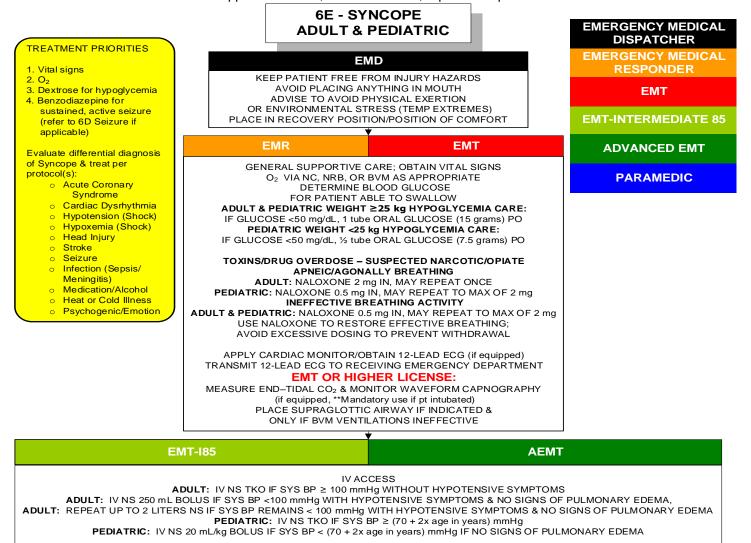


EMS System for Metropolitan Oklahoma City and Tulsa 2019 Medical Control Board Treatment Protocols



Review and Approval 3/13/19, Effective 6/1/19, replaces all prior versions



HYPOGLYCEMIA (GLUCOSE <50 mg/dL) - ADULT & PEDIATRIC D10 5 mL/kg IVPB WIDE OPEN UP TO 250 mL OR

D25 2 mL/kg IV/IO UP TO 100 mL (must be ≥ 1 year of age) OR D50 1 mL/kg IV/IO UP TO 50 mL (must be ≥ 25 kg)

IF NO VASCULAR ACCESS OBTAINED & IF IO SEEMS EXCESSIVE TO CLINICAL STATUS:

GLUCAGON: IF PT WT 25 kg, 1mg IM; <25 kg, 0.5 mg IM ADULT & PEDIATRIC: REPEAT DETERMINATION OF BLOOD GLUCOSE POST-HYPOGLYCEMIA TREATMENT

ADULT: INTUBATE IF INDICATED; DO NOT INTUBATE PATIENTS WITH RAPIDLY REVERSIBLE AMS ETIOLOGY (eg. HYPOGLYCEMIA, OPIATES) ADVANCED EMT OR HIGHER LICENSE:

TOXINS/DRUG OVERDOSE - SUSPECTED NARCOTIC/OPIATE - APNEIC/AGONALLY BREATHING

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

TOXINS/DRUG OVERDOSE - SUSPECTED NARCOTIC/OPIATE - INEFFECTIVE BREATHING ACTIVITY

ADULT & 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

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