



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



EMS SECTION

4A - RESUSCITATION (CPR) ADULT & PEDIATRIC

- TREATMENT PRIORITIES:**
- Circulatory support
 - Apply ResQCPR® within 2 minutes
 - Chest compression rate 80/min ResQCPR®
 - Chest compression rate 110/min standard CPR
 - Appropriate compression depth & full recoil
 - Limit pauses in compressions
 - Timely defibrillation (if indicated)
 - Utilize Res-Q-Pod®
 - Oxygenation/Ventilation support
 - Avoid hyperventilation in rate & volume
 - Use waveform capnography (if equipped)
 - **Mandatory use if patient intubated

EMD
CPR BY EMD INSTRUCTION

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

EMR	EMT
<p>POSITION PATIENT FOR EFFECTIVE RESUSCITATION. FOR ADULT NONTRAUMATIC CARDIAC ARREST ONLY: CHEST COMPRESSIONS AT 80/MINUTE USING ResQCPR® CHEST COMPRESSIONS AT 110 COMPRESSIONS/MINUTE USING HANDS ONLY USE METRONOME THROUGHOUT TO GUIDE COMPRESSION RATE LIMIT PAUSES IN CHEST COMPRESSIONS – AVOID PAUSES WHENEVER PHYSICALLY POSSIBLE.</p> <p>APPLY AED (OR MANUAL DEFIBRILLATION PADS IF PARAMEDIC PRESENT) PLACE PADS ANTERIOR-POSTERIOR.</p> <p>IF CARDIAC ARREST DURATION ESTIMATED > 4 MINS AND WITHOUT GOOD QUALITY BYSTANDER CPR, PERFORM CPR FOR 2 MINUTES PRIOR TO AED/RHYTHM ANALYSIS FOR DEFIBRILLATION DETERMINATION.</p> <p>IF CARDIAC ARREST DURATION ESTIMATED ≤ 4 MINS, IMMEDIATE AED/RHYTHM ANALYSIS FOR DEFIBRILLATION DETERMINATION.</p> <p>ADULT: 110 COMPRESSIONS/MINUTE WITH 8-10 VENTILATIONS/MINUTE WITHOUT PAUSE IN COMPRESSIONS. ATTACH RES-Q-POD® TO BVM.</p> <p>PEDIATRIC: 15 COMPRESSION : 2 VENTILATION CYCLES WITH 110 COMPRESSIONS/MINUTE RATE ASYNCHRONOUS 10 VENTILATIONS AND 110 COMPRESSIONS PER MINUTE IF ADVANCED AIRWAY IN PLACE ATTACH ResQPOD® TO BVM IF PT ≥ 12 YEARS OF AGE AND ESTIMATED WEIGHT ≥ 50 kg.</p> <p>FOLLOW AED PROMPTS FOR RHYTHM ANALYSIS & DEFIBRILLATION IF INDICATED (USING 2015 AHA STANDARDS). AFTER AED SHOCK (IF APPLICABLE), IMMEDIATELY RESUME CPR FOR 2 MINUTES. IF NO AED SHOCK ADVISED, IMMEDIATELY RESUME CPR FOR 2 MINUTES.</p> <p>EMT OR HIGHER LICENSE ONLY: PLACE SUPRAGLOTTIC AIRWAY IF INDICATED & ONLY IF BVM VENTILATIONS INEFFECTIVE. IF RETURN OF SPONTANEOUS CIRCULATION, REFER TO PROTOCOL 4J – POST CARDIAC ARREST TREATMENT</p> <p>AT 20 MINS OF RESUSCITATIVE MEASURES (IF APPLICABLE): CONTACT OLMC FOR TERMINATION OF RESUSCITATION CONSULTATION (IF APPLICABLE PER PROTOCOL 4K - TERMINATION OF RESUSCITATION)</p>	

EMT-I85	AEMT
<p>ADULT: INTUBATE AFTER CPR INITIATED – FIRST ATTEMPT WITHOUT PAUSE IN COMPRESSIONS LIMIT INTUBATION COMPRESSION PAUSE TO MAXIMUM OF 10 SECONDS</p> <p>IV / IO ACCESS</p>	

PARAMEDIC
<p>ASSESS FOR UNDERLYING ETIOLOGY OF CARDIAC ARREST & TREAT PER APPLICABLE PROTOCOL(S) RHYTHM ANALYSIS AT NEXT APPROPRIATE RHYTHM CHECK LIMIT RHYTHM ANALYSIS COMPRESSION PAUSE TO MAXIMUM OF 5 SECONDS RHYTHM SPECIFIC MANAGEMENT PER APPLICABLE PROTOCOL(S) 4F – 4H</p>