



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



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)