

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

TREATMENT PRIORITIES

- 1. Safety of self
- 2. Safety of public safety professionals
- 3. Safety of patient
- 4. Continuity of resuscitation

4L-INTRA-ARREST WAKEFULNESS ADULT



EMT

ASSIST IN PHYSICAL CONTROL OF PATIENT, INCLUDING APPLYING PHYSICAL RESTRAINTS ANY RESTRAINT(S) SHOULD MINIMIZE ANY DETRIMENT TO RESPIRATORY OR PERFUSION MECHANICS

> USE ADEQUATE NUMBERS OF PUBLIC SAFETY PROFESSIONALS TO MINIMIZE RISK OF INJURY TO SELF AND OTHERS

SPEAK CALMLY TO PATIENT WITH REASSURANCE THAT HELP IS BEING PROVIDED

CONTINUE RESUCITATION CARE PER APPLICABLE PROTOCOLS

AEMT EMT-185

IV/IO ACCESS

DO NOT RISK SELF INJURY WITH NEEDLESTICK IN IV ACCESS IF PT COMBATIVE

PARAMEDIC

CHEMICAL RESTRAINT:

ALL PATIENTS REQUIRING CHEMICAL RESTRAINT ARE TO BE PHYSICALLY RESTRAINED AS WELL

ADULT: MIDAZOLAM 0.1 mg/kg IVP/IOP TO MAX OF 5 mg. MAY REPEAT ONCE. OR

ADULT: DIAZEPAM 5 mg IVP/IOP IF MIDAZOLAM NOT AVAILABLE. MAY REPEAT ONCE.

OR

ADULT: LORAZEPAM 2 mg IVP/IOP IF MIDAZOLAM NOT AVAILABLE. MAY REPEAT ONCE. (MIDAZOLAM STRONGLY PREFERRED DUE TO MOST RAPID ONSET OF ACTION OF BENZODIAZEPINE OPTIONS)

CONTINUOUS ASSESSMENT & TREATMENT PER APPLICABLE PROTOCOL(S)