



EMS System for Metropolitan Oklahoma City and Tulsa 2026 Medical Control Board Treatment Protocols



Approved 9/17/25, Effective 1/15/26, replaces all prior versions

1C - GENERAL SUPPORTIVE CARE ADULT & PEDIATRIC

TREATMENT PRIORITIES

1. Assessment:
 - > SCENE SAFETY
 - > PROTECTIVE EQUIPMENT
 - > ABCs unless cardiac arrest
 - > CAB if cardiac arrest
 - > Early vital signs
 - > Get best history possible
2. Evaluate/treat underlying medical cause per protocol(s)
3. 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

EMR

EMT

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 CO₂ & 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

EMT-I85

AEMT

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):

1. 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.
2. 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.
3. Maximum pediatric medication dosing equals standard adult dosing.