EMS System for Metropolitan Oklahoma City and Tulsa
2027 Medical Control Board Treatment Protocols

Approved 9/2/26, Effective 1/15/27, 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)