



# EMS System for Metropolitan Oklahoma City and Tulsa 2021 Medical Control Board Treatment Protocols



Approved 9/9/20, Effective 1/15/21, replaces all prior versions

## 3A – RESPIRATORY ARREST ADULT & PEDIATRIC

**EMD**

CPR BY EMD INSTRUCTION

**EMERGENCY MEDICAL  
DISPATCHER**

**EMERGENCY MEDICAL  
RESPONDER**

**EMT**

**EMT-INTERMEDIATE 85**

**ADVANCED EMT**

**PARAMEDIC**

### TREATMENT PRIORITIES

1. Airway patency
2. Oxygenation/Ventilation
3. Vital signs
4. Dextrose for hypoglycemia
5. Naloxone for narcotic/opiate overdose

**EMR**

**EMT**

ESTABLISH AIRWAY PATENCY (POSITIONING, OPA, NPA)  
O<sub>2</sub> VIA BVM AS APPROPRIATE  
GENERAL SUPPORTIVE CARE  
OBTAIN VITAL SIGNS  
DETERMINE BLOOD GLUCOSE  
APPLY CARDIAC MONITOR/OBTAIN 12-LEAD ECG (if equipped)  
TRANSMIT 12-LEAD ECG TO RECEIVING EMERGENCY DEPARTMENT

**TOXINS/DRUG OVERDOSE – SUSPECTED NARCOTIC/OPIATE – APNEIC**  
**ADULT:** NALOXONE 2 mg IN, MAY REPEAT ONCE  
**PEDIATRIC:** NALOXONE 0.5 mg IN, MAY REPEAT TO MAX OF 2 mg  
USE NALOXONE TO RESTORE EFFECTIVE BREATHING; AVOID EXCESSIVE DOSING TO PREVENT WITHDRAWAL

**EMT OR HIGHER LICENSE:**  
MEASURE END-TIDAL CO<sub>2</sub> & MONITOR WAVEFORM CAPNOGRAPHY (if equipped, \*\*Mandatory use if pt intubated)  
PLACE SUPRAGLOTTIC AIRWAY IF INDICATED & ONLY IF BVM VENTILATIONS INEFFECTIVE

**EMT-185**

**AEMT**

**ADULT:** INTUBATE IF INDICATED PER APPLICABLE PROTOCOLS  
DO NOT INTUBATE PATIENTS WITH RAPIDLY REVERSIBLE RESP ARREST ETIOLOGY (e.g. NARCOTIC/OPIATE OVERDOSE)

IV/IO ACCESS  
**ADULT:** IV NS TKO IF SYS BP ≥ 100 mmHg WITHOUT HYPOTENSIVE SYMPTOMS  
**ADULT:** IV NS 250 mL BOLUS IF SYS BP < 100 mmHg WITH HYPOTENSIVE SYMPTOMS & NO SIGNS OF PULMONARY EDEMA,  
**ADULT:** REPEAT UP TO 2 LITERS NS IF SYS BP REMAINS < 100 mmHg WITH HYPOTENSIVE SYMPTOMS & NO SIGNS OF PULMONARY EDEMA  
**PEDIATRIC:** IV NS TKO IF SYS BP ≥ (70 + 2x age in years) mmHg  
**PEDIATRIC:** IV NS 20 mL/kg BOLUS IF SYS BP < (70 + 2x age in years) mmHg IF NO SIGNS OF PULMONARY EDEMA

**HYPOGLYCEMIA (GLUCOSE <50 mg/dL) - ADULT & PEDIATRIC**  
D10 5 mL/kg IVPB WIDE OPEN UP TO 250 mL OR  
D25 2 mL/kg IV/IO UP TO 100 mL (must be ≥ 1 year of age) OR D50 1 mL/kg IV/IO UP TO 50 mL (must be ≥ 25 kg)  
IF NO VASCULAR ACCESS OBTAINED & IF IO SEEMS EXCESSIVE TO CLINICAL STATUS:  
GLUCAGON: IF PT WT ≥25 kg, 1mg IM; <25 kg, 0.5 mg IM  
**ADULT & PEDIATRIC:** REPEAT DETERMINATION OF BLOOD GLUCOSE POST-HYPOGLYCEMIA TREATMENT

**ADVANCED EMT OR HIGHER LICENSE:**  
**TOXINS/DRUG OVERDOSE – SUSPECTED NARCOTIC/OPIATE – APNEIC**  
**ADULT:** NALOXONE 2 mg IVP/IOP/IN, MAY REPEAT ONCE  
**PEDIATRIC:** NALOXONE 0.5 mg IVP/IOP/IN, MAY REPEAT TO MAX OF 2 mg  
USE NALOXONE TO RESTORE EFFECTIVE BREATHING; AVOID EXCESSIVE DOSING TO PREVENT WITHDRAWAL

**PARAMEDIC**

**ADULT:** MEDICATION-ASSISTED INTUBATION IF INDICATED PER PROTOCOL 2G  
CONTINUOUS ASSESSMENT & TREATMENT OF SUSPECTED RESP ARREST ETIOLOGY PER APPLICABLE PROTOCOL(S)