



# EMS System for Metropolitan Oklahoma City and Tulsa 2025 Medical Control Board Treatment Protocols



Approved 9/04/24, Effective 1/15/25, replaces all prior versions

## 6F – DYSTONIC REACTIONS ADULT & PEDIATRIC

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

### 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)

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

### EMD

KEEP PATIENT FREE FROM INJURY HAZARDS  
AVOID PLACING ANYTHING IN MOUTH

### EMR

### EMT

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

DETERMINE BLOOD GLUCOSE  
**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

**EMT OR HIGHER LICENSE:**  
MEASURE END-TIDAL CO<sub>2</sub> & MONITOR CAPNOGRAPH (if equipped)

### 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 PT WT ≥25 kg, 1mg IM; <25 kg, 0.5 mg IM

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

### PARAMEDIC

**ADULT:** DIPHENHYDRAMINE 50 mg IM/IVP

**PEDIATRIC:** DIPHENHYDRAMINE 1 mg/kg IM/IVP TO MAX OF 50 mg

IF NO IMPROVEMENT 15 MINUTES AFTER DIPHENHYDRAMINE ADMINISTRATION & MARKED MUSCLE SPASM/TONE:

**ADULT:** MIDAZOLAM 2.5 mg IVP/IM/IN OR

**ADULT:** DIAZEPAM 5 mg IVP OR

**ADULT:** LORAZEPAM 2 mg IVP/IM.

**PEDIATRIC:** MIDAZOLAM 0.1 mg/kg IM/IVP/IN TO MAX OF 2.5 mg OR

**PEDIATRIC:** DIAZEPAM 0.1 mg/kg TO MAX OF 5 mg IVP/IM OR

**PEDIATRIC:** LORAZEPAM 0.1 mg/kg TO MAX OF 2 mg IVP/IM

CONTINUOUS ASSESSMENT & TREATMENT OF SUSPECTED ETIOLOGY PER APPLICABLE PROTOCOL(S)  
CONSULT OLMC IF ABOVE TREATMENT INEFFECTIVE