



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

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

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

PARAMEDIC
CHEMICAL RESTRAINT: ALL PATIENTS REQUIRING CHEMICAL RESTRAINT ARE TO BE PHYSICALLY RESTRAINED AS WELL 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) CONTINUOUS ASSESSMENT & TREATMENT PER APPLICABLE PROTOCOL(S)