



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



## Preface

Patients for whom EMS is summoned, EMS professionals providing life-sustaining and life-saving care, EMS professionals supporting field care through dispatch, education, quality improvement, and administrative leadership, and EMS physicians supporting all aspects of EMS through clinical leadership all deserve the finest clinical treatment protocols available. This protocol set was developed in that exact spirit to achieve that exact mission.

While no single set of EMS protocols can prove exhaustive, this particular compilation of protocols reflects essential care for the wide spectrum of patient ages, conditions, and acuities encountered by EMS professionals in metropolitan Oklahoma City and Tulsa. For 2019, we've made multiple updates. Notable examples include promoting earlier utilization of the Flex-Guide during endotracheal intubation attempts in adults, promoting continuous cardiopulmonary monitoring throughout endotracheal intubation, addition of a suspected croup protocol in pediatrics, standing orders for pediatric pain management in orthopedic injuries and burn injuries, and further clarifying patient prioritization by injury types. The work of the Airway Management Task Force in our EMS system will become even more apparent in further protocol updates anticipated to become effective over the course of 2019. This 2019 set continues to include every protocol identified as essential by the National Association of State EMS Officials.

Protocols are sectioned in easy to anticipate groupings (e.g. airway, cardiac arrest, trauma) and are formatted for brevity whenever possible. When appropriate, flowchart algorithms are utilized for easy to read care directives. Extensive use of pictures and diagrams are included in procedural protocols to promote clarity of understanding and accuracy of performance. Scopes of practice by EMS certification/licensure are clearly designated and use of color coding by scope of practice is consistent throughout all protocols.

**With the exception of non-traumatic cardiac arrest, wherein patient return of spontaneous circulation is most often dependent upon effective, immediate interventions on scene, transport should be initiated as soon as possible.**

EMS professionals should never perform emergency medical care outside of their individual scope of practice established by professional medical training, certification/licensure, and as credentialed by the Medical Control Board/Office of the Medical Director. When encountering patient conditions requiring care unspecified in these protocols, seek appropriate direction from on-line medical control, always delivering care with prudence and reasonable regard for safety of the patient, peers, and the public.

When possible, medication alternatives are indicated in these protocols in light of current and anticipated future medication supply shortages affecting EMS systems throughout the United States.

The Medical Control Board/Office of the Medical Director protocol development team has taken exhaustive efforts in developing and reviewing these protocols for accuracy. Despite every human effort, unintended typographical errors may persist. EMS professionals are directed to always deliver care with the highest regard for patient safety and when questions arise to care directives, care sequences, and/or medication selections and dosages, answers should be sought via on-line medical control during real-time patient care and via the medical directors/OMD personnel during protocol training and review events.

In addition to this "Field Edition" of these protocols, a "Reference Edition" can be found at the Medical Control Board/Office of the Medical Director website ([www.okctulomd.com](http://www.okctulomd.com)). The Reference Edition contains the extensive medical literature references organized by individual protocol that reflect the evidence-based medicine used in protocol development. For early 2019, 19 protocols have been updated with medical literature released since the development of the protocols used throughout much of 2017-8.

It is the sincere hope that these protocols will guide EMS professionals serving metropolitan OKC and Tulsa in achieving the best clinical outcome possible for each and every patient receiving their dedicated care.