EMS System for Metropolitan Oklahoma City and Tulsa
2027 Medical Control Board Treatment Protocols

Approved 9/2/26, Effective 1/15/27, 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
O^2 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 & TREATENT PER APPLICAL 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 IV/IO UP TO A MAX OF 30 mg in 100 mL NS INFUSED OVER 10 MINUTES;
May repeat once at 0.15 mg/kg IV/IO MAX of 20 mg in 100 mL NS Infused over 15 minutes
KETAMINE 0.3 mg/kg UP TO MAX of 30 mg IN BREATH ACTUATED NEBULIZER (ADD NS TO MAKE TOTAL VOLUME 5 mL), OXYGEN ON 6-8 LPM. May repeat once at 0.15 mg/kg UP TO MAX of 20 mg IN BREATH ACTUATED NEBULIZER (ADD NS TO MAKE TOTAL VOLUME 5 mL)

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