



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

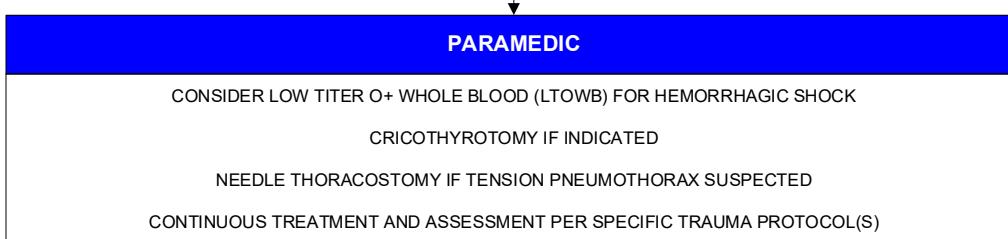
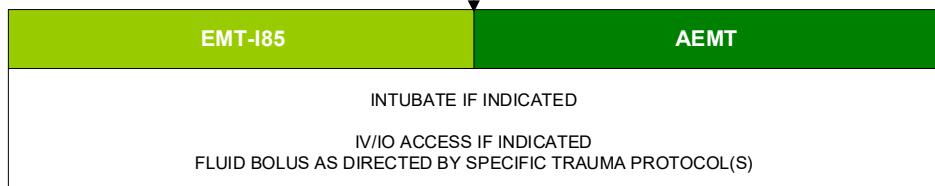
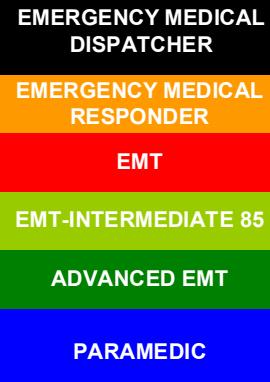
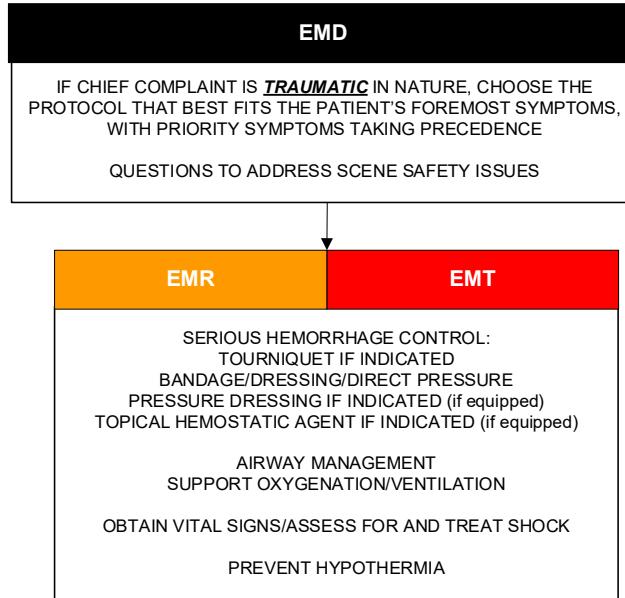


Approved 9/17/25, Effective 1/15/26, replaces all prior versions

## 1D - TRAUMA AND HYPOVOLEMIC SHOCK SUPPORTIVE CARE ADULT & PEDIATRIC

**TREATMENT PRIORITIES**

1. Assessment:
  - SCENE SAFETY
  - PROTECTIVE EQUIPMENT
  - Primary Survey
  - "Trauma Alert" to receiving ED if indicated
  - Secondary Survey (when appropriate)
2. Primary Survey Care:
  - Control major bleeding
  - Open airway
  - Seal "sucking" chest wound(s)
  - Needle thoracostomy for closed chest tension pneumothorax
3. Minimize scene time in critical case.
4. Enroute Care:
  - Reassess all primary care
  - Support oxygenation/ventilation
  - Vascular access
  - Secondary Survey (if able)
  - Keep patient warm/avoid hypothermia
5. Hospital per destination protocol..



1. Clinical Operational Note (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, patient packaging equipment) should be brought to the patient's side per Protocol 14J – Scene Coordination to minimize critical treatment delays.

2. Maximum pediatric medication dosing equals standard adult dosing.