



# 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. ASSESS SCENE SAFETY
2. SAFETY OF SELF
3. SAFETY OF PUBLIC SAFETY PROFESSIONALS
4. SAFETY OF PATIENT
5. TREAT HYPERACTIVE DELIRIUM WITH AGITATION

## 7C – CHEMICAL RESTRAINT

### ADULT & PEDIATRIC

EMERGENCY MEDICAL  
DISPATCHER

EMERGENCY MEDICAL  
RESPONDER

EMT

EMT-INTERMEDIATE 85

ADVANCED EMT

PARAMEDIC

#### EMR

#### EMT

ASSIST IN PHYSICAL CONTROL FOR PARAMEDIC TO ADMINISTER CHEMICAL RESTRAINT

USE ADEQUATE NUMBERS OF PUBLIC SAFETY PROFESSIONALS

UNLESS UNSAFE TO DO SO, PERFORM THE FOLLOWING POST – CHEMICAL RESTRAINT:

GENERAL SUPPORTIVE CARE – DO NOT LEAVE PATIENT ALONE

OBTAIN VITAL SIGNS

MONITOR SPO2 AND ADMINISTER O2 VIA NC OR NRB AS APPROPRIATE

APPLY CARDIAC MONITOR (if equipped)

EMT OR HIGHER LICENSE:

MEASURE END-TIDAL CO2 & MONITOR WAVEFORM CAPNOGRAPHY

#### EMT-I85

#### AEMT

IV ACCESS IF PT TEMPORARILY COOPERATIVE

DO NOT RISK SELF INJURY WITH NEEDLESTICK IF PT IS COMBATIVE

#### PARAMEDIC

ALL PATIENTS TO BE CHEMICAL RESTRAINED ARE TO BE PHYSICALLY RESTRAINED

**ADULT:** MIDAZOLAM 0.1 mg/kg IM/IVP/IOP TO MAX OF 5 mg. MAY REPEAT ONCE.

OR

**ADULT:** DIAZEPAM 5 mg IVP/IOP OR 10 mg IM IF MIDAZOLAM NOT AVAILABLE. MAY REPEAT ONCE.

OR

**ADULT:** LORAZEPAM 2 mg IVP/IOP/IM IF MIDAZOLAM NOT AVAILABLE.

PLUS HAOPERIDOL 5 mg IM

**PEDIATRIC:** MIDAZOLAM 0.1 mg/kg IM/IVP/IOP TO MAX OF 5 mg.

OR

**PEDIATRIC:** DIAZEPAM 0.1 mg/kg TO MAX OF 5 mg IVP/IOIP/IM IF MIDAZOLAM NOT AVAILABLE.

OR

**PEDIATRIC:** LORAZEPAM 0.1 mg/kg TO MAX OF 2 mg IVP/IOP/IM IF MIDAZOLAM NOT AVAILABLE.

CONSULT OMD FOR KETAMINE IF AGITATION IS REFRACTORY TO THE ABOVE INTERVENTIONS:

**ADULT/PEDIATRIC:** 3 mg/kg IM TO MAX OF 300MG (APPROVAL REQUIRED)