



# EMS System for Metropolitan Oklahoma City and Tulsa 2019 Medical Control Board Treatment Protocols



Approved 9/12/18, Effective 1/15/19, 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

### TREATMENT PRIORITIES

1. Airway patency
2. Oxygenation/Ventilation
3. Vital signs
4. Dextrose for hypoglycemia
5. Naloxone for narcotic/opiate overdose

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**

**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-185

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  $\geq$  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  $\geq$  (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

**ADULT & PEDIATRIC WEIGHT  $\geq$  25 kg HYPOGLYCEMIA CARE:**

IF GLUCOSE  $<$  50 mg/dL, D50 1 mL/kg IVP UP TO 50 mL OR D10 25 grams in 250 mL of NS IVPB WIDE OPEN UP TO 250 mL

GLUCAGON 1 mg IM IF NO VASCULAR ACCESS OBTAINED

**PEDIATRIC WEIGHT  $<$  25 kg HYPOGLYCEMIA CARE:**

IF GLUCOSE  $<$  50 mg/dL, D25 2 mL/kg IVP UP TO 50 mL OR D10 25 grams in 250 mL of NS IVPB WIDE OPEN UP TO 125 mL

GLUCAGON 0.5 mg IM IF NO VASCULAR ACCESS OBTAINED

**ADULT & PEDIATRIC:** REPEAT DETERMINATION OF BLOOD GLUCOSE POST-DEXTROSE 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)