



# EMS System for Metropolitan Oklahoma City and Tulsa 2026 Medical Control Board Treatment Protocols



**EMS SECTION**

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**

**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)