



EMS System for Metropolitan Oklahoma City and Tulsa 2024 Medical Control Board Treatment Protocols



Approved 11/08/23, Effective 1/15/24, replaces all prior versions

13D – COMPLICATIONS OF PREGNANCY ADULT & PEDIATRIC

TREATMENT PRIORITIES

1. Vital Signs
2. Dextrose for hypoglycemia
3. Magnesium for eclampsia

EMD

ADVISE TO AVOID PHYSICAL EXERTION
OR ENVIRONMENTAL STRESS (TEMP EXTREMES).

**EMERGENCY MEDICAL
DISPATCHER**

**EMERGENCY MEDICAL
RESPONDER**

EMT

EMT-INTERMEDIATE 85

ADVANCED EMT

PARAMEDIC

EMR	EMT
<p>GENERAL SUPPORTIVE CARE OBTAIN VITAL SIGNS O₂ VIA NC or NRB AS INDICATED APPLY CARDIAC MONITOR/OBTAIN 12-LEAD ECG (if equipped) TRANSMIT 12-LEAD ECG TO RECEIVING EMERGENCY DEPARTMENT</p> <p>DETERMINE BLOOD GLUCOSE HYPOGLYCEMIA CARE: IF GLUCOSE <50 mg/dL, 1 tube ORAL GLUCOSE (15 grams) PO</p>	

EMT-I85	AEMT
<p>IV ACCESS HYPOGLYCEMIA (GLUCOSE <50 mg/dL) D10 IVPB WIDE OPEN UP TO 250 mL OR D25 IV/IO UP TO 100 mL OR D50 IV/IO UP TO 50 mL IF NO VASCULAR ACCESS OBTAINED & IF IO SEEMS EXCESSIVE TO CLINICAL STATUS: GLUCAGON: 1mg IM REPEAT DETERMINATION OF BLOOD GLUCOSE POST-HYPOGLYCEMIA TREATMENT</p>	

PARAMEDIC

ECLAMPSIA: MAGNESIUM SULFATE 1 gram IVP/IO/IM
MAY REPEAT EVERY 2-3 MINUTES UNTIL SEIZURE ABATES
MAXIMUM CUMULATIVE DOSE IS 4 grams