



EMS System for Metropolitan Oklahoma City and Tulsa 2025 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

- 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

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

EMR	EMT
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GENERAL SUPPORTIVE CARE
OBTAIN VITAL SIGNS
O₂ 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)

EMT OR HIGHER LICENSE:
MEASURE END-TIDAL CO₂ & MONITOR WAVEFORM CAPNOGRAPHY (if equipped)
APPLY Bi/CPAP IF INDICATED (if equipped)
NEBULIZED ALBUTEROL 5 mg OR LEVALBUTEROL 2.5 mg & IPRATROPIUM BROMIDE 0.5 mg
MAY REPEAT ALBUTEROL OR LEVALBUTEROL ENROUTE X 2 AS NEEDED
PLACE SUPRAGLOTTIC AIRWAY IF INDICATED & ONLY IF BVM VENTILATIONS INEFFECTIVE

EMT-185	AEMT
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INTUBATE IF INDICATED PER APPLICABLE PROTOCOLS

IV ACCESS
IV NS TKO IF SYS BP ≥ 100 mmHg WITHOUT HYPOTENSIVE SYMPTOMS
IV NS 250 mL BOLUS IF SYS BP <100 mmHg WITH HYPOTENSIVE SYMPTOMS & NO SIGNS OF PULMONARY EDEMA,
REPEAT UP TO 2 LITERS NS IF SYS BP REMAINS < 100 mmHg WITH HYPOTENSIVE SYMPTOMS & NO SIGNS OF PULMONARY EDEMA

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)