



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

3D – DYSPNEA – CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) ADULT

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
- Nebulization therapy
 - Albuterol, Ipratropium bromide

EMD

ADVISE TO AVOID PHYSICAL EXERTION OR ENVIRONMENTAL STRESS (TEMP EXTREMES). ADVISE PT SELF-ADMINISTRATION OF MEDICATIONS (eg. ALBUTEROL INHALER) AS PREVIOUSLY PRESCRIBED FOR COPD 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 ASSIST PT WITH PT'S OWN ALBUTEROL INHALER/NEBULIZER (when applicable)</p> <p>EMT OR HIGHER LICENSE: MEASURE END-TIDAL CO₂ & MONITOR WAVEFORM CAPNOGRAPHY (if equipped) APPLY Bi/CPAP IF INDICATED (if equipped) NEBULIZED ALBUTEROL 5 mg & IPRATROPIUM BROMIDE 0.5 mg MAY REPEAT ENROUTE X 2 AS NEEDED PLACE SUPRAGLOTTIC AIRWAY IF INDICATED & ONLY IF BVM VENTILATIONS INEFFECTIVE</p>	

EMT-I85	AEMT
<p>INTUBATE IF INDICATED</p> <p>IV ACCESS IV NS TKO IF SYS BP ≥ 100 mmHg WITHOUT HYPOTENSIVE SYMPTOMS IV NS 250 mL BOLUS IF SYS BP <100 mmHg WITH HYPOTENSIVE SYMPTOMS & NO SIGNS OF PULMONARY EDEMA, REPEAT UP TO 2 LITERS NS IF SYS BP REMAINS < 100 mmHg WITH HYPOTENSIVE SYMPTOMS & NO SIGNS OF PULMONARY EDEMA</p>	

PARAMEDIC

METHYLPREDNISOLONE 125 mg IVP. MAY GIVE IM IF NO VASCULAR ACCESS OBTAINED.

MEDICATION-ASSISTED INTUBATION IF INDICATED
CONTINUOUS ASSESSMENT & TREATMENT PER APPLICABLE PROTOCOL(S)