



EMS System for Metropolitan Oklahoma City and Tulsa 2017 Medical Control Board Treatment Protocols



Approved 11/9/16, Effective 2/1/17, 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 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>ADULT & PEDIATRIC WEIGHT ≥25 kg HYPOGLYCEMIA CARE: IF GLUCOSE <50 mg/dL, D50 1 mL/kg IVP UP TO 50 mL OR D10 25 grams in 250 mL of NS IVPB WIDE OPEN UP TO 250 mL GLUCAGON 1 mg IM IF NO VASCULAR ACCESS OBTAINED PEDIATRIC WEIGHT <25 kg HYPOGLYCEMIA CARE: IF GLUCOSE <50 mg/dL, D25 2 mL/kg IVP UP TO 50 mL OR D10 25 grams in 250 mL of NS IVPB WIDE OPEN UP TO 125 mL GLUCAGON 0.5 mg IM IF NO VASCULAR ACCESS OBTAINED ADULT & PEDIATRIC: REPEAT DETERMINATION OF BLOOD GLUCOSE POST-DEXTROSE 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</p> <p>CONTINUOUS ASSESSMENT & TREATMENT OF SUSPECTED RESP ARREST ETIOLOGY PER APPLICABLE PROTOCOL(S)</p>