



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

TREATMENT PRIORITIES
 1. Safety of self
 2. Safety of public safety professionals
 3. Safety of patient
 4. Continuity of resuscitation

4L- INTRA-ARREST WAKEFULNESS ADULT

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

EMR	EMT
<p>ASSIST IN PHYSICAL CONTROL OF PATIENT, INCLUDING APPLYING PHYSICAL RESTRAINTS ANY RESTRAINT(S) SHOULD MINIMIZE ANY DETRIMENT TO RESPIRATORY OR PERFUSION MECHANICS</p> <p>USE ADEQUATE NUMBERS OF PUBLIC SAFETY PROFESSIONALS TO MINIMIZE RISK OF INJURY TO SELF AND OTHERS</p> <p>SPEAK CALMLY TO PATIENT WITH REASSURANCE THAT HELP IS BEING PROVIDED</p> <p>CONTINUE RESUSCITATION CARE PER APPLICABLE PROTOCOLS</p>	

EMT-I85	AEMT
<p>IV/IO ACCESS DO NOT RISK SELF INJURY WITH NEEDLESTICK IN IV ACCESS IF PT COMBATIVE</p>	

PARAMEDIC
<p>CHEMICAL RESTRAINT:</p> <p>ALL PATIENTS REQUIRING CHEMICAL RESTRAINT ARE TO BE PHYSICALLY RESTRAINED AS WELL</p> <p>ADULT: MIDAZOLAM 0.1 mg/kg IVP/IO TO MAX OF 5 mg. MAY REPEAT ONCE. OR ADULT: DIAZEPAM 5 mg IVP/IO IF MIDAZOLAM NOT AVAILABLE. MAY REPEAT ONCE. OR ADULT: LORAZEPAM 2 mg IVP/IO IF MIDAZOLAM NOT AVAILABLE. MAY REPEAT ONCE. (MIDAZOLAM STRONGLY PREFERRED DUE TO MOST RAPID ONSET OF ACTION OF BENZODIAZEPINE OPTIONS)</p> <p>CONTINUOUS ASSESSMENT & TREATMENT PER APPLICABLE PROTOCOL(S)</p>