



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



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

## 6E - SYNCOPE ADULT & PEDIATRIC

### 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 Syncope & treat per protocol(s):

- Acute Coronary Syndrome
- Cardiac Dysrhythmia
- Hypotension (Shock)
- Hypoxemia (Shock)
- Head Injury
- Stroke
- Seizure
- Infection (Sepsis/Meningitis)
- Medication/Alcohol
- Heat or Cold Illness
- Psychogenic/Emotion

### EMD

KEEP PATIENT FREE FROM INJURY HAZARDS  
AVOID PLACING ANYTHING IN MOUTH  
ADVISE TO AVOID PHYSICAL EXERTION  
OR ENVIRONMENTAL STRESS (TEMP EXTREMES)  
PLACE IN RECOVERY POSITION/POSITION OF COMFORT

### EMR

### EMT

GENERAL SUPPORTIVE CARE; OBTAIN VITAL SIGNS  
O<sub>2</sub> VIA NC, NRB, OR BVM AS APPROPRIATE  
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 <25 kg HYPOGLYCEMIA CARE:**  
IF GLUCOSE <50 mg/dL, ½ tube ORAL GLUCOSE (7.5 grams) PO

**TOXINS/DRUG OVERDOSE – SUSPECTED NARCOTIC/OPIATE**  
ADDRESS OXYGENATION AND VENTILATION (SP02 ≥ 94%) BEFORE ADMINISTRATION OF 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

APPLY CARDIAC MONITOR/OBTAIN 12-LEAD ECG (if equipped)  
TRANSMIT 12-LEAD ECG TO RECEIVING EMERGENCY DEPARTMENT  
**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

EMERGENCY MEDICAL  
DISPATCHER

EMERGENCY MEDICAL  
RESPONDER

EMT

EMT-INTERMEDIATE 85

ADVANCED EMT

PARAMEDIC

### EMT-I85

### AEMT

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

**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 P T WT ≥ 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 AMS 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