



EMS System for Metropolitan Oklahoma City and Tulsa 2022 Medical Control Board Treatment Protocols



Approved 9/8/21, Effective 1/17/22, replaces all prior versions

3A – RESPIRATORY ARREST ADULT & PEDIATRIC

- TREATMENT PRIORITIES**
1. Airway patency
 2. Oxygenation/Ventilation
 3. Vital signs
 4. Dextrose for hypoglycemia
 5. Naloxone for narcotic/opiate overdose

EMD
CPR BY EMD INSTRUCTION

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

EMR	EMT
<p>ESTABLISH AIRWAY PATENCY (POSITIONING, OPA, NPA) O₂ VIA BVM AS APPROPRIATE GENERAL SUPPORTIVE CARE OBTAIN VITAL SIGNS DETERMINE BLOOD GLUCOSE APPLY CARDIAC MONITOR/OBTAIN 12-LEAD ECG (if equipped) TRANSMIT 12-LEAD ECG TO RECEIVING EMERGENCY DEPARTMENT</p> <p>TOXINS/DRUG OVERDOSE – SUSPECTED NARCOTIC/OPIATE – APNEIC ADULT: NALOXONE 2 mg IN, MAY REPEAT ONCE PEDIATRIC: NALOXONE 0.5 mg IN, MAY REPEAT TO MAX OF 2 mg USE NALOXONE TO RESTORE EFFECTIVE BREATHING; AVOID EXCESSIVE DOSING TO PREVENT WITHDRAWAL</p> <p>EMT OR HIGHER LICENSE: MEASURE END-TIDAL CO₂ & MONITOR WAVEFORM CAPNOGRAPHY (if equipped, **Mandatory use if pt intubated) PLACE SUPRAGLOTTIC AIRWAY IF INDICATED & ONLY IF BVM VENTILATIONS INEFFECTIVE</p>	

EMT-185	AEMT
<p>ADULT: INTUBATE IF INDICATED PER APPLICABLE PROTOCOLS DO NOT INTUBATE PATIENTS WITH RAPIDLY REVERSIBLE RESP ARREST ETIOLOGY (e.g. NARCOTIC/OPIATE OVERDOSE)</p> <p>IV/IO 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</p> <p>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</p> <p>ADVANCED EMT OR HIGHER LICENSE: TOXINS/DRUG OVERDOSE – SUSPECTED NARCOTIC/OPIATE – APNEIC ADULT: NALOXONE 2 mg IVP/IOP/IN, MAY REPEAT ONCE PEDIATRIC: NALOXONE 0.5 mg IVP/IOP/IN, MAY REPEAT TO MAX OF 2 mg USE NALOXONE TO RESTORE EFFECTIVE BREATHING; AVOID EXCESSIVE DOSING TO PREVENT WITHDRAWAL</p>	

PARAMEDIC
<p>ADULT: MEDICATION-ASSISTED INTUBATION IF INDICATED PER PROTOCOL 2G</p> <p>CONTINUOUS ASSESSMENT & TREATMENT OF SUSPECTED RESP ARREST ETIOLOGY PER APPLICABLE PROTOCOL(S)</p>