



EMS System for Metropolitan Oklahoma City and Tulsa 2021 Medical Control Board Treatment Protocols



Approved 9/9/20, Effective 1/15/21, replaces all prior versions

TREATMENT PRIORITIES

- Vital signs
- O₂
- Dextrose for hypoglycemia
- Benzodiazepine for sustained, active seizure (refer to 6D Seizure if applicable)

Evaluate differential diagnosis of AMS & treat per protocol(s):

- Hypoxemia (Shock)
- Head Injury
- Stroke
- Seizure
- Infection (Sepsis/Meningitis)
- Medication/Alcohol
- Heat or Cold Illness

6B - ALTERED MENTAL STATUS ADULT & PEDIATRIC

EMD

KEEP PATIENT FREE FROM INJURY HAZARDS
AVOID PLACING ANYTHING IN MOUTH
PLACE IN RECOVERY POSITION POST SEIZURE

EMR	EMT
<p>GENERAL SUPPORTIVE CARE & OBTAIN VITAL SIGNS O₂ VIA NC, NRB, OR BVM AS APPROPRIATE</p> <p>TOXINS/DRUG OVERDOSE – SUSPECTED NARCOTIC/OPIATE APNEIC/AGONALLY BREATHING ADULT: NALOXONE 2 mg IN, MAY REPEAT ONCE PEDIATRIC: NALOXONE 0.5 mg IN, MAY REPEAT TO MAX OF 2 mg</p> <p>INEFFECTIVE BREATHING ACTIVITY ADULT & PEDIATRIC: NALOXONE 0.5 mg IN, MAY REPEAT TO MAX OF 2 mg USE NALOXONE TO RESTORE EFFECTIVE BREATHING; AVOID EXCESSIVE DOSING TO PREVENT WITHDRAWAL</p> <p>DETERMINE BLOOD GLUCOSE FOR PATIENT ABLE TO SWALLOW ADULT & PEDIATRIC WEIGHT ≥25 kg HYPOGLYCEMIA CARE: IF GLUCOSE <50 mg/dL, 1 tube ORAL GLUCOSE (15 grams) PO PEDIATRIC WEIGHT <25kg HYPOGLYCEMIA CARE: IF GLUCOSE <50 mg/dL, ½ tube ORAL GLUCOSE (7.5 grams) PO</p> <p>APPLY CARDIAC MONITOR (if equipped) EMT OR HIGHER LICENSE: MEASURE END-TIDAL CO₂ & MONITOR WAVEFORM CAPNOGRAPHY (if equipped, **Mandatory use if pt intubated) PLACE SUPRAGLOTTIC AIRWAY IF INDICATED & ONLY IF BVM VENTILATIONS INEFFECTIVE</p>	

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

EMT-I85	AEMT
<p>IV ACCESS ADULT: IV NS TKO IF SYS BP ≥ 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 ≥ (70 + 2x age in years) mmHg PEDIATRIC: IV NS 20 mL/kg BOLUS IF SYS BP < (70 + 2x age in years) mmHg IF NO SIGNS OF PULMONARY EDEMA</p> <p>HYPOGLYCEMIA (GLUCOSE <50 mg/dL) - ADULT & PEDIATRIC D10 5 mL/kg IVPB WIDE OPEN UP TO 250 mL OR D25 2 mL/kg IV/IO UP TO 100 mL (must be ≥ 1 year of age) OR D50 1 mL/kg IV/IO UP TO 50 mL (must be ≥ 25 kg) IF NO VASCULAR ACCESS OBTAINED & IF IO SEEMS EXCESSIVE TO CLINICAL STATUS: GLUCAGON: IF PT WT ≥25 kg, 1mg IM; <25 kg, 0.5 mg IM ADULT & PEDIATRIC: REPEAT DETERMINATION OF BLOOD GLUCOSE POST-HYPOGLYCEMIA TREATMENT</p> <p>ADULT: INTUBATE IF INDICATED; DO NOT INTUBATE PATIENTS WITH RAPIDLY REVERSIBLE ETIOLOGY (eg. HYPOGLYCEMIA, OPIATES)</p> <p>ADVANCED EMT OR HIGHER LICENSE: TOXINS/DRUG OVERDOSE – SUSPECTED NARCOTIC/OPIATE – APNEIC/AGONALLY BREATHING ADULT: NALOXONE 2 mg IVP/IO/IN, MAY REPEAT ONCE PEDIATRIC: NALOXONE 0.5 mg IVP/IO/IN, MAY REPEAT TO MAX OF 2 mg</p> <p>TOXINS/DRUG OVERDOSE – SUSPECTED NARCOTIC/OPIATE – INEFFECTIVE BREATHING ACTIVITY ADULT & PEDIATRIC: NALOXONE 0.5 mg IVP/IO/IN, MAY REPEAT TO MAX OF 2 mg USE NALOXONE TO RESTORE EFFECTIVE BREATHING; AVOID EXCESSIVE DOSING TO PREVENT WITHDRAWAL</p>	

PARAMEDIC
<p>ADULT: MEDICATION-ASSISTED INTUBATION IF INDICATED CONTINUOUS ASSESSMENT & TREATMENT OF SUSPECTED AMS ETIOLOGY PER APPLICABLE PROTOCOL(S) CONSULT OLMC IF ABOVE TREATMENT INEFFECTIVE FOR HYPOGLYCEMIA OR NARCOTIC/OPIATE ETIOLOGY CONSULT OLMC IF UNCERTAIN OF ETIOLOGY AND TREATMENT PLAN OF AMS</p>