



# EMS System for Metropolitan Oklahoma City and Tulsa 2019 Medical Control Board Treatment Protocols



Approved 3/13/19, Effective 6/1/19, 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. Observe for uncontrolled agitation, combativeness, AMS impeding necessary medical care or pulling at necessary medical interventions (IV lines, endotracheal tubes)
  6. Employ alternative methods to avoid physically restraining the patient
  7. Restrain patient if alternatives fail and/or it is necessary to maintain necessary medical intervention or to carry out treatment protocols
  8. Treat excited delirium

## 7A - BEHAVIORAL DISORDERS ADULT & PEDIATRIC

**EMD**

KEEP VIOLENT OR SUICIDAL PATIENT ON THE LINE.  
IN VOLATILE/CRIMINAL SITUATIONS, FOLLOW APPLICABLE  
LAW ENFORCEMENT PROTOCOL.  
FOR JUMPERS, NOTIFY LAW AND FIRE/RESCUE RESOURCES.

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

<b>EMR</b>	<b>EMT</b>
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GENERAL SUPPORTIVE CARE – DO NOT LEAVE PATIENT ALONE  
OBTAIN VITAL SIGNS  
O<sub>2</sub> VIA NC or NRB AS APPROPRIATE  
APPLY CARDIAC MONITOR (if equipped)

IF RESTRAINTS ARE REQUIRED USE SOFT RESTRAINTS and / or KERLIX  
RESTRAIN PATIENT TO LONG SPINE BOARD OR ORTHOPEDIC SCOOP

DO NOT TRANSPORT PATIENTS  
"SANDWICHED" BETWEEN TWO BACKBOARDS

DURING TRANSPORT OF PATIENTS IN POLICE INSTITUTED LOCKING  
RESTRAINTS, A POLICE OFFICER SHOULD EITHER ACCOMPANY THE PATIENT OR  
PROVIDE EMS PERSONNEL MEANS TO UNLOCK THE RESTRAINTS

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 WAVEFORM CAPNOGRAPHY  
(if equipped, \*\*Mandatory use if pt intubated)

<b>EMT - I85</b>	<b>AEMT</b>
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**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 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

<b>PARAMEDIC</b>
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CHEMICAL RESTRAINT: SEE PROTOCOL 7C

CONSULT OLMCP IF UNCERTAIN OF ETIOLOGY AND TREATMENT PLAN FOR PSYCHIATRIC PROBLEM  
OR IF ADDITIONAL RESTRAINT MEASURES NEEDED

CONTINUOUS ASSESSMENT & TREATMENT PER APPLICABLE PROTOCOL(S)