



EMS System for Metropolitan Oklahoma City and Tulsa

2026 Medical Control Board Treatment Protocols



EMS SECTION

Approved 9/17/25, Effective 1/15/26, 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

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), ESTABLISH 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

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: 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