



EMS System for Metropolitan Oklahoma City and Tulsa 2019 Medical Control Board Treatment Protocols



Approved 1/16/19, Effective 4/1/19, replaces all prior versions

TREATMENT PRIORITIES

3 in 5 minutes of patient contact:

1. Vital signs
2. O₂ ONLY if indicated
3. Los Angeles Prehospital Stroke Screen

Early transport & ED notification if symptoms <23 hours

6A - STROKE ADULT & PEDIATRIC

EMERGENCY MEDICAL DISPATCHER

EMERGENCY MEDICAL RESPONDER

EMT

EMT-INTERMEDIATE 85

ADVANCED EMT

PARAMEDIC

EMD

ADVISE TO AVOID PHYSICAL EXERTION OR ENVIRONMENTAL STRESS (TEMP EXTREMES).
CONDUCT STROKE SCREENING QUERY IF AUTHORIZED BY LOCAL MEDICAL DISPATCH PROTOCOL.

EMR	EMT
<p>GENERAL SUPPORTIVE CARE OBTAIN VITAL SIGNS O₂ VIA NC, NRB, OR BVM ONLY IF DYSPNEA OR PULSE OX <94% AT ROOM AIR</p> <p>LOS ANGELES PREHOSPITAL STROKE SCREEN AGE OVER 45 YEARS? NO PRIOR HX OF SEIZURE DISORDER? NEW ONSET OF NEUROLOGIC SYMPTOMS IN LAST 24 HRS? PATIENT AMBULATORY AT BASELINE [PRIOR TO EVENT]? BLOOD GLUCOSE 50 TO 400 mg/dL? FACIAL DROOP; ARM DRIFT; IMPAIRED SPEECH?</p> <p>EARLY "STROKE ALERT" NOTIFICATION TO RECEIVING EMERGENCY DEPARTMENT WITH DEFINITIVE STROKE SYMPTOMS IF LESS THAN 23 HOURS DURATION ADVISE TIME OF LAST ACCURATELY KNOWN BASELINE NEUROLOGICAL STATUS (LAST "NORMAL" FOR PT) OBTAIN CELLPHONE NUMBER(S) OF FAMILY MEMBER(S) TO PROVIDE ED STAFF UPON ARRIVAL</p> <p>APPLY CARDIAC MONITOR/OBTAIN 12-LEAD ECG (if equipped) TRANSMIT 12-LEAD ECG TO RECEIVING EMERGENCY DEPARTMENT</p> <p>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 ARE INEFFECTIVE</p>	

EMT-I85	AEMT
<p>ADULT: INTUBATE IF INDICATED</p> <p>IV ACCESS IV NS TKO IF SYS BP ≥ 100 mmHg WITHOUT HYPOTENSIVE SYMPTOMS IV NS 250 mL BOLUS IF SYS BP <100 mmHg WITH HYPOTENSIVE SYMPTOMS & NO SIGNS OF PULMONARY EDEMA, REPEAT UP TO 2 LITERS NS IF SYS BP REMAINS < 100 mmHg WITH HYPOTENSIVE SYMPTOMS & NO SIGNS OF PULMONARY EDEMA</p>	

PARAMEDIC
<p>ADULT: MEDICATION-ASSISTED INTUBATION IF INDICATED</p> <p>EVALUATE FOR OTHER ALTERED MENTAL STATUS ETIOLOGIES. TREAT PER APPROPRIATE PROTOCOL(S) CONTINUOUS ASSESSMENT & TREATMENT PER APPLICABLE PROTOCOL(S)</p>