



EMS System for Metropolitan Oklahoma City and Tulsa 2024 Medical Control Board Treatment Protocols



Approved 11/08/23, Effective 1/15/24, replaces all prior versions

TREATMENT PRIORITIES

1. Spinal stabilization; Avoid spinal traction
2. Hemorrhage control
3. Assessment/Care for life-threatening injuries/shock/high intracranial pressure
4. Vital signs
5. Appropriate trauma care destination selection

10A - HEAD/NECK/SPINE INJURY ADULT & PEDIATRIC

EMD

DO NOT MOVE THE PATIENT UNLESS IN DANGER
STABILIZE HEAD AND NECK IN POSITION FOUND
OPEN AIRWAY IF NOT ALERT & INEFFECTIVE BREATHING
CONTROL BLEEDING ONLY IF SERIOUS
DO NOT ATTEMPT TO SPLINT INJURIES

EMERGENCY MEDICAL DISPATCHER

EMERGENCY MEDICAL RESPONDER

EMT

EMT-INTERMEDIATE 85

ADVANCED EMT

PARAMEDIC

EMR	EMT
<p>TRAUMA AND HYPOVOLEMIC SHOCK SUPPORTIVE CARE SPINAL "STABILIZATION" - DO NOT APPLY SPINAL "TRACTION" DURING MOTION RESTRICTION OR IMMOBILIZATION (if applicable) STABILIZE IMPALED OBJECTS O₂ VIA NC, NRB, OR BVM AS APPROPRIATE APPLY CARDIAC MONITOR (if equipped)</p> <p>EMT OR HIGHER LICENSE: MEASURE END – TIDAL CO₂ & MONITOR WAVEFORM CAPNOGRAPHY (if equipped, ** Mandatory use if pt intubated) MAINTAIN EtCO₂ LEVELS 35 – 40 mmHg DURING SIGNS SUGGESTIVE OF INCREASING INTRACRANIAL PRESSURE (PROGRESSIVE DECLINE IN MENTAL STATUS, POSTURING, SEIZING, DILATING/NON-REACTIVE/ASYMMETRIC PUPILS) CONTROLLED HYPERVENTILATION TO ACHIEVE EtCO₂ LEVELS 30-35 mmHg</p> <p>PLACE SUPRAGLOTTIC AIRWAY IF INDICATED & ONLY IF BVM VENTILATIONS INEFFECTIVE.</p>	

EMT-I85	AEMT
<p>ADULT: INTUBATE IF INDICATED</p> <p>IV ACCESS (IO IF INDICATED) (TWO LINES IF POSSIBLE) ADULT: IV / IO NS 250 mL BOLUS TO MAINTAIN SYS BP ≥ 100mmHg ADULT: REPEAT UP TO 2 LITERS IF SYS BP REMAINS < 100 mmHg & NO SIGNS OF PULMONARY EDEMA PEDIATRIC: IV / IO NS 20 mL/kg BOLUS IF SYS BP < (70 + 2x age in years) mmHg & NO SIGNS OF PULMONARY EDEMA</p>	

PARAMEDIC
<p>EVALUATE FOR OTHER ALTERED MENTAL STATUS ETIOLOGIES. TREAT PER APPROPRIATE PROTOCOL(S)</p> <p>ADULT: MEDICATION ASSISTED INTUBATION IF INDICATED</p> <p>ADULT: MIDAZOLAM 5 mg IM/IVP/IN/IOP FOR ACTIVE SEIZURE. MAY REPEAT X 1 IN 5 MINS IF STILL SEIZING OR ADULT: DIAZEPAM 5 mg IVP/IOP or 10 mg IM FOR ACTIVE SEIZURE. MAY REPEAT X 1 IN 5 MINS IF STILL SEIZING OR ADULT: LORAZEPAM 1 mg IVP/IM/IOP FOR ACTIVE SEIZURE. MAY REPEAT X 1 IN 5 MINS IF STILL SEIZING</p> <p>PEDIATRIC: MIDAZOLAM 0.1 mg/kg IM/IVP/IN/IOP TO MAX OF 5mg FOR ACTIVE SEIZURE. MAY REPEAT X 1 IN 5 MINS IF STILL SEIZING OR PEDIATRIC: DIAZEPAM 0.1 mg/kg TO MAX OF 5 mg IVP/IOP/IM FOR ACTIVE SEIZURE. MAY REPEAT X 1 IN 5 MINS IF STILL SEIZING OR PEDIATRIC: LORAZEPAM 0.1 mg/kg IVP/IM/IOP for ACTIVE SEIZURE. MAY REPEAT X 1 IN 5 MINS IF STILL SEIZING</p> <p>OLMC CONSULT IF SEIZURE CONTINUES DESPITE ABOVE TREATMENT</p> <p>CONTINUOUS ASSESSMENT & TREATMENT PER APPLICABLE PROTOCOL(S)</p>