



# 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. 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

#### 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

OBTAINT VITAL SIGNS

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

APPLY CARDIAC MONITOR (when available)

#### EMT OR HIGHER LICENSE:

MEASURE END – TIDAL CO<sup>2</sup> & 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), ESTABLISH TWO LINES IF POSSIBLE

**ADULT:** IV NS TKO IF SYS BP  $\geq$  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

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

**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