



# 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

### 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  
(BVM prior to administration of Naloxone)
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

ADDRESS OXYGENATION AND VENTILATION (SPO<sub>2</sub> GOAL ≥ 94%) BEFORE ADMINISTERING NALOXONE

**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-I85

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/IO/IN, MAY REPEAT ONCE

PEDIATRIC: NALOXONE 0.5 mg IVP/IO/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)