



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. Oxygen administration
4. Bronchodilator for bronchospasm

8F – BEE/WASP STINGS & FIRE ANT BITES (HYMENOPTERA ENVENOMATION) ADULT & PEDIATRIC

EMD

ADVISE TO USE EPINEPHRINE AUTOINJECTOR IF AVAILABLE AND PATIENT'S PHYSICIAN HAS PRESCRIBED TO USE FOR SAME SYMPTOMS

ADVISE TO AVOID PHYSICAL EXERTION OR ENVIRONMENTAL STRESS (TEMP EXTREMES). DO NOT MOVE THE PATIENT UNLESS IN DANGER OPEN AIRWAY IF NOT ALERT AND INEFFECTIVE BREATHING

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

EMR	EMT
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GENERAL SUPPORTIVE CARE – REMOVE STINGER(S) WITHOUT SQUEEZING IF STILL EMBEDDED IN SKIN
OBTAIN VITAL SIGNS
O₂ VIA NC, NRB, OR BVM AS APPROPRIATE
APPLY CARDIAC MONITOR (if equipped)
ASSIST PT WITH PT'S OWN ALBUTEROL INHALER/NEBULIZER (when applicable)

**EMT OR HIGHER LICENSE:
FOR ANAPHYLAXIS ONLY**

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 CO₂ & 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
ADULT & PEDIATRIC WEIGHT ≥15 kg: NEBULIZED ALBUTEROL 5 mg or LEVALBUTEROL 2.5 mg & IPRATROPIUM BROMIDE 0.5 mg
PEDIATRIC WEIGHT <15 kg: NEBULIZED ALBUTEROL 2.5 mg or LEVALBUTEROL 1.25 mg & IPRATROPIUM BROMIDE 0.25 mg
MAY REPEAT ALBUTEROL OR LEVALBUTEROL ENROUTE X 2 AS NEEDED

EMT- I85	AEMT
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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

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 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

MILD REACTION (RASH, ITCH, HIVES) ANTIHISTAMINE
ADULT: DIPHENHYDRAMINE 50 mg IM/IVP
PEDIATRIC: DIPHENHYDRAMINE 1 mg/kg IM/IVP TO MAX OF 50 mg

MODERATE REACTION (SOB, WHEEZING) ANTIHISTAMINE + BRONCHODILATOR + STEROID
DIPHENHYDRAMINE ADMINISTRATION AS IN MILD REACTION & BRONCHODILATOR ADMINISTRATION AS IN EMT ABOVE
ADULT: METHYLPREDNISOLONE 125 mg IM/IVP OR DEXAMETHASONE 10 mg IM/IVP
PEDIATRIC: METHYLPREDNISOLONE 2 mg/kg IM/IVP, MAX 125 mg or DEXAMETHASONE 0.6 mg/kg IM/IVP MAX 10 mg

SEVERE REACTION/ANAPHYLAXIS SERIOUS DYSNEA, GI DISTRESS, ANGIOEDEMA, OR SYS BP <100 mmHg ADULT OR < (70 + 2x age in years) mmHg PEDIATRIC
VASOCONSTRICTOR + ANTIHISTAMINE + BRONCHODILATOR + STEROID
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 NOT TO EXCEED 0.3 mg IM ANTERIOR/LATERAL THIGH
DIPHENHYDRAMINE ADMINISTRATION & BRONCHODILATOR ADMINISTRATION AS IN MILD REACTION; STEROID ADMINISTRATION AS ABOVE
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)