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 2027, we continue to incorporate an analysis of the peer-reviewed, published medical research within the past year so that our protocols remain current and evidenced-based. This set reflects that even the research of note over the past 12 months doesn't mandate tangible changes at this time, though additional advances are certainly on the horizon. This 2027 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 protocols 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 Chief Medical Officers/OMD personnel during protocol training and review events.

In addition to this "Reference Edition" of these protocols, a "Field Edition" can be found at the Medical Control Board/Office of the Medical Director website (www.okctulomd.com). The Field Edition excludes the extensive medical literature references organized by individual protocol that reflect the evidence-based medicine used in protocol development in an effort to make the field edition more usable as a real-time clinical care resource.

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