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

Review and Approval 3/13/19, Effective 6/1/19, replaces all prior versions

6F – DYSTONIC REACTIONS ADULT & PEDIATRIC

TREATMENT PRIORITIES

1. Vital signs
2. O_2
3. Dextrose for hypoglycemia
4. Benzodiazepine for sustained, active seizure (refer to 6D Seizure if applicable)

Evaluate differential diagnosis of AMS & treat per protocol(s):

- Hypoxemia (Shock)
- Head Injury
- Stroke
- Seizure
- Infection (Sepsis/ Meningitis)
- Medication/Alcohol
- Heat or Cold Illness

EMERGENCY MEDICAL DISPATCHER
EMERGENCY MEDICAL RESPONDER
EMT
EMT-INTERMEDIATE 85
ADVANCED EMT
PARAMEDIC

EMD

KEEP PATIENT FREE FROM INJURY HAZARDS
AVOID PLACING ANYTHING IN MOUTH

EMR / EMT

GENERAL SUPPORTIVE CARE
OBTAIN VITAL SIGNS
O_2 VIA NC, NRB, AS APPROPRIATE

DETERMINE BLOOD GLUCOSE
ADULT & PEDIATRIC WEIGHT ≥25 kg HYPOGLYCEMIA CARE:
IF GLUCOSE <50 mg/dL, 1 tube ORAL GLUCOSE (15 grams) PO
PEDIATRIC WEIGHT <25 kg HYPOGLYCEMIA CARE:
IF GLUCOSE <50 mg/dL, ½ tube ORAL GLUCOSE (7.5 grams) PO

EMT OR HIGHER LICENSE:
MEASURE END–TIDAL CO_2 & MONITOR CAPNOGRAPH (if equipped)

EMT-I85 / AEMT

IV ACCESS

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 TKO IF SYS BP ≥ (70 + 2x age in years) mmHg
PEDIATRIC: IV NS 20 mL/kg BOLUS IF SYS BP < (70 + 2x age in years) mmHg IF NO SIGNS OF PULMONARY EDEMA

HYPOGLYCEMIA (GLUCOSE <50 mg/dL) - **ADULT & PEDIATRIC**
D10 5 mL/kg IVPB WIDE OPEN UP TO 250 mL OR
D25 2 mL/kg IV/IO UP TO 100 mL (must be ≥ 1 year of age) OR D50 1 mL/kg IV/IO UP TO 50 mL (must be ≥ 25 kg)
IF NO VASCULAR ACCESS OBTAINED & IF IO SEEMS EXCESSIVE TO CLINICAL STATUS:
GLUCAGON: IF PT WT ≥25 kg, 1mg IM; <25 kg, 0.5 mg IM
ADULT & PEDIATRIC: REPEAT DETERMINATION OF BLOOD GLUCOSE POST-HYPOGLYCEMIA TREATMENT

PARAMEDIC

ADULT: DIPHENHYDRAMINE 50 mg IM/IVP
PEDIATRIC: DIPHENHYDRAMINE 1 mg/kg IM/IVP TO MAX OF 50 mg

IF NO IMPROVEMENT 15 MINUTES AFTER DIPHENHYDRAMINE ADMINISTRATION & MARKED MUSCLE SPASM/TONE:

ADULT: MIDAZOLAM 2.5 mg IVP/IM/IN **OR**
ADULT: DIAZEPAM 5 mg IVP **OR**
ADULT: LORAZEPAM 2 mg IVP/IM.

PEDIATRIC: MIDAZOLAM 0.1 mg/kg IM/IVP/IN TO MAX OF 2,5 mg **OR**
PEDIATRIC: DIAZEPAM 0.1 mg/kg TO MAX OF 5 mg IVP/IM **OR**
PEDIATRIC: LORAZEPAM 0.1 mg/kg TO MAX OF 2 mg IVP/IM

CONTINUOUS ASSESSMENT & TREATMENT OF SUSPECTED ETIOLOGY PER APPLICABLE PROTOCOL(S)
CONSULT OLMC IF ABOVE TREATMENT INEFFECTIVE