



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



EMS SECTION

Treatment Priorities

1. Vital Signs
2. O2
3. Dextrose for hypoglycemia
4. Benzodiazepine for sustained active seizure

6D – Seizure

Adult & Pediatric

EMERGENCY MEDICAL DISPATCHER

EMERGENCY MEDICAL RESPONDER

EMT

EMT-INTERMEDIATE 85

ADVANCED EMT

PARAMEDIC

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
O₂ VIA NC OR NRB AS APPROPRIATE
APPLY CARDIAC MONITOR (if equipped)

EMT OR HIGHER LICENSE:

MEASURE ENT-TIDAL CO₂ & MONITOR WAVEFORM CAPNOGRAPHY (if equipped, **Mandatory use if pt intubated)

EMT-I85

AEMT

Adult: IV NS TKO IF SYS BP \geq 100 mmHg WITHOUT HYPOTENSIVE SYMPTOMS

ADULT: IV 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 20 mL/kg BOLUS IF SYS BP < (70 + 2X age in years) mmHg

HYPGLYCEMIA (GLUCOSE <50 mg/dl) – ADULT & PEDIATRIC

D10 5 mL/kg IVPB WIDE OPEN UP TO 250 mL OR

D25 2MI/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 25kg, 1mg IM; <25 kg, 0.5 mg IM

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

PARAMEDIC

EVALUATE FOR OTHER ALTERED MENTAL STATUS ETIOLOGIES. TREAT PER APPROPRIATE PROTOCOL(S)

ADULT: MIDAZOLAM 0.1 mg/kg IM/IV/P/OP TO MAX OF 5 mg FOR ACTIVE SEIZURE. MAY REPEAT X 1 IN 5 MINS IF STILL SEIZING.

ADULT: DIAZEPAM 5 mg IVP/IO OR 10 mg IM FOR ACTIVE SEIZURE IF MIDAZOLAM NOT AVAILABLE

MAY REPEAT X 1 IN 5 MINS IF STILL SEIZING.

ADULT: LORAZEPAM 2 mg IVP/IO/IM FOR ACTIVE SEIZURE IF MIDAZOLAM NOT AVAILABLE

MAY REPEAT X 1 IN 10 MINS IF STILL SEIZING.

PEDIATRIC: MIDAZOLAM 0.1 mg/kg IM/IV/P/OP TO MAX OF 5 mg FOR ACTIVE SEIZURE. MAY REPEAT X 1 IN 5 MINS IF STILL SEIZING.

PEDIATRIC: DIAZEPAM 0.1 mg/kg TO MAX OF 5 mg IVP/IO/IM FOR ACTIVE SEIZURE IF MIDAZOLAM NOT AVAILABLE

MAY REPEAT X 1 IN 5 MINS IF STILL SEIZING

PEDIATRIC: LORAZEPAM 0.1 mg/kg TO MAX OF 2 mg IVP/IO/IM FOR ACTIVE SEIZURE IF MIDAZOLAM NOT AVAILABLE

MAY REPEAT X 1 IN 10 MINUTES IF STIL SEIZING.

OMD CONSULT FOR KETAMINE ADMINISTRATION IF SEIZURE CONTINUES DESPITE ABOVE TREATMENT

ADULT: KETAMINE 1 mg/kg TO A MAX OF 100 mg in 100mL NS, INFUSE OVER 5-10 MINUTES; CONSULT OMD FOR ADDITIONAL ORDERS IF STILL SEIZING

PEDIATRIC: KETAMINE 1 mg/kg TO A MAX OF 100 mg in 100 mL NS, INFUSE OVER 5-10 MINUTES; CONSULT OMD FOR ADDITIONAL ORDERS IF STILL SEIZING

CONTINUOUS ASSESSMENT & TREATMENT PER APPLICABLE PROTOCOL(S)