



# EMS System for Metropolitan Oklahoma City and Tulsa 2021 Medical Control Board Treatment Protocols



Approved 9/9/20, Effective 1/15/21, 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**

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| <b>EMR</b>   | <b>EMT</b> |
| <p>TRAUMA AND HYPOVOLEMIC SHOCK SUPPORTIVE CARE<br/>SPINAL "STABILIZATION" - DO NOT APPLY SPINAL "TRACTION" DURING MOTION RESTRICTION OR IMMOBILIZATION (if applicable)<br/>STABILIZE IMPALED OBJECTS<br/>O<sub>2</sub> VIA NC, NRB, OR BVM AS APPROPRIATE<br/>APPLY CARDIAC MONITOR (if equipped)</p> <p><b>EMT OR HIGHER LICENSE:</b><br/>MEASURE END – TIDAL CO<sub>2</sub> &amp; MONITOR WAVEFORM CAPNOGRAPHY (if equipped, ** Mandatory use if pt intubated)<br/>MAINTAIN EtCO<sub>2</sub> LEVELS, 30 – 35 mmHg<br/>DURING SIGNS SUGGESTIVE OF INCREASING INTRACRANIAL PRESSURE<br/>(PROGRESSIVE DECLINE IN MENTAL STATUS, POSTURING, SEIZING, DILATING/NON-REACTIVE/ASYMMETRIC PUPILS)<br/>CONTROLLED HYPERVENTILATION</p> <p>PLACE SUPRAGLOTTIC AIRWAY IF INDICATED &amp; ONLY IF BVM VENTILATIONS INEFFECTIVE.</p> |            |

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

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| <b>PARAMEDIC</b>   |
| <p>EVALUATE FOR OTHER ALTERED MENTAL STATUS ETIOLOGIES. TREAT PER APPROPRIATE PROTOCOL(S)</p> <p><b>ADULT:</b> MEDICATION ASSISTED INTUBATION IF INDICATED</p> <p><b>ADULT:</b> MIDAZOLAM 5 mg IM/IVP/IN/IOP FOR ACTIVE SEIZURE. MAY REPEAT X 1 IN 5 MINS IF STILL SEIZING OR<br/><b>ADULT:</b> DIAZEPAM 5 mg IVP/IOP or 10 mg IM FOR ACTIVE SEIZURE. MAY REPEAT X 1 IN 5 MINS IF STILL SEIZING OR<br/><b>ADULT:</b> LORAZEPAM 1 mg IVP/IM/IOP FOR ACTIVE SEIZURE. MAY REPEAT X 1 IN 5 MINS IF STILL SEIZING</p> <p><b>PEDIATRIC:</b> 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<br/><b>PEDIATRIC:</b> 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<br/><b>PEDIATRIC:</b> 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 &amp; TREATMENT PER APPLICABLE PROTOCOL(S)</p> |