



EMS System for Metropolitan Oklahoma City and Tulsa 2019 Medical Control Board Treatment Protocols



Approved 9/12/18, Effective 1/15/19, replaces all prior versions

4I - SPECIFIC CAUSES OF CARDIAC ARREST ADULT & PEDIATRIC

TREATMENT PRIORITIES:

1. Circulatory support
 - Apply ResQ CPR® within 2 minutes
 - Chest compression rate 80/min ResQ CPR®
 - 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:

HYPVOLEMIA
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
ADULT & PEDIATRIC WEIGHT ≥25 kg: IF GLUCOSE <50 mg/dL D50 1 mL/kg IVP/IO UP TO 50 mL
PEDIATRIC WEIGHT <25 kg: IF GLUCOSE <50 mg/dL D25 2 mL/kg IVP/IO UP TO 50 mL
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)
PRE-EXISTING ACIDOSIS – 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)