



Summary of Changes September 14, 2022, MCB Updates for 2022 protocols & 2023 Protocol Set

Protocol Changes:

1D: Trauma and Hypovolemic Shock Supportive Care Adult & Pediatric

Added Consider Low Titer Whole Blood (LTOWB) to the Paramedic protocol box

2D: Bag Valve Mask (BVM) Management Adult & Pediatric

Page 2D.1 Technique: Changing from C-clamp technique to EC-clamp technique. Page 2D.2 Added pictures of technique for one handed and two-handed technique.

4N: EleGARD Head Up CPR (2022 update)

Moved techniques around to better suit what was being performed on scene. Moved technique #7 to #8 and #8 to #7. Added EleGARD Pit Crew assignments to protocol. Removed ETT from #6.

3A: Respiratory Arrest Adult & Pediatric

6B: Altered Mental Status Adult & Pediatric

6E: Syncope Adult & Pediatric

8A: Poisonings General Management Adult & Pediatric

Each of the protocols listed above; added to the Treatment Priority Box:

#2. Oxygenation/Ventilation (BVM Prior to the administration of Naloxone). Added to the EMR/EMT Box under: Toxins/Drug Overdose – Suspected Narcotic/Opiate – Apneic, a statement was added: Address Oxygenation and Ventilation (SpO2 Goal \geq 94%) Before Administering Naloxone

8E: Snakebites Pit Vipers (Rattlesnakes, Copperheads, Moccasins) (Crotalinae Envenomation)

9A: Abdominal Pain/Nausea/Vomiting/Diarrhea Adult & Pediatric

9B: Sepsis Adult & Pediatric

13E: Pelvic Pain Adult & Pediatric

Each of the protocols listed above; added to the EMR/EMT Box: Nausea/Vomiting Adult/Pediatric: Isopropyl Alcohol Pads Held 1 to 2 CM Below Nares (Max of 3 Pads Every 15 Minutes)

10E: Needle Thoracostomy (Tension Pneumothorax Decompression) Adult & Pediatric

Adding the Spear Needle, updated the language under Technique: page 10E.2, under D. to meet the requirements of the device. 3.25 to 3.75 pneumothorax catheter. Also moved first line placement to 4th or 5th intercostal space for adults.



Continued Summary of Changes from September 14, 2022, MCB.

10H: Tourniquet Adult & Pediatric

Added the SWAT-T (Tourniquet) This will allow for a tourniquet for children and/or smaller adults that a CAT-TQ has to large of a diameter to fit.

14I: Interhospital Transfers

Added High flow nasal cannula directions with diagram. This will allow for a better understanding of high flow nasal cannula during Interhospital transfers.

17A: Destination Determination

Changes were made to page 17A.8 which deals with burn patients. Pediatric burn patients were added to the destination for Baptist Medical Center-NWE.

17B: Categorization of Hospitals

Pediatric Burns were added to Integris Baptist NWE. OU Health Emergency Room & Urgent Care – Czech Hall was added as a Free-Standing ED.

17O: Low Titer O+ Whole Blood (LTOWB) Metropolitan Oklahoma City (2022 New Protocol)

New Protocol for the delivery of Whole Blood in the field to patients with hemorrhagic shock from trauma. The program will start with 3 units of LTOWB and will be deployed in Oklahoma City Metropolitan area. Two units of LTOWB will be assigned to OKCFD & One unit of LTOWB will be assigned to EMSA. This program was developed with the cooperation of OUMC and OBI.

References Updated:

Updated with the latest science to support each protocol.

3K, 4A, 4D, 7A, 10E, 10I, 14D, 17K, 17O



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Ambulance & EMR Inspection Forms

Increased the number of CAT TQ and added SWAT-T TQ to inventory list.

CAT TQ increased from 6 to 8 per ambulance unit. (ambulance)

CAT TQ increased from 2 to 8 per EMR apparatus. (EMR)

SWAT-T TQ was added with values of 2 per unit. (ambulance)

SWAT-T TQ was added with values of 2 per apparatus. (EMR)

Credentialing Policy:

Added 911 BLS Ambulance EMT credentialing criteria.

Removed 911 BLS EMT

Added Whole Blood Paramedic credentialing criteria.

Low Titer O+ Whole Blood Policies:

- MCB/OMD LTOWB Product List
- MCB/OMD LTOWB Daily Responsibilities
- MCB/OMD LTOWB Daily Check Off-Form
- MCB/OMD LTOWB Scene Coordination
- MCB/OMD LTOWB Transfusion Record

OMD Clinical Administrative Policy – Controlled Substances:

Removed the word “Blue Copy” from Receiving Orders Line C & E. DEA forms are now single forms and not 3 carbon form.

Receiving Orders Line E. Changed; Copies of the packing slip will be forwarded to the Office of the Medical Director to Copies of the packing slip shall be kept on file with each agency.

Expired Controlled Substances & Related Documentation

Added: 2. All expired controlled substances shall be sent for destruction no less frequently than every 180 days and/or whenever the amount of accumulated expired controlled substances exceeds 100 single patient use vials, ampules, prefilled cartridge/syringes, or other formats.