

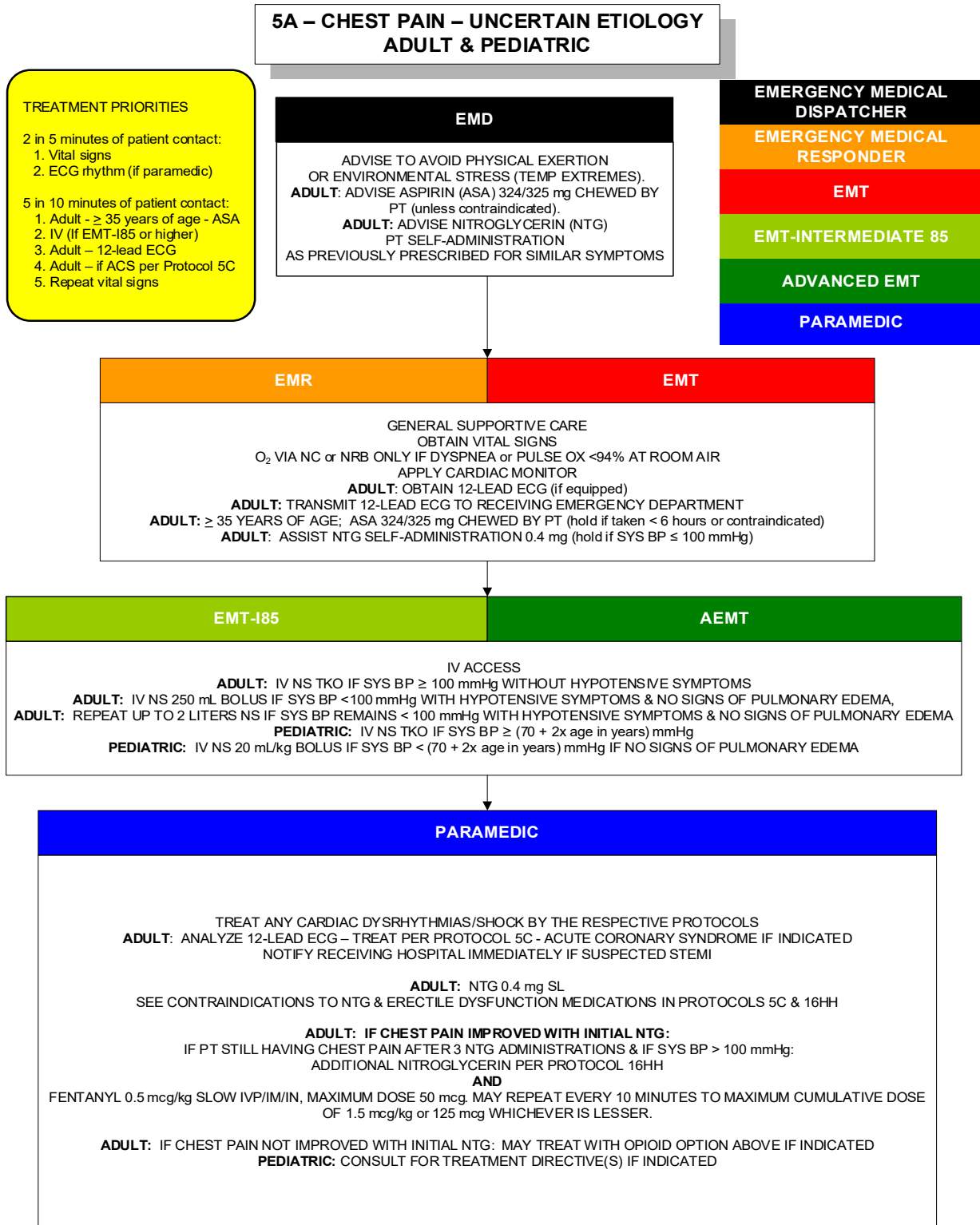


# EMS System for Metropolitan Oklahoma City and Tulsa 2024 Medical Control Board Treatment Protocols



**EMS SECTION**

Approved 11/08/23, Effective 1/15/24, replaces all prior versions



**EMR**

**EMT**

GENERAL SUPPORTIVE CARE  
OBTAIN VITAL SIGNS  
O<sub>2</sub> VIA NC or NRB ONLY IF DYSPNEA or PULSE OX  $< 94\%$  AT ROOM AIR  
APPLY CARDIAC MONITOR  
**ADULT:** OBTAIN 12-LEAD ECG (if equipped)  
**ADULT:** TRANSMIT 12-LEAD ECG TO RECEIVING EMERGENCY DEPARTMENT  
**ADULT:**  $\geq 35$  YEARS OF AGE; ASA 324/325 mg CHEWED BY PT (hold if taken  $< 6$  hours or contraindicated)  
**ADULT:** ASSIST NTG SELF-ADMINISTRATION 0.4 mg (hold if SYS BP  $\leq 100$  mmHg)

**EMT-I85**

**AEMT**

IV ACCESS  
**ADULT:** IV NS TKO IF SYS BP  $\geq 100$  mmHg WITHOUT HYPOTENSIVE SYMPTOMS  
**ADULT:** IV NS 250 mL BOLUS IF SYS BP  $< 100$  mmHg WITH HYPOTENSIVE SYMPTOMS & NO SIGNS OF PULMONARY EDEMA.  
**ADULT:** REPEAT UP TO 2 LITERS NS IF SYS BP REMAINS  $< 100$  mmHg WITH HYPOTENSIVE SYMPTOMS & NO SIGNS OF PULMONARY EDEMA  
**PEDIATRIC:** IV NS TKO IF SYS BP  $\geq (70 + 2x \text{ age in years})$  mmHg  
**PEDIATRIC:** IV NS 20 mL/kg BOLUS IF SYS BP  $< (70 + 2x \text{ age in years})$  mmHg IF NO SIGNS OF PULMONARY EDEMA

**PARAMEDIC**

TREAT ANY CARDIAC DYSRHYTHMIAS/SHOCK BY THE RESPECTIVE PROTOCOLS  
**ADULT:** ANALYZE 12-LEAD ECG – TREAT PER PROTOCOL 5C - ACUTE CORONARY SYNDROME IF INDICATED  
NOTIFY RECEIVING HOSPITAL IMMEDIATELY IF SUSPECTED STEMI  
**ADULT:** NTG 0.4 mg SL  
SEE CONTRAINDICATIONS TO NTG & ERECTILE DYSFUNCTION MEDICATIONS IN PROTOCOLS 5C & 16HH  
**ADULT: IF CHEST PAIN IMPROVED WITH INITIAL NTG:**  
IF PT STILL HAVING CHEST PAIN AFTER 3 NTG ADMINISTRATIONS & IF SYS BP  $> 100$  mmHg:  
ADDITIONAL NITROGLYCERIN PER PROTOCOL 16HH  
**AND**  
FENTANYL 0.5 mcg/kg SLOW IVP/IM/IN, MAXIMUM DOSE 50 mcg. MAY REPEAT EVERY 10 MINUTES TO MAXIMUM CUMULATIVE DOSE OF 1.5 mcg/kg or 125 mcg WHICHEVER IS LESSER.  
**ADULT:** IF CHEST PAIN NOT IMPROVED WITH INITIAL NTG: MAY TREAT WITH OPIOID OPTION ABOVE IF INDICATED  
**PEDIATRIC:** CONSULT FOR TREATMENT DIRECTIVE(S) IF INDICATED