



# 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. Vital signs	
2. O <sub>2</sub>	
3. Dextrose for hypoglycemia	
4. Benzodiazepine for sustained, active seizure (refer to 6D Seizure if applicable)	
5. BVM prior to administration of Naloxone	
Evaluate differential diagnosis of AMS & treat per protocol(s):	
o Hypoxemia (Shock)	
o Head Injury	
o Stroke	
o Seizure	
o Infection (Sepsis/ Meningitis)	
o Medication/Alcohol	
o 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

GENERAL SUPPORTIVE CARE & OBTAIN VITAL SIGNS  
O<sub>2</sub> VIA NC, NRB, OR BVM AS APPROPRIATE

#### TOXINS/DRUG OVERDOSE – SUSPECTED NARCOTIC/OPIATE

ADDRESS OXYGENATION AND VENTILATION (SPO<sub>2</sub> GOAL  $\geq$  94%) BEFORE ADMINISTERING NALOXONE  
APNEIC/AGONALLY BREATHING

ADULT: NALOXONE 2 mg IN, MAY REPEAT ONCE

PEDIATRIC: NALOXONE 0.5 mg IN, MAY REPEAT TO MAX OF 2 mg

#### 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

DETERMINE BLOOD GLUCOSE  
FOR PATIENT ABLE TO SWALLOW

ADULT & PEDIATRIC WEIGHT  $\geq$  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, 1/2 tube ORAL GLUCOSE (7.5 grams) PO

APPLY CARDIAC MONITOR (if equipped)

#### EMT OR HIGHER LICENSE:

MEASURE END-TIDAL CO<sub>2</sub> & MONITOR WAVEFORM CAPNOGRAPHY

(if equipped, \*\*Mandatory use if pt intubated)

PLACE SUPRAGLOTTIC AIRWAY IF INDICATED &

ONLY IF BVM VENTILATIONS INEFFECTIVE

### 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 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

#### 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  $\geq$  1 year of age) OR D50 1 mL/kg IV/IO UP TO 50 mL (must be  $\geq$  25 kg)

IF NO VASCULAR ACCESS OBTAINED & IF IO SEEMS EXCESSIVE TO CLINICAL STATUS:

GLUCAGON: IF PT WT  $\geq$  25 kg, 1mg IM; <25 kg, 0.5 mg IM

ADULT & PEDIATRIC: REPEAT DETERMINATION OF BLOOD GLUCOSE POST-HYPOGLYCEMIA TREATMENT

ADULT: INTUBATE IF INDICATED; DO NOT INTUBATE PATIENTS WITH RAPIDLY REVERSIBLE ETIOLOGY (eg. HYPOGLYCEMIA, OPIATES)

#### 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

#### 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

### PARAMEDIC

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