



# 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

**TREATMENT PRIORITIES**  
 1. Vital signs  
 2. Epinephrine for anaphylaxis  
**\*\* First two epi doses are standing order. Any additional epi dose requires OLMC consult.**  
 3. OK Poison Center consult  
 4. Appropriate destination per OK Poison Center consult

## 8E – SNAKEBITES – PIT VIPERS (RATTLESNAKES, COPPERHEADS, & MOCASSINS) (CROTALINAE ENVENOMATION) 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).  
 MOVE AWAY FROM SNAKE(S) IF ABLE  
 OPEN AIRWAY IF NOT ALERT AND INEFFECTIVE BREATHING

### EMR EMT

GENERAL SUPPORTIVE CARE – MARK EDGE OF SWELLING/TENDERNESS EVERY 15 MINS TO DETERMINE SYMPTOM PROGRESSION  
 OBTAIN VITAL SIGNS & ADMINISTER O<sub>2</sub> VIA NC, NRB, OR BVM AS APPROPRIATE  
 IMMOBILIZE/ELEVATE AND AVOID JOINT FLEXION IN EXTREMITY BITTEN TO MINIMIZE SWELLING OF EXTREMITY  
 DO NOT CUT THE BITE SITE OR ATTEMPT TO "EXTRACT THE VENOM" FROM BITE SITE WITH SUCTION/VACUUM DEVICES  
 CONSULT OKLAHOMA POISON CONTROL CENTER PER PROTOCOL 8C – DESCRIBE SNAKE APPEARANCE/TYPE AS BEST ABLE  
 APPLY CARDIAC MONITOR (if equipped)  
**ADULT/PEDIATRIC:** N/V: ISOPROPYL ALCOHOL PADS HELD 1 TO 2 CM BELOW NARES (MAX 3 PADS EVERY 15 MINUTES)  
**EMT OR HIGHER LICENSE:**  
 FOR ANAPHYLAXIS ONLY (ANAPHYLAXIS FROM SNAKEBITE IS RARE):  
**ADULT:** \*\*EPINEPHRINE 1mg/mL 1:1000 0.5 mg (0.5 mL) IM OR AUTOINJECTOR ANTERIOR/LATERAL THIGH.  
**PEDIATRIC:** \*\*EPINEPHRINE 1mg/mL 1:1000 0.15 mg (0.15 mL) IM OR AUTOINJECTOR ANTERIOR/LATERAL THIGH.  
 OLMC ORDER ONLY FOR EPINEPHRINE IF PT ≥ 50 YEARS OLD, HEART ILLNESS HISTORY, OR BLOOD PRESSURE > 140/90 mmHg  
 MEASURE END-TIDAL CO<sub>2</sub> & MONITOR WAVEFORM CAPNOGRAPHY (if equipped, \*\*\* Mandatory use if pt intubated)  
**ADULT:** APPLY Bi/CPAP IF INDICATED (if equipped)  
 PLACE SUPRAGLOTTIC AIRWAY IF INDICATED & ONLY IF BVM VENTILATIONS INEFFECTIVE

### EMT-185 AEMT

**ADULT:** INTUBATE IF INDICATED  
 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 & NO SIGNS OF PULMONARY EDEMA  
 REPEAT UP TO 60 mL/kg IF SYS BP REMAINS < (70 + 2x age in years) mmHg & NO SIGNS OF PULMONARY EDEMA  
**FOR ANAPHYLAXIS ONLY (ANAPHYLAXIS FROM SNAKEBITE IS RARE):**  
**ADULT:** \*\*EPINEPHRINE 1mg/mL 1:1000 0.5 mg (0.5 mL) IM ANTERIOR/LATERAL THIGH  
**PEDIATRIC:** \*\*EPINEPHRINE 1mg/mL 1:1000, 0.01 mg/kg IM NOT TO EXCEED 0.3 mg IM ANTERIOR/LATERAL THIGH  
**OLMC ORDER ONLY FOR EPINEPHRINE IF PT ≥ 50 YEARS OLD, HEART ILLNESS HISTORY, OR BLOOD PRESSURE > 140/90 mmHg**

### PARAMEDIC

ANTIEMETIC (IF REQUIRED); **ADULT:** ONDANSETRON 4 mg IVP/ODT. MAY REPEAT ONCE IN 10 MINUTES  
**PEDIATRIC:** ONDANSETRON 0.1 mg/kg IVP TO A MAXIMUM SINGLE DOSE OF 4 mg; IF AGE > 2 years, MAY GIVE ONDANSETRON 4 mg ODT  
 ANALGESIA (IF REQUIRED); OPIOID/OPIATE USE, ADULT MUST HAVE SYS BP ≥ 100 mmHg; PEDIATRIC MUST HAVE SYS BP ≥ (70 + 2x age in years) mmHg  
**ADULT:** FENTANYL 1 mcg/kg SLOW IVP/IM/IN, MAXIMUM DOSE 100 mcg. MAY REPEAT EVERY 10 MINUTES TO MAXIMUM CUMULATIVE DOSE OF 3 mcg/kg or 250 mcg WHICHEVER IS LESSER.  
 OR  
**ADULT:** MORPHINE SULFATE 2 - 4 mg SLOW IVP, MAY REPEAT 2 - 4 mg EVERY 5 MINUTES TO A TOTAL OF 10 mg.  
 OR  
**ADULT:** HYDROMORPHONE 0.5 - 1 mg SLOW IVP, MAY REPEAT EVERY 10 MINUTES TO MAXIMUM CUMULATIVE DOSE OF 2 mg.  
**PEDIATRIC:** OLMCP ORDER ONLY FOR OPIOID/OPIATE ANALGESIA  
**SEVERE REACTION/ANAPHYLAXIS SERIOUS DYSPNEA, GI DISTRESS, ANGIOEDEMA, OR SYS BP <100 mmHg ADULT OR < (70 + 2x age in years) mmHg PEDIATRIC**  
**ADULT:** \*\*EPINEPHRINE 1mg/mL 1:1000 0.5 mg (0.5 mL) IM ANTERIOR/LATERAL THIGH  
**PEDIATRIC:** \*\*EPINEPHRINE 1mg/mL 1:1000, 0.01 mg/kg IM NOT TO EXCEED 0.3 mg IM ANTERIOR/LATERAL THIGH  
**IF REFRACTORY ANAPHYLAXIS, ADMINISTER INTRAVASCULAR EPINEPHRINE 1:10,000**  
**ADULT:** \*\*EPINEPHRINE 0.1mg/mL 1:10,000 1 mg SLOW IV/IOP (OVER 3 MINUTES)  
**PEDIATRIC:** \*\*EPINEPHRINE 0.1mg/mL 1:10,000, 0.01 mg/kg SLOW IV/IOP (OVER 3 MINUTES) NOT TO EXCEED 0.5 mg  
**ADULT:** MEDICATION ASSISTED INTUBATION IF INDICATED  
 CONTINUOUS ASSESSMENT & TREATMENT PER APPLICABLE PROTOCOL(S)