



EMS System for Metropolitan Oklahoma City and Tulsa 2020 Medical Control Board Treatment Protocols



Approved 9/11/19, Effective 1/15/20, 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 O ₂ 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 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	

PARAMEDIC

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