



# 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

## 4I - SPECIFIC CAUSES OF CARDIAC ARREST ADULT & PEDIATRIC

### TREATMENT PRIORITIES:

1. Circulatory support
  - Apply ResQCPR® within 2 minutes
  - Chest compression rate 80/min ResQCPR®
  - Chest compression rate 110/min
  - Appropriate compression depth & full recoil
  - Limit pauses in compressions
  - Timely defibrillation (if indicated)
  - Utilize Res-Q-Pod®
  - If hyperkalemia, calcium chloride first medication
2. Oxygenation/Ventilation support
  - Avoid hyperventilation in rate & volume
  - Use waveform capnography (if equipped)
 \*\*Mandatory use if patient intubated

EMERGENCY MEDICAL  
DISPATCHER

EMERGENCY MEDICAL  
RESPONDER

EMT

EMT-INTERMEDIATE 85

ADVANCED EMT

PARAMEDIC

EMR

EMT

FIND POSSIBLE CAUSES OF CARDIOPULMONARY ARREST & TREAT WHERE APPROPRIATE:

**HYPOXIA** – OXYGENATION/VENTILATION WITH 100% O2  
**HYPOKALEMIA** – RAPID TRANSPORT  
**PRE-EXISTING ACIDOSIS** – OXYGENATION/VENTILATION WITH 100% O2  
**PRE-EXISTING HYPOTHERMIA** (PROLONGED COLD EXPOSURE) – REWARM PATIENT  
**CARDIAC TAMPONADE** – RAPID TRANSPORT  
**THROMBOSIS (AMI OR PE)** – RAPID TRANSPORT  
**TRAUMA** – SEE APPROPRIATE TRAUMA PROTOCOLS  
**TOXINS/DRUG OVERDOSE – SUSPECTED NARCOTIC/OPIATE**  
**ADULT:** NALOXONE 2 mg IN, MAY REPEAT ONCE  
**PEDIATRIC:** NALOXONE 0.5 mg IN, MAY REPEAT ONCE

EMT-I85

AEMT

FIND POSSIBLE CAUSES OF CARDIOPULMONARY ARREST & TREAT WHERE APPROPRIATE:

**HYPOVOLEMIA**  
**ADULT:** 1 LITER NS IV/IO BOLUS IF NO SIGNS OF PULMONARY EDEMA  
**PEDIATRIC:** 20 mL/kg NS IV/IO BOLUS IF NO SIGNS OF PULMONARY EDEMA  
**HYPOGLYCEMIA** (GLUCOSE <50 mg/dL) - **ADULT & PEDIATRIC**  
 D10 5 mL/kg IVPB WIDE OPEN UP TO 250 mL OR  
 D25 2 mL/kg IV/IO UP TO 100 mL (must be ≥ 1 year of age) OR  
 D50 1 mL/kg IV/IO UP TO 50 mL (must be ≥ 25 kg)  
**CARDIAC TAMPONADE**  
**ADULT:** 500 mL NS IV/IO BOLUS IF NO SIGNS OF PULMONARY EDEMA  
**PEDIATRIC:** 10 mL/kg NS IV/IO BOLUS IF NO SIGNS OF PULMONARY EDEMA  
**ADVANCED EMT OR HIGHER LICENSE:**  
**TOXINS/DRUG OVERDOSE – SUSPECTED NARCOTIC/OPIATE**  
**ADULT:** NALOXONE 2 mg IVP/IO, MAY REPEAT ONCE  
**PEDIATRIC:** NALOXONE 0.5 mg IVP/IO, MAY REPEAT ONCE

PARAMEDIC

FIND POSSIBLE CAUSES OF CARDIOPULMONARY ARREST & TREAT WHERE APPROPRIATE:

**HYPERKALEMIA** – CALCIUM CHLORIDE 10 mg/kg IVP/IO (MAX 1 gram) & SODIUM BICARBONATE 1 mEq/kg IVP/IO (MAX 50 mEq)  
**TOXINS/DRUG OVERDOSE – SUSPECTED TRICYCLIC ANTIDEPRESSANT** - SODIUM BICARBONATE 1 mEq/kg IVP/IO (MAX 50 mEq)  
**TOXINS/DRUG OVERDOSE – SUSPECTED BETA BLOCKERS**  
**ADULT:** GLUCAGON 1 mg IVP/IO  
**PEDIATRIC:** GLUCAGON 0.5 mg IVP/IO  
**TOXINS/DRUG OVERDOSE – SUSPECTED CALCIUM CHANNEL BLOCKERS** - CALCIUM CHLORIDE 10 mg/kg IVP/IO (MAX 1 gram)  
**TENSION PNEUMOTHORAX** – NEEDLE THORACOSTOMY (CHEST DECOMPRESSION)