



EMS System for Metropolitan Oklahoma City and Tulsa 2020 Medical Control Board Treatment Protocols



Approved 9/11/19, Effective 1/15/20, 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
<p>FIND POSSIBLE CAUSES OF CARDIOPULMONARY ARREST & TREAT WHERE APPROPRIATE:</p> <p>HYPOXIA – OXYGENATION/VENTILATION WITH 100% O₂</p> <p>HYPOKALEMIA – RAPID TRANSPORT</p> <p>PRE-EXISTING ACIDOSIS – OXYGENATION/VENTILATION WITH 100% O₂</p> <p>PRE-EXISTING HYPOTHERMIA (PROLONGED COLD EXPOSURE) – REWARM PATIENT</p> <p>CARDIAC TAMPONADE – RAPID TRANSPORT</p> <p>THROMBOSIS (AMI OR PE) – RAPID TRANSPORT</p> <p>TRAUMA – SEE APPROPRIATE TRAUMA PROTOCOLS</p> <p>TOXINS/DRUG OVERDOSE – SUSPECTED NARCOTIC/OPIATE</p> <p>ADULT: NALOXONE 2 mg IN, MAY REPEAT ONCE</p> <p>PEDIATRIC: NALOXONE 0.5 mg IN, MAY REPEAT ONCE</p>	

EMT-I85	AEMT
<p>FIND POSSIBLE CAUSES OF CARDIOPULMONARY ARREST & TREAT WHERE APPROPRIATE:</p> <p>HYPOVOLEMIA</p> <p>ADULT: 1 LITER NS IV/IO BOLUS IF NO SIGNS OF PULMONARY EDEMA</p> <p>PEDIATRIC: 20 mL/kg NS IV/IO BOLUS IF NO SIGNS OF PULMONARY EDEMA</p> <p>HYPOGLYCEMIA (GLUCOSE <50 mg/dL) - ADULT & PEDIATRIC</p> <p>D10 5 mL/kg IVPB WIDE OPEN UP TO 250 mL OR</p> <p>D25 2 mL/kg IV/IO UP TO 100 mL (must be ≥ 1 year of age) OR</p> <p>D50 1 mL/kg IV/IO UP TO 50 mL (must be ≥ 25 kg)</p> <p>CARDIAC TAMPONADE</p> <p>ADULT: 500 mL NS IV/IO BOLUS IF NO SIGNS OF PULMONARY EDEMA</p> <p>PEDIATRIC: 10 mL/kg NS IV/IO BOLUS IF NO SIGNS OF PULMONARY EDEMA</p> <p>ADVANCED EMT OR HIGHER LICENSE:</p> <p>TOXINS/DRUG OVERDOSE – SUSPECTED NARCOTIC/OPIATE</p> <p>ADULT: NALOXONE 2 mg IVP/IO, MAY REPEAT ONCE</p> <p>PEDIATRIC: NALOXONE 0.5 mg IVP/IO, MAY REPEAT ONCE</p>	

PARAMEDIC
<p>FIND POSSIBLE CAUSES OF CARDIOPULMONARY ARREST & TREAT WHERE APPROPRIATE:</p> <p>HYPERKALEMIA – CALCIUM CHLORIDE 10 mg/kg IVP/IO (MAX 1 gram) & SODIUM BICARBONATE 1 mEq/kg IVP/IO (MAX 50 mEq)</p> <p>PRE-EXISTING ACIDOSIS - SODIUM BICARBONATE 1 mEq/kg IVP/IO (MAX 50 mEq)</p> <p>TOXINS/DRUG OVERDOSE – SUSPECTED TRICYCLIC ANTIDEPRESSANT - SODIUM BICARBONATE 1 mEq/kg IVP/IO (MAX 50 mEq)</p> <p>TOXINS/DRUG OVERDOSE – SUSPECTED BETA BLOCKERS</p> <p>ADULT: GLUCAGON 1 mg IVP/IO</p> <p>PEDIATRIC: GLUCAGON 0.5 mg IVP/IO</p> <p>TOXINS/DRUG OVERDOSE – SUSPECTED CALCIUM CHANNEL BLOCKERS - CALCIUM CHLORIDE 10 mg/kg IVP/IO (MAX 1 gram)</p> <p>TENSION PNEUMOTHORAX – NEEDLE THORACOSTOMY (CHEST DECOMPRESSION)</p>