



EMS System for Metropolitan Oklahoma City and Tulsa

2026 Medical Control Board Treatment Protocols

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



9E – DIALYSIS-RELATED ISSUES ADULT & PEDIATRIC

TREATMENT PRIORITIES:

1. 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
2. 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**

GENERAL SUPPORTIVE CARE
OBTAIN VS

DIALYSIS PORT/CATHETER/FISTULA BLEEDING?
DIRECT PRESSURE
HEMOSTATIC AGENT
TOURNIQUET PROXIMAL TO FISTULA IF BLEEDING SEVERE & UNCONTROLLABLE ON EXTREMITY

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, $\frac{1}{2}$ tube ORAL GLUCOSE (7.5 grams) PO

EMT - I85 **AEMT**

VASCULAR ACCESS?
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

SYMPTOMATIC HYPOTENSION?
ADULT & PEDIATRIC: 10 mL/kg (MAX OF 500 mL IF ANURIC) NS IV/IO BOLUS 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

PARAMEDIC

CARDIAC ARREST OR VENTRICULAR DYSRHYTHMIA FROM KNOWN/SUSPECTED HYPERKALEMIA?
ADULT/PEDIATRIC: CALCIUM CHLORIDE 10 mg/kg IVP/IOP (MAX 1 gram) & SODIUM BICARBONATE 1 mEq/kg IVP/IOP (MAX 50 mEq)

CARDIAC ARREST FROM PRE-EXISTING METABOLIC ACIDOSIS?
ADULT/PEDIATRIC: SODIUM BICARBONATE 1 mEq/kg IVP/IOP (MAX 50 mEq)

SYMPTOMATIC HYPOTENSION WITHOUT IMPROVEMENT AFTER 10 mL/kg IVF (MAX 500 mL IF ANURIC)?
ADULT: PHARMACOLOGIC TREATMENT IF SYS BP < 100 mmHg:
NOREPINEPHRINE 2-4 mcg/min TITRATE to SYS ≥ 100 mmHg OR
DOPAMINE 5-20 mcg/kg/min TITRATE TO SYS BP ≥ 100 mmHg
PEDIATRIC: OLMC CONSULT FOR PHARMACOLOGIC TREATMENT

CONTINUOUS ASSESSMENT & TREATMENT PER APPLICABLE PROTOCOL(S)