



# 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

## 6E - SYNCOPE ADULT & PEDIATRIC

**TREATMENT PRIORITIES**

- Vital signs
- O<sub>2</sub>
- Dextrose for hypoglycemia
- Benzodiazepine for sustained, active seizure (refer to 6D Seizure if applicable)

Evaluate differential diagnosis of Syncope & treat per protocol(s):

- Acute Coronary Syndrome
- Cardiac Dysrhythmia
- Hypotension (Shock)
- Hypoxemia (Shock)
- Head Injury
- Stroke
- Seizure
- Infection (Sepsis/Meningitis)
- Medication/Alcohol
- Heat or Cold Illness
- Psychogenic/Emotion

**EMD**

KEEP PATIENT FREE FROM INJURY HAZARDS  
AVOID PLACING ANYTHING IN MOUTH  
ADVISE TO AVOID PHYSICAL EXERTION  
OR ENVIRONMENTAL STRESS (TEMP EXTREMES)  
PLACE IN RECOVERY POSITION/POSITION OF COMFORT

**EMERGENCY MEDICAL DISPATCHER**

**EMERGENCY MEDICAL RESPONDER**

**EMT**

**EMT-INTERMEDIATE 85**

**ADVANCED EMT**

**PARAMEDIC**

EMR	EMT
<p>GENERAL SUPPORTIVE CARE; OBTAIN VITAL SIGNS O<sub>2</sub> VIA NC, NRB, OR BVM AS APPROPRIATE DETERMINE BLOOD GLUCOSE FOR PATIENT ABLE TO SWALLOW</p> <p><b>ADULT &amp; PEDIATRIC WEIGHT ≥25 kg HYPOGLYCEMIA CARE:</b> IF GLUCOSE &lt;50 mg/dL, 1 tube ORAL GLUCOSE (15 grams) PO</p> <p><b>PEDIATRIC WEIGHT &lt;25 kg HYPOGLYCEMIA CARE:</b> IF GLUCOSE &lt;50 mg/dL, ½ tube ORAL GLUCOSE (7.5 grams) PO</p> <p><b>TOXINS/DRUG OVERDOSE – SUSPECTED NARCOTIC/OPIATE APNEIC/AGONALLY BREATHING</b> <b>ADULT:</b> NALOXONE 2 mg IN, MAY REPEAT ONCE <b>PEDIATRIC:</b> NALOXONE 0.5 mg IN, MAY REPEAT TO MAX OF 2 mg</p> <p><b>INEFFECTIVE BREATHING ACTIVITY</b> <b>ADULT &amp; PEDIATRIC:</b> 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>APPLY CARDIAC MONITOR/OBTAIN 12-LEAD ECG (if equipped) TRANSMIT 12-LEAD ECG TO RECEIVING EMERGENCY DEPARTMENT</p> <p><b>EMT OR HIGHER LICENSE:</b> MEASURE END-TIDAL CO<sub>2</sub> &amp; MONITOR WAVEFORM CAPNOGRAPHY (if equipped, **Mandatory use if pt intubated) PLACE SUPRAGLOTTIC AIRWAY IF INDICATED &amp; ONLY IF BVM VENTILATIONS INEFFECTIVE</p>	

EMT-I85	AEMT
<p>IV ACCESS</p> <p><b>ADULT:</b> IV NS TKO IF SYS BP ≥ 100 mmHg WITHOUT HYPOTENSIVE SYMPTOMS <b>ADULT:</b> IV NS 250 mL BOLUS IF SYS BP &lt;100 mmHg WITH HYPOTENSIVE SYMPTOMS &amp; NO SIGNS OF PULMONARY EDEMA, <b>ADULT:</b> REPEAT UP TO 2 LITERS NS IF SYS BP REMAINS &lt; 100 mmHg WITH HYPOTENSIVE SYMPTOMS &amp; NO SIGNS OF PULMONARY EDEMA <b>PEDIATRIC:</b> IV NS TKO IF SYS BP ≥ (70 + 2x age in years) mmHg <b>PEDIATRIC:</b> IV NS 20 mL/kg BOLUS IF SYS BP &lt; (70 + 2x age in years) mmHg IF NO SIGNS OF PULMONARY EDEMA</p> <p><b>ADULT &amp; PEDIATRIC WEIGHT ≥25 kg HYPOGLYCEMIA CARE:</b> IF GLUCOSE &lt;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</p> <p><b>PEDIATRIC WEIGHT &lt;25 kg HYPOGLYCEMIA CARE:</b> IF GLUCOSE &lt;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</p> <p><b>ADULT &amp; PEDIATRIC:</b> REPEAT DETERMINATION OF BLOOD GLUCOSE POST-DEXTROSE TREATMENT</p> <p><b>ADULT:</b> INTUBATE IF INDICATED; DO NOT INTUBATE PATIENTS WITH RAPIDLY REVERSIBLE AMS ETIOLOGY (eg. HYPOGLYCEMIA, OPIATES)</p> <p><b>ADVANCED EMT OR HIGHER LICENSE:</b> <b>TOXINS/DRUG OVERDOSE – SUSPECTED NARCOTIC/OPIATE – APNEIC/AGONALLY BREATHING</b> <b>ADULT:</b> NALOXONE 2 mg IVP/IOP/IN MAY REPEAT ONCE <b>PEDIATRIC:</b> NALOXONE 0.5 mg IVP/IOP/IN, MAY REPEAT TO MAX OF 2 mg</p> <p><b>TOXINS/DRUG OVERDOSE – SUSPECTED NARCOTIC/OPIATE – INEFFECTIVE BREATHING ACTIVITY</b> <b>ADULT &amp; PEDIATRIC:</b> 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**

**ADULT:** MEDICATION-ASSISTED INTUBATION IF INDICATED  
CONTINUOUS ASSESSMENT & TREATMENT OF SUSPECTED AMS ETIOLOGY PER APPLICABLE PROTOCOL(S)  
CONSULT OLMC IF ABOVE TREATMENT INEFFECTIVE FOR HYPOGLYCEMIA OR NARCOTIC/OPIATE ETIOLOGY  
CONSULT OLMC IF UNCERTAIN OF ETIOLOGY AND TREATMENT PLAN OF AMS