

TREATMENT PRIORITIES

2. Assessment/Care for life-

4. Splint suspected fractures

5. Analgesia (if required)

6. Appropriate trauma care

destination selection

threatening injuries/shock

1. Hemorrhage control

3. Vital signs

EMS System for Metropolitan Oklahoma City and Tulsa 2025 Medical Control Board Treatment Protocols



Approved 9/04/24, Effective 1/15/25, replaces all prior versions

10G - EXTREMITY/AMPUTATION INJURY **EMERGENCY MEDICAL ADULT & PEDIATRIC DISPATCHER EMERGENCY MEDICAL RESPONDER EMD** DO NOT MOVE THE PATIENT UNLESS IN DANGER

STABILIZE HEAD AND NECK IN POSITION FOUND OPEN AIRWAY IF NOT ALERT & INEFFECTIVE BREATHING CONTROL BLEEDING ONLY IF SERIOUS DO NOT ATTEMPT TO SPLINT INJURIES

ADVANCED EMT

EMT

EMT-INTERMEDIATE 85

PARAMEDIC

EMR EMT

TRAUMA AND HYPOVOLEMIC SHOCK SUPPORTIVE CARE SPINAL "STABILIZATION" - DO NOT APPLY SPINAL "TRACTION" DURING MOTION RESTRICTION OR IMMOBILIZATION (if applicable) APPLY TOURNIQUET FOR HEMORRHAGE UNCONTROLLED BY DIRECT PRESSURE PER PROTOCOL 10H - TOURNIQUET **OBTAIN VITAL SIGNS**

O2 VIA NC, NRB AS APPROPRIATE

SPLINT SUSPECTED FRACTURES INCLUDING JOINT ABOVE AND BELOW AREA OF INJURY COVER AMPUTATED ANATOMY WITH SALINE-MOISTENED GAUZE PLACE AMPUTATED ANATOMY IN A CLEAN PLASTIC BAG

PLACE AMPUTATED ANATOMY OVER ICE, AVOIDING DIRECT CONTACT OF AMPUTATED ANATOMY WITH ICE STABILIZE IMPALED OBJECTS APPLY CARDIAC MONITOR (if equipped)

> **EMT-185 AEMT**

> > IV ACCESS (IO IF INDICATED)

IV ACCESS (IO IF INDICATED) (TWO LINES IF POSSIBLE)

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

PARAMEDIC

ANALGESIA (IF REQUIRED)

FOR 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.

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: FENTANYL 1 mcg/kg SLOW IVP/IM/IN, MAXIMUM DOSE 50 mcg

OLMCP CONSULT IF FURTHER ANALGESIA REQUIRED

CONTINUOUS ASSESSMENT & TREATMENT PER APPLICABLE PROTOCOL(S)