



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

3E – DYSPNEA – CONGESTIVE HEART FAILURE (CHF) ADULT & PEDIATRIC

TREATMENT PRIORITIES

- Vital signs (including EtCO₂, if equipped)
- Oxygenation support
 - O₂ by NC, NRB
 - BVM, Bi/CPAP, ETT if indicated
- Ventilation support
 - BVM, Bi/CPAP, ETT if indicated
- Cardiac pre-load & after-load reduction
 - Adult: Nitroglycerin
 - Pediatric: OLMC CONSULT

EMD

ADVISE TO AVOID PHYSICAL EXERTION OR ENVIRONMENTAL STRESS (TEMP EXTREMES). ADVISE PT SELF-ADMINISTRATION OF MEDICATIONS (eg. NITROGLYCERIN SPRAY/TABS) AS PREVIOUSLY PRESCRIBED FOR CHF SYMPTOMS

EMERGENCY MEDICAL DISPATCHER

EMERGENCY MEDICAL RESPONDER

EMT

EMT-INTERMEDIATE 85

ADVANCED EMT

PARAMEDIC

EMR	EMT
<p>GENERAL SUPPORTIVE CARE OBTAIN VITAL SIGNS O₂ VIA NC, NRB, OR BVM AS APPROPRIATE APPLY CARDIAC MONITOR/OBTAIN 12-LEAD ECG (if equipped) TRANSMIT 12-LEAD ECG TO RECEIVING EMERGENCY DEPARTMENT</p> <p>EMT OR HIGHER LICENSE: MEASURE END-TIDAL CO₂ & MONITOR WAVEFORM CAPNOGRAPHY (if equipped) ADULT: APPLY Bi/CPAP IF INDICATED (if equipped) ADULT: ASSIST PT WITH PT OWN NITROGLYCERIN AS PREVIOUSLY PRESCRIBED FOR CHF SYMPTOMS IF SYS BP ≥ 100 mmHg PLACE SUPRAGLOTTIC AIRWAY IF INDICATED & ONLY IF BVM VENTILATIONS INEFFECTIVE</p>	

EMT-I85	AEMT
<p>ADULT: INTUBATE IF INDICATED PER APPLICABLE PROTOCOLS</p> <p>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</p>	

PARAMEDIC
<p>ADULT: MEDICATION-ASSISTED INTUBATION IF INDICATED PER PROTOCOL 2G</p> <p>ADULT: PHARMACOLOGIC TREATMENT IF SYS BP ≥ 100 mmHg: NITROGLYCERIN 0.4 mg SUBLINGUAL EVERY 5 MINS OR IF PATIENT ON NIPPV, USE NITROGLYCERIN 2% OINTMENT 1½ INCHES APPLIED TO CHEST WALL ADULT: PHARMACOLOGIC TREATMENT IF SYS BP < 100 mmHg: NOREPINEPHRINE 2-4 mcg/min TITRATE to SYS ≥ 100 mmHg OR DOPAMINE 5-20 mcg/kg/min TITRATE TO SYS BP ≥ 100 mmHg PEDIATRIC: OLMC CONSULT FOR PHARMACOLOGIC TREATMENT</p> <p>TREAT PER PROTOCOL 5C - ACUTE CORONARY SYNDROME AND/OR DYSRHYTHMIA PROTOCOL(S) AS INDICATED CONTINUOUS ASSESSMENT & TREATMENT PER APPLICABLE PROTOCOL(S) TRANSPORT ASAP PER DESTINATION PROTOCOL</p>