



EMS System for Metropolitan Oklahoma City and Tulsa 2025 Medical Control Board Treatment Protocols



Approved 9/04/24, Effective 1/15/25, replaces all prior versions

10D – CHEST/ABDOMEN/PELVIS INJURY ADULT & PEDIATRIC

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

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)
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.

EMT-I85

AEMT

ADULT: INTUBATE IF INDICATED
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

PARAMEDIC

NEEDLE THORACOSTOMY FOR SUSPECTED TENSION PNEUMOTHORAX
ADULT: MEDICATION ASSISTED INTUBATION IF INDICATED
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
OLMCP CONSULT IF FURTHER ANALGESIA REQUIRED
CONTINUOUS ASSESSMENT & TREATMENT PER APPLICABLE PROTOCOL(S)