



EMS System for Metropolitan Oklahoma City and Tulsa 2025 Medical Control Board Treatment Protocols



Approved 9/04/24, Effective 1/15/25, replaces all prior versions

- TREATMENT PRIORITIES**
- Vital signs (including EtCO₂, if equipped)
 - Oxygenation support
 - O₂ by NC, NRB
 - BVM, Bi/CPAP, ETT if indicated
 - Ventilation support
 - BVM, Bi/CPAP, ETT if indicated
 - Nebulization therapy
 - Albuterol, Ipratropium bromide

3C – DYSPNEA – ASTHMA ADULT & PEDIATRIC

EMD

ADVISE TO AVOID PHYSICAL EXERTION OR ENVIRONMENTAL STRESS (TEMP EXTREMES).
ADVISE PT SELF-ADMINISTRATION OF MEDICATIONS (eg. ALBUTEROL INHALER)
AS PREVIOUSLY PRESCRIBED FOR ASTHMA SYMPTOMS

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

EMR	EMT
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GENERAL SUPPORTIVE CARE
OBTAIN VITAL SIGNS
O₂ VIA NC, NRB, OR BVM AS APPROPRIATE
APPLY CARDIAC MONITOR (if equipped)
ASSIST PT WITH PT'S OWN ALBUTEROL INHALER/NEBULIZER (when applicable)

EMT OR HIGHER LICENSE:
MEASURE END-TIDAL CO₂ & MONITOR WAVEFORM CAPNOGRAPHY (if equipped, **Mandatory use if pt intubated)
ADULT: APPLY Bi/CPAP IF INDICATED (if equipped)

ADULT & PEDIATRIC WEIGHT ≥15kg: NEBULIZED ALBUTEROL 5 mg OR LEVALBUTEROL 2.5 mg & IPRATROPIUM BROMIDE 0.5 mg
PEDIATRIC WEIGHT <15kg: NEBULIZED ALBUTEROL 2.5 mg OR LEVALBUTEROL 1.25 mg & IPRATROPIUM BROMIDE 0.25 mg
MAY REPEAT ALBUTEROL OR LEVALBUTEROL ENROUTE X 2 AS NEEDED

FOR SEVERE ASTHMA REFRACTORY TO NEBULIZATION:
ADULT: EPINEPHRINE 1mg/mL (1:1000) 0.3 mg (0.3 mL) AUTOINJECTOR INTRAMUSCULAR INJECTION IN THIGH
PEDIATRIC: EPINEPHRINE 1mg/mL (1:1000) 0.15 mg (0.15 mL) AUTOINJECTOR INTRAMUSCULAR INJECTION IN THIGH
OLMC ORDER ONLY FOR EPINEPHRINE IF PT ≥50 YEARS OLD, HEART ILLNESS HISTORY, OR BLOOD PRESSURE >140/90 mmHg

PLACE SUPRAGLOTTIC AIRWAY IF INDICATED & ONLY IF BVM VENTILATIONS INEFFECTIVE

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ADULT: INTUBATE IF INDICATED PER APPLICABLE PROTOCOLS

IV 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

AEMT OR HIGHER LICENSE:
FOR SEVERE ASTHMA REFRACTORY TO NEBULIZATION:
ADULT: EPINEPHRINE 1mg/mL (1:1000) at 0.3 mg (0.3 mL) IM
PEDIATRIC: EPINEPHRINE 1mg/mL (1:1000) at 0.01 mg/kg (0.01 mL/kg) NOT TO EXCEED 0.3 mg (0.3 mL) IM
OLMC CONSULT FOR EPINEPHRINE IF PT ≥50 YEARS OLD, HEART ILLNESS HISTORY, OR BLOOD PRESSURE >140/90 mmHg

PARAMEDIC

ADULT: METHYLPREDNISOLONE 125 mg IVP OR DEXAMETHASONE 10 mg IVP, MAY GIVE IM IF NO VASCULAR ACCESS OBTAINED.
PEDIATRIC: METHYLPREDNISOLONE 2 mg/kg NOT TO EXCEED 125 mg IVP OR DEXAMETHASONE 0.6 mg/kg NOT TO EXCEED 10 mg IVP
MAY GIVE IM IF NO VASCULAR ACCESS OBTAINED.

ADULT: MAGNESIUM SULFATE 1 gram VERY SLOW IVP OVER 10 MINS
AVOID/STOP IF HYPOTENSION OR KNOWN RENAL FAILURE
ADULT: MEDICATION-ASSISTED INTUBATION IF INDICATED PER PROTOCOL 2G
CONTINUOUS ASSESSMENT & TREATMENT PER APPLICABLE PROTOCOL(S)