



# 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



**EMS SECTION**

## 4A - RESUSCITATION (CPR) ADULT & PEDIATRIC

- TREATMENT PRIORITIES:**
- Circulatory support**
    - Apply ResQCPR® within 2 minutes
    - Chest compression rate 80/min ResQCPR®
    - Chest compression rate 110/min standard CPR
    - Appropriate compression depth & full recoil
    - Limit pauses in compressions
    - Timely defibrillation (if indicated)
    - Utilize Res-Q-Pod®
  - Oxygenation/Ventilation support**
    - Avoid hyperventilation in rate & volume
    - Use waveform capnography (if equipped)

\*\*Mandatory use if patient intubated

**EMD**  
CPR BY EMD INSTRUCTION

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

**EMR** | **EMT**

POSITION PATIENT FOR EFFECTIVE RESUSCITATION.  
FOR ADULT NONTRAUMATIC CARDIAC ARREST ONLY: CHEST COMPRESSIONS AT 80/MINUTE USING ResQCPR®  
CHEST COMPRESSIONS AT 110 COMPRESSIONS/MINUTE USING HANDS ONLY  
USE METRONOME THROUGHOUT TO GUIDE COMPRESSION RATE  
LIMIT PAUSES IN CHEST COMPRESSIONS – AVOID PAUSES WHENEVER PHYSICALLY POSSIBLE.

APPLY AED (OR MANUAL DEFIBRILLATION PADS IF PARAMEDIC PRESENT) PLACE PADS ANTERIOR-POSTERIOR.

IF CARDIAC ARREST DURATION ESTIMATED > 4 MINS AND WITHOUT GOOD QUALITY BYSTANDER CPR,  
PERFORM CPR FOR 2 MINUTES PRIOR TO AED/RHYTHM ANALYSIS FOR DEFIBRILLATION DETERMINATION.

IF CARDIAC ARREST DURATION ESTIMATED ≤ 4 MINS, IMMEDIATE AED/RHYTHM ANALYSIS FOR DEFIBRILLATION DETERMINATION.

**ADULT:** 110 COMPRESSIONS/MINUTE WITH 8-10 VENTILATIONS/MINUTE WITHOUT PAUSE IN COMPRESSIONS.  
ATTACH RES-Q-POD® TO BVM.

**PEDIATRIC:** 15 COMPRESSION : 2 VENTILATION CYCLES WITH 110 COMPRESSIONS/MINUTE RATE  
ASYNCHRONOUS 10 VENTILATIONS AND 110 COMPRESSIONS PER MINUTE IF ADVANCED AIRWAY IN PLACE  
ATTACH ResQPOD® TO BVM IF PT ≥ 12 YEARS OF AGE AND ESTIMATED WEIGHT ≥ 50 kg.

FOLLOW AED PROMPTS FOR RHYTHM ANALYSIS & DEFIBRILLATION IF INDICATED (USING 2015 AHA STANDARDS).  
AFTER AED SHOCK (IF APPLICABLE), IMMEDIATELY RESUME CPR FOR 2 MINUTES.  
IF NO AED SHOCK ADVISED, IMMEDIATELY RESUME CPR FOR 2 MINUTES.

**EMT OR HIGHER LICENSE ONLY:**  
PLACE SUPRAGLOTTIC AIRWAY IF INDICATED & ONLY IF BVM VENTILATIONS INEFFECTIVE.  
IF RETURN OF SPONTANEOUS CIRCULATION, REFER TO PROTOCOL 4J – POST CARDIAC ARREST TREATMENT

AT 20 MINS OF RESUSCITATIVE MEASURES (IF APPLICABLE):  
CONTACT OLMC FOR TERMINATION OF RESUSCITATION CONSULTATION  
(IF APPLICABLE PER PROTOCOL 4K - TERMINATION OF RESUSCITATION)

**EMT-I85** | **AEMT**

**ADULT:** INTUBATE AFTER CPR INITIATED – FIRST ATTEMPT WITHOUT PAUSE IN COMPRESSIONS  
LIMIT INTUBATION COMPRESSION PAUSE TO MAXIMUM OF 10 SECONDS

IV / IO ACCESS

**PARAMEDIC**

ASSESS FOR UNDERLYING ETIOLOGY OF CARDIAC ARREST & TREAT PER APPLICABLE PROTOCOL(S)  
RHYTHM ANALYSIS AT NEXT APPROPRIATE RHYTHM CHECK  
LIMIT RHYTHM ANALYSIS COMPRESSION PAUSE TO MAXIMUM OF 5 SECONDS  
RHYTHM SPECIFIC MANAGEMENT PER APPLICABLE PROTOCOL(S) 4F – 4H