



EMS System for Metropolitan Oklahoma City and Tulsa

2026 Medical Control Board Treatment Protocols



EMS SECTION

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

Treatment Priorities

1. SAFETY, SAFETY, SAFETY

2. Hemorrhage control

3. Assessment/Care for life threatening injuries/shock

4. Vital signs

5. Analgesia (if required)

6. Appropriate trauma care destination selection

10P- BLAST INJURY

Adult & Pediatric

EMERGENCY MEDICAL DISPATCHER

EMERGENCY MEDICAL RESPONDER

EMT

EMT-INTERMEDIATE 85

ADVANCED EMT

PARAMEDIC

EMD

OBTAIN AVAILABLE SCENE HAZARD INFORMATION FOR RESPONDER SAFETY

DO NOT MOVE PATIENTS UNLESS IN DANGER

STABILIZE HEAD AND NECK IN POSITION FOUND

OPEN AIRWAY IF NOT ALERT & INEFFECTIVE BREATHING

CONTROL BLEEDING BY DIRECT PRESSURE

EMR

EMT

SCENE SAFETY CONSIDERATIONS – FLAMMABLE ENVIRONMENT? TERRORISM CAUSE – SECONDARY DEVICES?

MASS CASUALTY INCIDENT MANAGEMENT/TRAUMA AND HYPOVOLEMIC SHOCK SUPPORTIVE CARE

EXPECT HEARING DIFFICULTY/DEAFNESS IN PATIENTS DUE TO PRIMARY BLAST INJURY OF RUPTURED EAR TYMPANUM

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-I85

AEMT

IV ACCESS (IO IF INDICATED)

IV ACCESS (IO IF INDICATED) ESTABLISH 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

CONTINUOUS ASSESSMENT & TREATMENT PER APPLICABLE PROTOCOL

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: KETAMINE 0.3 mg/kg UP TO A MAX OF 30 mg in 100 mL NS INFUSED OVER 10 MINUTES.

KETAMINE 50 mg IN BREATH ACTUATED NEBULIZER (ADD NS TO MAKE TOTAL VOLUME 5 mL), OXYGEN ON 6-8 LPM

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