



# EMS System for Metropolitan Oklahoma City and Tulsa 2024 Medical Control Board Treatment Protocols



Approved 11/08/23, Effective 1/15/24, replaces all prior versions

## 3D – DYSPNEA – CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) ADULT

- TREATMENT PRIORITIES**
1. Vital signs  
(including EtCO<sub>2</sub>, if equipped)
  2. Oxygenation support
    - O<sub>2</sub> by NC, NRB
    - BVM, Bi/CPAP, ETT if indicated
  3. Ventilation support
    - BVM, Bi/CPAP, ETT if indicated
  4. Nebulization therapy
    - Albuterol, Ipratropium bromide

**EMD**

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

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

<b>EMR</b>	<b>EMT</b>
<p>GENERAL SUPPORTIVE CARE OBTAIN VITAL SIGNS O<sub>2</sub> VIA NC, NRB, OR BVM AS APPROPRIATE APPLY CARDIAC MONITOR/OBTAIN 12-LEAD ECG (if equipped) TRANSMIT 12-LEAD ECG TO RECEIVING EMERGENCY DEPARTMENT ASSIST PT WITH PT'S OWN ALBUTEROL INHALER/NEBULIZER (when applicable)</p> <p><b>EMT OR HIGHER LICENSE:</b> MEASURE END-TIDAL CO<sub>2</sub> &amp; MONITOR WAVEFORM CAPNOGRAPHY (if equipped) APPLY Bi/CPAP IF INDICATED (if equipped) NEBULIZED ALBUTEROL 5 mg OR LEVALBUTEROL 2.5 mg &amp; IPRATROPIUM BROMIDE 0.5 mg MAY REPEAT ALBUTEROL OR LEVALBUTEROL ENROUTE X 2 AS NEEDED PLACE SUPRAGLOTTIC AIRWAY IF INDICATED &amp; ONLY IF BVM VENTILATIONS INEFFECTIVE</p>	

<b>EMT-185</b>	<b>AEMT</b>
<p>INTUBATE IF INDICATED PER APPLICABLE PROTOCOLS</p> <p>IV ACCESS IV NS TKO IF SYS BP ≥ 100 mmHg WITHOUT HYPOTENSIVE SYMPTOMS IV NS 250 mL BOLUS IF SYS BP &lt;100 mmHg WITH HYPOTENSIVE SYMPTOMS &amp; NO SIGNS OF PULMONARY EDEMA, REPEAT UP TO 2 LITERS NS IF SYS BP REMAINS &lt; 100 mmHg WITH HYPOTENSIVE SYMPTOMS &amp; NO SIGNS OF PULMONARY EDEMA</p>	

**PARAMEDIC**

METHYLPREDNISOLONE 125 mg IVP OR DEXAMETHASONE 10 mg IVP,  
MAY GIVE IM IF NO VASCULAR ACCESS OBTAINED.

MEDICATION-ASSISTED INTUBATION IF INDICATED PER PROTOCOL 2G  
CONTINUOUS ASSESSMENT & TREATMENT PER APPLICABLE PROTOCOL(S)