



# 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

## 6F – DYSTONIC REACTIONS ADULT & PEDIATRIC

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

**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 AMS & treat per protocol(s):

- Hypoxemia (Shock)
- Head Injury
- Stroke
- Seizure
- Infection (Sepsis/Meningitis)
- Medication/Alcohol
- Heat or Cold Illness

**EMD**

KEEP PATIENT FREE FROM INJURY HAZARDS  
AVOID PLACING ANYTHING IN MOUTH

<b>EMR</b>	<b>EMT</b>
<p>GENERAL SUPPORTIVE CARE OBTAIN VITAL SIGNS O<sub>2</sub> VIA NC, NRB, AS APPROPRIATE</p> <p>DETERMINE BLOOD GLUCOSE <b>ADULT &amp; PEDIATRIC WEIGHT ≥25 kg HYPOGLYCEMIA CARE:</b> IF GLUCOSE &lt;50 mg/dL, 1 tube ORAL GLUCOSE (15 grams) PO <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>EMT OR HIGHER LICENSE:</b> MEASURE END-TIDAL CO<sub>2</sub> &amp; MONITOR CAPNOGRAPH (if equipped)</p>	

<b>EMT-I85</b>	<b>AEMT</b>
<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 GLUCAGON 1 mg IM IF NO VASCULAR ACCESS OBTAINED <b>PEDIATRIC WEIGHT &lt;25 kg HYPOGLYCEMIA CARE:</b> IF GLUCOSE &lt;50 mg/dL, D25 2 mL/kg IVP UP TO 50 mL GLUCAGON 0.5 mg IM IF NO VASCULAR ACCESS OBTAINED <b>ADULT &amp; PEDIATRIC:</b> REPEAT DETERMINATION OF BLOOD GLUCOSE POST-DEXTROSE TREATMENT</p>	

**PARAMEDIC**

**ADULT:** DIPHENHYDRAMINE 50 mg IM/IVP  
**PEDIATRIC:** DIPHENHYDRAMINE 1 mg/kg IM/IVP TO MAX OF 50 mg

IF NO IMPROVEMENT 15 MINUTES AFTER DEPHENHYDRAMINE ADMINISTRATION & MARKED MUSCLE SPASM/TONE:

**ADULT:** MIDAZOLAM 2.5 mg IVP/IM/IN OR  
**ADULT:** DIAZEPAM 5 mg IVP OR  
**ADULT:** LORAZEPAM 2 mg IVP/IM.

**PEDIATRIC:** MIDAZOLAM 0.1 mg/kg IM/IVP/IN TO MAX OF 2.5 mg OR  
**PEDIATRIC:** DIAZEPAM 0.1 mg/kg TO MAX OF 5 mg IVP/IM OR  
**PEDIATRIC:** LORAZEPAM 0.1 mg/kg TO MAX OF 2 mg IVP/IM

CONTINUOUS ASSESSMENT & TREATMENT OF SUSPECTED ETIOLOGY PER APPLICABLE PROTOCOL(S)  
CONSULT OLMC IF ABOVE TREATMENT INEFFECTIVE