



EMS System for Metropolitan Oklahoma City and Tulsa 2025 Medical Control Board Treatment Protocols



Approved 9/04/24, Effective 1/15/25, 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 I/PB 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/IOP/IM
MAY REPEAT EVERY 2-3 MINUTES UNTIL SEIZURE ABATES
MAXIMUM CUMULATIVE DOSE IS 4 grams