS ≥ 100 mmHg **OR**  
 DOPAMINE 5-20 mcg/kg/min TITRATE TO SYS BP ≥ 100 mmHg  
**PEDIATRIC:** OLMC CONSULT FOR PHARMACOLOGIC TREATMENT

CONTINUOUS ASSESSMENT & TREATMENT PER APPLICABLE PROTOCOL(S)