



# 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



### 9E – DIALYSIS-RELATED ISSUES ADULT & PEDIATRIC

**TREATMENT PRIORITIES:**

- Circulatory support
  - External bleeding control
  - Hypotension treatment with fluids and/or vasopressors
  - If hyperkalemia, calcium chloride first medication
  - Vascular access precaution: avoid fistulas/graft/shunt
- Hypoglycemia care

**EMD**

CPR BY EMD INSTRUCTION (if applicable)  
CONTROL ANY BLEEDING WITH DIRECT PRESSURE  
ADVISE REST

**EMERGENCY MEDICAL DISPATCHER**

**EMERGENCY MEDICAL RESPONDER**

**EMT**

**EMT-INTERMEDIATE 85**

**ADVANCED EMT**

**PARAMEDIC**

EMR	EMT
<p>GENERAL SUPPORTIVE CARE OBTAIN VS</p> <p><b>DIALYSIS PORT/CATHETER/FISTULA BLEEDING?</b> DIRECT PRESSURE HEMOSTATIC AGENT TOURNIQUET PROXIMAL TO FISTULA IF BLEEDING SEVERE &amp; UNCONTROLLABLE ON EXTREMITY</p> <p><b>ADULT &amp; PEDIATRIC WEIGHT ≥25 kg HYPOGLYCEMIA CARE:</b> IF GLUCOSE &lt;50 mg/dL, 1 tube ORAL GLUCOSE (15 grams) PO</p> <p><b>PEDIATRIC WEIGHT &lt;25 kg HYPOGLYCEMIA CARE:</b> IF GLUCOSE &lt;50 mg/dL, ½ tube ORAL GLUCOSE (7.5 grams) PO</p>	

EMT - I85	AEMT
<p><b>VASCULAR ACCESS?</b> IN MANY SITUATIONS, DIALYSIS PROFESSIONALS WILL LEAVE CATHETER IN PLACE TO USE AS IV PRN DO NOT INITIATE IV USING EMS CATHETERS IN FISTULA/GRAFT/SHUNT – VASCULAR DAMAGE CAN OCCUR USE IO ACCESS IF IV ACCESS UNOBTAINABLE</p> <p><b>SYMPTOMATIC HYPOTENSION?</b> <b>ADULT &amp; PEDIATRIC:</b> 10 mL/kg (MAX OF 500 mL IF ANURIC) NS IV/IO BOLUS IF NO SIGNS OF PULMONARY EDEMA</p> <p><b>HYPOGLYCEMIA (GLUCOSE &lt;50 mg/dL) - ADULT &amp; PEDIATRIC</b> 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 &amp; IF IO SEEMS EXCESSIVE TO CLINICAL STATUS: GLUCAGON: IF PT WT ≥25 kg, 1mg IM; &lt;25 kg, 0.5 mg IM</p> <p><b>ADULT &amp; PEDIATRIC:</b> REPEAT DETERMINATION OF BLOOD GLUCOSE POST-HYPOGLYCEMIA TREATMENT</p>	

PARAMEDIC
<p><b>CARDIAC ARREST OR VENTRICULAR DYSRHYTHMIA FROM KNOWN/SUSPECTED HYPERKALEMIA?</b> <b>ADULT/PEDIATRIC:</b> CALCIUM CHLORIDE 10 mg/kg IVP/IOP (MAX 1 gram) &amp; SODIUM BICARBONATE 1 mEq/kg IVP/IOP (MAX 50 mEq)</p> <p><b>CARDIAC ARREST FROM PRE-EXISTING METABOLIC ACIDOSIS?</b> <b>ADULT/PEDIATRIC:</b> SODIUM BICARBONATE 1 mEq/kg IVP/IOP (MAX 50 mEq)</p> <p><b>SYMPTOMATIC HYPOTENSION WITHOUT IMPROVEMENT AFTER 10 mL/kg IVF (MAX 500 mL IF ANURIC)?</b> <b>ADULT: PHARMACOLOGIC TREATMENT IF SYS BP &lt; 100 mmHg:</b> NOREPINEPHRINE 2-4 mcg/min TITRATE TO SYS ≥ 100 mmHg <b>OR</b> DOPAMINE 5-20 mcg/kg/min TITRATE TO SYS BP ≥ 100 mmHg <b>PEDIATRIC:</b> OLMC CONSULT FOR PHARMACOLOGIC TREATMENT</p> <p>CONTINUOUS ASSESSMENT &amp; TREATMENT PER APPLICABLE PROTOCOL(S)</p>