



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. Hemorrhage control
 2. Assessment/Care for life-threatening injuries/shock
 3. Needle thoracostomy for tension pneumothorax
 4. Vital signs
 5. Appropriate trauma care destination selection

10D – CHEST/ABDOMEN/PELVIS 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) COVER SUCKING CHEST WOUNDS WITH VENTED SEALS STABILIZE IMPALED OBJECTS STABILIZE SUSPECTED PELVIC FRACTURE WITH SHEET/BINDER TIED LOW AROUND PELVIS IF DISTAL FRACTURES SUSPECTED STABILIZE SUSPECTED PELVIC FRACTURE WITH INTERNAL ROTATION & TAPING OF LOWER EXTREMITIES IF NO DISTAL FRACTURES EVIDENT IF USING IRTOTLE TECHNIQUE, DO NOT CIRCUMFERENTIAL TAPE, DO NOT TAPE OVER BONY PROMINENCES. 4 INCH FOAM TAPE PREFERRED. COVER EVISCERATED ABDOMINAL/PELVIC ORGANS WITH STERILE, SALINE DAMPENED DRESSING PRIOR TO LAYERING WITH DRY DRESSINGS OBTAIN VITAL SIGNS O₂ VIA NC, NRB, OR BVM AS APPROPRIATE APPLY CARDIAC MONITOR (when available) EMT OR HIGHER LICENSE: MEASURE END – TIDAL CO₂ & MONITOR WAVEFORM CAPNOGRAPHY (if equipped, ** Mandatory use if pt intubated) 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 NS TKO IF SYS BP ≥ 100 mmHg WITHOUT HYPOTENSIVE SYMPTOMS ADULT: IV NS 250 mL BOLUS IF SYS BP <100 mmHg WITH HYPOTENSIVE SYMPTOMS & NO SIGNS OF PULMONARY EDEMA, ADULT: REPEAT UP TO 2 LITERS NS IF SYS BP REMAINS < 100 mmHg WITH HYPOTENSIVE SYMPTOMS & NO SIGNS OF PULMONARY EDEMA PEDIATRIC: IV NS 20 mL/kg BOLUS IF SYS BP < (70 + 2x age in years) mmHg & NO SIGNS OF PULMONARY EDEMA PEDIATRIC: REPEAT UP TO 60 mL/kg IF SYS BP REMAINS < (70 + 2x age in years) mmHg & NO SIGNS OF PULMONARY EDEMA</p>	

PARAMEDIC
<p>NEEDLE THORACOSTOMY FOR SUSPECTED TENSION PNEUMOTHORAX ADULT: MEDICATION ASSISTED INTUBATION IF INDICATED</p> <p>ANALGESIA (IF REQUIRED) FOR OPIATE USE, ADULT MUST HAVE SYS BP ≥ 100 mmHg; PEDIATRIC MUST HAVE SYS BP ≥ (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: 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: OLMCP ORDER ONLY</p> <p>OLMCP CONSULT IF FURTHER ANALGESIA REQUIRED</p> <p>CONTINUOUS ASSESSMENT & TREATMENT PER APPLICABLE PROTOCOL(S)</p>