



# 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



EMS SECTION

## 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

##### TRAUMA AND HYPOVOLEMIC SHOCK SUPPORTIVE CARE

SPINAL "STABILIZATION" - DO NOT APPLY SPINAL "TRACTION" DURING MOTION RESTRICTION OR IMMOBILIZATION (if applicable)

STABILIZE IMPALED OBJECTS

O<sup>2</sup> VIA NC, NRB, OR BVM AS APPROPRIATE

APPLY CARDIAC MONITOR (if equipped)

#### EMT OR HIGHER LICENSE:

MEASURE END – TIDAL CO<sup>2</sup> & MONITOR WAVEFORM CAPNOGRAPHY (if equipped, \*\* Mandatory use if pt intubated)

MAINTAIN EtCO<sub>2</sub> 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 EtCO<sub>2</sub> LEVELS 30-35 mmHg

PLACE SUPRAGLOTTIC AIRWAY IF INDICATED & ONLY IF BVM VENTILATIONS INEFFECTIVE.

#### EMT-I85

#### AEMT

**ADULT:** INTUBATE IF INDICATED

IV ACCESS (IO IF INDICATED) ESTABLISH TWO LINES IF POSSIBLE

**ADULT:** IV / IO NS 250 mL BOLUS TO MAINTAIN SYS BP  $\geq$  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

#### PARAMEDIC

CONTINUOUS ASSESSMENT & TREATMENT PER APPLICABLE PROTOCOL(S)

FOR OPIATE USE, ADULT MUST HAVE SYS BP  $\geq$  100 mmHg; PEDIATRIC MUST HAVE SYS BP  $\geq$  (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:** FENTANYL 1 mcg/kg SLOW IVP/IM/IN, MAXIMUM DOSE 50 mcg

OLMCP CONSULT IF FURTHER ANALGESIA REQUIRED