



# EMS System for Metropolitan Oklahoma City and Tulsa 2019 Medical Control Board Treatment Protocols



Approved 9/12/18, Effective 1/15/19, replaces all prior versions

## 1C - GENERAL SUPPORTIVE CARE ADULT & PEDIATRIC

**TREATMENT PRIORITIES**

- Assessment:
  - > SCENE SAFETY
  - > PROTECTIVE EQUIPMENT
  - > ABCs unless cardiac arrest
  - > CAB if cardiac arrest
  - > Early vital signs
  - > Get best history possible
- Evaluate/treat underlying medical cause per protocol(s)
- Early transport & ED notification for patients with time sensitive conditions (Resp Failure, STEMI, Stroke)

EMERGENCY MEDICAL DISPATCHER
EMERGENCY MEDICAL RESPONDER
EMT
EMT-INTERMEDIATE 85
ADVANCED EMT
PARAMEDIC

**EMD**

IF CHIEF COMPLAINT IS **MEDICAL** IN NATURE, CHOOSE THE PROTOCOL THAT BEST FITS THE PATIENT'S FOREMOST SYMPTOMS, WITH PRIORITY SYMPTOMS TAKING PRECEDENCE

QUESTIONS TO ADDRESS SCENE SAFETY ISSUES

<b>EMR</b>	<b>EMT</b>
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AIRWAY MANAGEMENT  
SUPPORT OXYGENATION/VENTILATION

OBTAIN VITAL SIGNS

APPLY CARDIAC MONITOR/OBTAIN 12-LEAD ECG (when indicated & if equipped)  
TRANSMIT 12-LEAD ECG TO RECEIVING HOSPITAL  
MONITOR END – TIDAL CO<sub>2</sub> & WAVEFORM CAPNOGRAPHY (when indicated & if equipped, \*\*Mandatory use if pt intubated)

ASSIST PT WITH PT'S OWN MEDICATION IF DIRECTED BY PROTOCOL(S)

DETERMINE BLOOD GLUCOSE/TREAT HYPOGLYCEMIA PER PROTOCOL

<b>EMT-I85</b>	<b>AEMT</b>
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INTUBATE IF INDICATED

IV/IO ACCESS IF INDICATED

FLUID BOLUS AS DIRECTED BY SPECIFIC MEDICAL PROTOCOL(S)

MEDICATION ADMINISTRATION PER SPECIFIC MEDICAL PROTOCOL(S)

**PARAMEDIC**

CONTINUOUS TREATMENT AND ASSESSMENT PER SPECIFIC MEDICAL PROTOCOL(S)

INTERPRETATION OF 12-LEAD ECGS (when indicated & if equipped)

- Clinical Operational Notes (All Field Provider Levels):**
- The practice of EMS medicine is built upon the foundation of "taking medical care to the patient". To achieve this objective, appropriate equipment (airway equipment kit, med/trauma equipment kit, suction device, AED/Cardiac Monitor/Defibrillator, patient packaging equipment) should be brought to the patient's side per Protocol 14J – Scene Coordination to minimize critical treatment delays.
  - Minimize active movement on the patient's part in settings of suspected myocardial ischemia, stroke, and dyspnea. Move and package the patient for transport with safety considerations for all involved.