



# EMS System for Metropolitan Oklahoma City and Tulsa 2019 Medical Control Board Treatment Protocols

Approved 9/12/18, Effective 1/15/19, replaces all prior versions



## 9E – DIALYSIS-RELATED ISSUES ADULT & PEDIATRIC

**TREATMENT PRIORITIES:**

1. Circulatory support
  - > External bleeding control
  - > Hypotension treatment with fluids and/or vasopressors
  - > If hyperkalemia, calcium chloride first medication
  - > Vascular access precaution: avoid fistulas/graft/shunt
2. Hypoglycemia care

**EMD**

CPR BY EMD INSTRUCTION (if applicable)  
CONTROL ANY BLEEDING WITH DIRECT PRESSURE  
ADVISE REST

**EMERGENCY MEDICAL DISPATCHER**

**EMERGENCY MEDICAL RESPONDER**

**EMT**

**EMT-INTERMEDIATE 85**

**ADVANCED EMT**

**PARAMEDIC**

<b>EMR</b>	<b>EMT</b>
<p>GENERAL SUPPORTIVE CARE OBTAIN VS</p> <p><b>DIALYSIS PORT/CATHETER/FISTULA BLEEDING?</b> DIRECT PRESSURE HEMOSTATIC AGENT TOURNIQUET PROXIMAL TO FISTULA IF BLEEDING SEVERE &amp; UNCONTROLLABLE ON EXTREMITY</p> <p><b>ADULT &amp; PEDIATRIC WEIGHT ≥25 kg HYPOGLYCEMIA CARE:</b> IF GLUCOSE &lt;50 mg/dL, 1 tube ORAL GLUCOSE (15 grams) PO <b>PEDIATRIC WEIGHT &lt;25 kg HYPOGLYCEMIA CARE:</b> IF GLUCOSE &lt;50 mg/dL, ½ tube ORAL GLUCOSE (7.5 grams) PO</p>	

<b>EMT - I85</b>	<b>AEMT</b>
<p><b>VASCULAR ACCESS?</b> IN MANY SITUATIONS, DIALYSIS PROFESSIONALS WILL LEAVE CATHETER IN PLACE TO USE AS IV PRN DO NOT INITIATE IV USING EMS CATHETERS IN FISTULA/GRAFT/SHUNT – VASCULAR DAMAGE CAN OCCUR USE IO ACCESS IF IV ACCESS UNOBTAINABLE</p> <p><b>SYMPTOMATIC HYPOTENSION?</b> <b>ADULT &amp; PEDIATRIC:</b> 10 mL/kg (MAX OF 500 mL IF ANURIC) NS IV/IO BOLUS IF NO SIGNS OF PULMONARY EDEMA</p> <p><b>HYPOGLYCEMIA?</b> <b>ADULT &amp; PEDIATRIC WEIGHT ≥25 kg:</b> IF GLUCOSE &lt;50 mg/dL, D50 1 mL/kg IVP/IOP UP TO 50 mL</p>	

<b>PARAMEDIC</b>
<p><b>CARDIAC ARREST OR VENTRICULAR DYSRHYTHMIA FROM KNOWN/SUSPECTED HYPERKALEMIA?</b> <b>ADULT/PEDIATRIC:</b> CALCIUM CHLORIDE 10 mg/kg IVP/IOP (MAX 1 gram) &amp; SODIUM BICARBONATE 1 mEq/kg IVP/IOP (MAX 50 mEq)</p> <p><b>CARDIAC ARREST FROM PRE-EXISTING METABOLIC ACIDOSIS?</b> <b>ADULT/PEDIATRIC:</b> SODIUM BICARBONATE 1 mEq/kg IVP/IOP (MAX 50 mEq)</p> <p><b>SYMPTOMATIC HYPOTENSION WITHOUT IMPROVEMENT AFTER 10 mL/kg IVF (MAX 500 mL IF ANURIC)?</b> <b>ADULT: PHARMACOLOGIC TREATMENT IF SYS BP &lt; 100 mmHg:</b> NOREPINEPHRINE 2-4 mcg/min TITRATE to SYS ≥ 100 mmHg OR DOPAMINE 5-20 mcg/kg/min TITRATE TO SYS BP ≥ 100 mmHg <b>PEDIATRIC:</b> OLMC CONSULT FOR PHARMACOLOGIC TREATMENT</p> <p>CONTINUOUS ASSESSMENT &amp; TREATMENT PER APPLICABLE PROTOCOL(S)</p>