

# 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

#### TREATMENT PRIORITIES

- 1 Personal safety
- 2. Patient safety
- 3. USAR (OK TF1) if needed
- 4. Vital signs
- 5. Hospital notification of concern regarding trunk/ limb circulation compromise
- 6. OLMCP consult on treatment plan prior to crush release (if > 2hours crush)
- 7. Hyperkalemia prophylaxis (If required)

## 10K - CRUSH INJURY SYNDROME **ADULT & PEDIATRIC**

#### **EMD**

DO NOT MOVE THE PATIENT UNLESS IN DANGER CONTROL BLEEDING WITH DIRECT PRESSURE DO NOT ATTEMPT TO SPLINT INJURIES

### **EMERGENCY MEDICAL DISPATCHER**

**EMERGENCY MEDICAL** RESPONDER

**EMT** 

**EMT-INTERMEDIATE 85** 

**ADVANCED EMT** 

**PARAMEDIC** 

**EMR EMT** 

#### PERSONAL & PATIENT SAFETY

MOBILIZATION OF LOCAL FIRE-RESCUE PROFESSIONALS FOR TRAPPED PATIENTS REQUIRING HEAVY/COMPLICATED EXTRICATION MOBILIZATION OF URBAN SEARCH & RESCUE SPECIALIST TEAM IF NUMEROUS TRAPPED PATIENTS/LARGE BUILDING OR TRENCH COLLAPSE (OKLAHOMA TASK FORCE 1 IS BASED & SUPPORTED AT OKLAHOMA CITY FIRE DEPARTMENT & TULSA FIRE DEPARTMENT)

> TRAUMA AND HYPOVOLEMIC SHOCK SUPPORTIVE CARE **OBTAIN VITAL SIGNS**

HISTORY OF ONGOING AND/OR PROLONGED CRUSH MECHANISM ON TRUNK OR PROXIMAL EXTREMITY EVALUATE EXTREMITY FOR "5 Ps" OF COMPARTMENT SYNDROME PER PROTOCOL 10K ECG MONITOR (if equipped)

> **EMT-185 AEMT**

> > IV ACCESS (IO IF INDICATED)

IF CRUSH ≥ 4 HRS IN DURATION:

ADULT: IV NS 1 LITER BOLUS THEN 250 mL/HR RATE IF 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 THEN 5 mL/kg/HR RATE IF NO SIGNS OF PULMONARY EDEMA

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

### **PARAMEDIC**

IF CRUSH ≥ 4 HRS IN DURATION:

JUST PRIOR TO CRUSH MECHANISM REMOVAL. ADMINISTER HYPERKALEMIA PROPHYLAXIS:

IV FLUID HYDRATION AS ABOVE

CALCIUM CHLORIDE 10 mg/kg IVP/IOP (MAX 1 gram)

SODIUM BICARBONATE 1 mEq/kg IVP/IOP (MAX 50 mEq)

#### 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.

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

OLMCP CONSULT FOR TIMING/NEED FOR HYPERKALEMIA PROPHYLAXIS IF CRUSH < 4 HRS IN DURATION OR IF FURTHER ANALGESIA REQUIRED

CONTINUOUS ASSESSMENT & TREATMENT PER APPLICABLE PROTOCOL(S)