



EMS System for Metropolitan Oklahoma City and Tulsa 2026 Medical Control Board Treatment Protocols



Approved 9/17/25, Effective 1/15/26, replaces all prior versions

4J - POST CARDIAC ARREST TREATMENT ADULT & PEDIATRIC

TREATMENT PRIORITIES

1. Support oxygenation/ventilation. Avoid hyperventilation. Avoid hyperoxemia (when possible).
2. Identify & treat underlying cause of cardiopulmonary arrest.
3. Achieve systolic blood pressure ≥ 100 mmHg (Adult) using cold saline and / or vasopressor infusion.
4. Initiate therapeutic induced hypothermia (if applicable – receiving hospital must have capability for same).

INCLUSION CRITERIA FOR INDUCTION OF HYPOTHERMIA

- AGE ≥ 18 YEARS OF AGE
- RETURN OF SPONTANEOUS CIRCULATION
- NON-TRAUMATIC CARDIAC ARREST
- SUPRAGLOTTIC OR INTUBATION AIRWAY IN PLACE
- NO PURPOSEFUL RESPONSE TO PAIN

EMERGENCY MEDICAL DISPATCHER

EMERGENCY MEDICAL RESPONDER

EMT

ADVANCED EMT

PARAMEDIC

EMR

EMT

GENERAL SUPPORTIVE CARE

OBTAINT VITAL SIGNS

O₂ NRB or BVM AS APPLICABLE

APPLY CARDIAC MONITOR/OBTAINT 12-LEAD ECG (if equipped))

TRANSMIT 12-LEAD ECG TO RECEIVING EMERGENCY DEPARTMENT

IF PATIENT MEETS CRITERIA FOR INDUCED HYPOTHERMIA:

EXPOSE PATIENT AND COVER WITH SHEET

PACK AXILLA AND GROIN WITH ICE/COLD PACKS

EMT OR HIGHER LICENSE ONLY:

MEASURE END-TIDAL CO₂ & MONITOR WAVEFORM CAPNOGRAPHY (if equipped, ** Mandatory use if patient intubated))

PLACE SUPRAGLOTTIC AIRWAY ONLY IF INDICATED & BVM VENTILATIONS INEFFECTIVE

EMT-I85

AEMT

ADULT: INTUBATE IF INDICATED

IV/IO ACCESS

IF PATIENT MEETS CRITERIA FOR INDUCED HYPOTHERMIA:

IV/IO COLD (4 DEGREE CELSIUS) NS 30 mL/kg BOLUS UP TO 1 LITER IF NO SIGNS OF PULMONARY EDEMA

PARAMEDIC

ADULT: MEDICATION ASSISTED INTUBATION IF INDICATED
INTERPRET ECG/12-LEAD ECG – TREAT PER PROTOCOL 5C - ACUTE CORONARY SYNDROME AND/OR DYSRHYTHMIA PROTOCOL(S) AS APPLICABLE

ADULT: ACHIEVE SYSTOLIC BLOOD PRESSURE MINIMUM OF 100 mmHg

IV FLUID: NS BOLUS (MAY USE COLD SALINE) UP TO 1 LITER TO ACHIEVE SYS BP ≥ 100 mmHg IF NO SIGNS OF PULMONARY EDEMA

NOREPINEPHRINE 2-4 mcg/min IVPB/IOPB IF IV FLUID INEFFECTIVE OR CONTRAINDICATED

OR

DOPAMINE 10-20 mcg/min IVPB/IOPB IF IV FLUID INEFFECTIVE OR CONTRAINDICATED

PEDIATRIC: ACHIEVE MINIMUM SYSTOLIC BLOOD PRESSURE OF (70 + 2 x age in years) mmHg

IV FLUID: NS BOLUS OF 20 mL/kg UP TO 60 mL/kg IF NO SIGNS OF PULMONARY EDEMA

OLMC CONSULT FOR PHARMACOLOGIC TREATMENT IF IV FLUID INEFFECTIVE OR CONTRAINDICATED

IF PATIENT MEETS CRITERIA FOR INDUCED HYPOTHERMIA:

SHIVERING CONTROL: MIDAZOLAM 0.1 mg/kg IVPB/IOP MAXIMUM DOSE 5 mg

CONTINUOUS ASSESSMENT & TREATMENT PER APPLICABLE PROTOCOL(S)