



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

2B - AIRWAY ESTABLISHMENT / OBSTRUCTION MANAGEMENT ADULT & PEDIATRIC

TREATMENT PRIORITIES

1. Remove obstruction
2. Oxygenation/Ventilation support
3. NGT/OGT with iGel or intubation

EMD

VERIFY IF PATIENT IS CHOKING
AVOID BACK SLAPS
ENCOURAGE COUGHING AND BREATHING EFFORTS
INSTRUCT CALLER IN HEIMLICH MANEUVER IF INDICATED

EMERGENCY MEDICAL DISPATCHER

EMERGENCY MEDICAL RESPONDER

EMT

EMT-INTERMEDIATE 85

ADVANCED EMT

PARAMEDIC

EMR

EMT

GENERAL SUPPORTIVE CARE

ADULTS: HEIMLICH MANEUVER OR ABDOMINAL THRUSTS IF SUPINE
(CHEST COMPRESSIONS IF PREGNANT OR MORBID OBESITY)
PEDIATRIC: HEIMLICH MANEUVER OR ABDOMINAL THRUSTS IF SUPINE
(CHEST COMPRESSIONS IF < 1 YR OLD)

OBTAIN VITAL SIGNS
O₂ VIA NC, NRB, OR BVM AS APPROPRIATE
APPLY CARDIAC MONITOR (if equipped)

EMT OR HIGHER LICENSE:

MEASURE END – TIDAL CO₂ & MONITOR WAVEFORM CAPNOGRAPHY (if equipped, **Mandatory use if pt intubated)
PLACE SUPRAGLOTTIC AIRWAY IF INDICATED & ONLY IF BVM VENTILATIONS INEFFECTIVE

EMT- I85

AEMT

DIRECT LARYNGOSCOPY & REMOVAL OF FOREIGN BODY

ADULT: INTUBATE IF INDICATED

IV ACCESS (IF NEEDED)

PARAMEDIC

ADULT: MEDICATION ASSISTED INTUBATION IF INDICATED
ADULT: CRICOTHYROTOMY FOR COMPLETE, INTRACTABLE OBSTRUCTION
PEDIATRIC: PT > 6 YRS OLD, CRICOTHYROTOMY FOR COMPLETE, INTRACTABLE OBSTRUCTION
CONTINUOUS ASSESSMENT & TREATMENT PER APPLICABLE PROTOCOL(S)
CONSULT OLMC IF AIRWAY OBSTRUCTION PERSISTS DESPITE ABOVE MEASURES