



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

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

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

DETERMINE BLOOD GLUCOSE
HYPOGLYCEMIA CARE:

IF GLUCOSE <50 mg/dL, 1 tube ORAL GLUCOSE (15 grams) PO

EMT-I85

AEMT

IV ACCESS

HYPOGLYCEMIA (GLUCOSE <50 mg/dL)

D10 IV/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

PARAMEDIC

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