



# EMS System for Metropolitan Oklahoma City and Tulsa 2021 Medical Control Board Treatment Protocols



Approved 9/9/20, Effective 1/15/21, replaces all prior versions

**TREATMENT PRIORITIES**  
 1. Early cooling therapy  
 2. Vital signs  
 3. Fluid resuscitation

## 11A - HEAT ILLNESS ADULT & PEDIATRIC

**EMD**

REMOVE ANY SOURCES OF HEAT.  
 REMOVE OUTER CLOTHING.  
 APPLY COOL WATER TO ENTIRE SKIN SURFACE WHILE FANNING.  
 TURN ON AN AIR CONDITIONER OR FAN.

<b>EMERGENCY MEDICAL DISPATCHER</b>
<b>EMERGENCY MEDICAL RESPONDER</b>
<b>EMT</b>
<b>EMT-INTERMEDIATE 85</b>
<b>ADVANCED EMT</b>
<b>PARAMEDIC</b>

<b>EMR</b>	<b>EMT</b>
<p><b>GENERAL SUPPORTIVE CARE</b>          REMOVE FROM HOT ENVIRONMENT          COOL BODY INCLUDING HEAD WITH WATER OR SALINE          APPLY ICE PACKS TO GROIN, NECK, AXILLA          DIRECT FAN ON PATIENT TO PROMOTE EVAPORATIVE COOLING/AVOID SHIVERING          OBTAIN VITAL SIGNS          O<sub>2</sub> VIA NC, NRB, OR BVM AS APPROPRIATE          APPLY CARDIAC MONITOR (if equipped)</p> <p><b>EMT OR HIGHER LICENSE:</b>          MEASURE END – TIDAL CO<sub>2</sub> &amp; MONITOR WAVEFORM CAPNOGRAPHY (if equipped, **Mandatory use if pt intubated)          PLACE SUPRAGLOTTIC AIRWAY IF INDICATED &amp; ONLY IF BVM VENTILATIONS INEFFECTIVE</p>	

<b>EMT-I85</b>	<b>AEMT</b>
<p><b>ADULT: INTUBATE IF INDICATED</b></p> <p>IV ACCESS  <b>ADULT: IV NS 500 mL BOLUS IF NO SIGNS OF PULMONARY EDEMA.</b>          USE CHILLED NS (when available) IF HEAT STROKE SUSPECTED  <b>ADULT: REPEAT UP TO 2 LITERS NS IF FATIGUE, ALTERED MENTAL STATUS, &amp;/OR HYPOTENSION &lt; 100 mmHg PERSISTS IF NO SIGNS OF PULMONARY EDEMA</b></p> <p><b>PEDIATRIC: IV NS 20 mL/kg BOLUS IF NO SIGNS OF PULMONARY EDEMA</b>  <b>PEDIATRIC: REPEAT UP TO 60 mL/kg IF FATIGUE, ALTERED MENTAL STATUS, &amp;/OR HYPOTENSION &lt; (70 + 2x age in years) mmHg PERSISTS IF NO SIGNS OF PULMONARY EDEMA</b></p>	

<b>PARAMEDIC</b>
<p><b>ADULT: MEDICATION ASSISTED INTUBATION IF INDICATED</b></p> <p><b>ADULT: MIDAZOLAM 0.1 mg/kg IM/IVP/IN/IOP TO MAX OF 5 mg FOR ACTIVE SEIZURE. MAY REPEAT X 1 IN 5 MINS IF STILL SEIZING.</b>  <b>OR</b>  <b>ADULT: DIAZEPAM 5 mg IVP/IOP or 10 mg IM FOR ACTIVE SEIZURE. MAY REPEAT X 1 IN 5 MINS IF STILL SEIZING.</b>  <b>OR</b>  <b>ADULT: LORAZEPAM 2 mg IVP/IOP/IM FOR ACTIVE SEIZURE. MAY REPEAT X 1 IN 10 MINS IF STILL SEIZING.</b></p> <p><b>PEDIATRIC: MIDAZOLAM 0.1 mg/kg IM/IVP/IN/IOP TO MAX OF 5 mg FOR ACTIVE SEIZURE. MAY REPEAT X 1 IN 5 MINS IF STILL SEIZING.</b>  <b>OR</b>  <b>PEDIATRIC: DIAZEPAM 0.1 mg/kg TO MAX OF 5 mg IVP/IOP/IM FOR ACTIVE SEIZURE. MAY REPEAT X 1 IN 5 MINS IF STILL SEIZING.</b>  <b>OR</b>  <b>PEDIATRIC: LORAZEPAM 0.1 mg/kg TO MAX OF 2 mg IVP/IOP/IM FOR ACTIVE SEIZURE. MAY REPEAT X 1 IN 10 MINS IF STILL SEIZING.</b></p> <p>OLMCP CONSULT IF SEIZURE CONTINUES DESPITE ABOVE TREATMENT          CONTINUOUS ASSESSMENT &amp; TREATMENT PER APPLICABLE PROTOCOL(S)</p>