



EMS System for Metropolitan Oklahoma City and Tulsa 2026 Medical Control Board Treatment Protocols



EMS SECTION

Approved 9/17/25, Effective 1/15/26, replaces all prior versions

Treatment Priorities

1. Vital Signs
2. Opioid/Opiate Analgesia as Clinically Appropriate Per Protocol

9D – PAIN MANAGEMENT MEDICAL (ACUTE ONSET & CHRONIC TYPE) ADULT & PEDIATRIC



EMD

ADVISE TO AVOID PHYSICAL EXERTION OR ENVIRONMENTAL STRESS (TEMP EXTREMES). DO NOT MOVE THE PATIENT UNLESS IN DANGER DO NOT ATTEMPT TO SPLINT INJURIES

EMR	EMT
GENERAL SUPPORTIVE CARE (MEDICAL PT) OR TRAUMA AND HYPOVOLEMIC SHOCK SUPPORTIVE CARE (TRAUMA PT) OBTAIN VITAL SIGNS O ₂ VIA NC, NRB, OR BVM AS APPROPRIATE APPLY CARDIAC MONITOR (when available)	

EMT-I85	AEMT
GENERAL SUPPORTIVE CARE (MEDICAL PT) OR TRAUMA AND HYPOVOLEMIC SHOCK SUPPORTIVE CARE (TRAUMA PT) OBTAIN VITAL SIGNS O ₂ VIA NC, NRB, OR BVM AS APPROPRIATE APPLY CARDIAC MONITOR (when available)	

PARAMEDIC
ANALGESIA (IF REQUIRED – PARAMEDIC DISCRETION, PARTICULARLY WITH CHRONIC PAIN SYMPTOMS) FOR 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: KETAMINE 0.3 mg/kg UP TO A MAX OF 30 mg in 100 mL NS INFUSED OVER 10 MINUTES; KETAMINE 50 mg IN BREATH ACTUATED NEBULIZER (ADD NS TO MAKE TOTAL VOLUME 5 mL), OXYGEN ON 6-8 LPM 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 OLMCP CONSULT IF FURTHER ANALGESIA REQUIRED CONTINUOUS ASSESSMENT & TREATMENT PER APPLICABLE PROTOCOL(S)