



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



EMS SECTION

Approved 9/11/19, Effective 1/15/20, replaces all prior versions

1C - GENERAL SUPPORTIVE CARE ADULT & PEDIATRIC

TREATMENT PRIORITIES

- Assessment:
 - > SCENE SAFETY
 - > PROTECTIVE EQUIPMENT
 - > ABCs unless cardiac arrest
 - > CAB if cardiac arrest
 - > Early vital signs
 - > Get best history possible
- Evaluate/treat underlying medical cause per protocol(s)
- Early transport & ED notification for patients with time sensitive conditions (Resp Failure, STEMI, Stroke)

EMERGENCY MEDICAL DISPATCHER
EMERGENCY MEDICAL RESPONDER
EMT
EMT-INTERMEDIATE 85
ADVANCED EMT
PARAMEDIC

EMD

IF CHIEF COMPLAINT IS **MEDICAL** IN NATURE, CHOOSE THE PROTOCOL THAT BEST FITS THE PATIENT'S FOREMOST SYMPTOMS, WITH PRIORITY SYMPTOMS TAKING PRECEDENCE

QUESTIONS TO ADDRESS SCENE SAFETY ISSUES

EMR	EMT
AIRWAY MANAGEMENT SUPPORT OXYGENATION/VENTILATION OBTAIN VITAL SIGNS APPLY CARDIAC MONITOR/OBTAIN 12-LEAD ECG (when indicated & if equipped) TRANSMIT 12-LEAD ECG TO RECEIVING HOSPITAL MONITOR END – TIDAL CO ₂ & WAVEFORM CAPNOGRAPHY (when indicated & if equipped, **Mandatory use if pt intubated) ASSIST PT WITH PT'S OWN MEDICATION IF DIRECTED BY PROTOCOL(S) DETERMINE BLOOD GLUCOSE/TREAT HYPOGLYCEMIA PER PROTOCOL	

EMT-185	AEMT
INTUBATE IF INDICATED IV/IO ACCESS IF INDICATED FLUID BOLUS AS DIRECTED BY SPECIFIC MEDICAL PROTOCOL(S) MEDICATION ADMINISTRATION PER SPECIFIC MEDICAL PROTOCOL(S)	

PARAMEDIC

CONTINUOUS TREATMENT AND ASSESSMENT PER SPECIFIC MEDICAL PROTOCOL(S)
INTERPRETATION OF 12-LEAD ECGS (when indicated & if equipped)

- Clinical Operational Notes (All Field Provider Levels):**
- The practice of EMS medicine is built upon the foundation of "taking medical care to the patient". To achieve this objective, appropriate equipment (airway equipment kit, med/trauma equipment kit, suction device, AED/Cardiac Monitor/Defibrillator, patient packaging equipment) should be brought to the patient's side per Protocol 14J – Scene Coordination to minimize critical treatment delays.
 - Minimize active movement on the patient's part in settings of suspected myocardial ischemia, stroke, and dyspnea. Move and package the patient for transport with safety considerations for all involved.
 - Maximum pediatric medication dosing equals standard adult dosing.