

EMS System for Metropolitan Oklahoma City and Tulsa 2024 Medical Control Board Treatment Protocols



Approved 11/08/23, Effective 1/15/24, replaces all prior versions

2B - AIRWAY ESTABLISHMENT / OBSTRUCTION MANAGEMENT ADULT & PEDIATRIC

EMERGENCY MEDICAL DISPATCHER TREATMENT PRIORITIES **EMD EMERGENCY MEDICAL** 1, Remove obstruction RESPONDER 2. Oxygenation/Ventilation support VERIFY IF PATIENT IS CHOKING 3. NGT/OGT with iGel or intubation **EMT** AVOID BACK SLAPS ENCOURAGE COUGHING AND BREATHING EFFORTS INSTRUCT CALLER IN HEIMLICH MANEUVER IF INDICATED **EMT-INTERMEDIATE 85 ADVANCED EMT PARAMEDIC EMR EMT** GENERAL SUPPORTIVE CARE ADULTS: HEIMLICH MANEUVER OR ABDOMINAL THRUSTS IF SUPINE (CHEST COMPRESSIONS IF PREGNANT OR MORBID OBESITY) PEDIATRIC: HEIMLICH MANEUVER OR ABDOMINAL THRUSTS IF SUPINE (CHEST COMPRESSIONS IF < 1 YR OLD) **OBTAIN VITAL SIGNS** O2 VIA NC, NRB, OR BVM AS APPROPRIATE APPLY CARDIAC MONITOR (if equipped) **EMT OR HIGHER LICENSE:** MEASURE END - TIDAL CO₂ & MONITOR WAVEFORM CAPNOGRAPHY (if equipped, **Mandatory use if pt intubated) PLACE SUPRAGLOTTIC AIRWAY IF INDICATED & ONLY IF BVM VENTILATIONS INEFFECTIVE **EMT-185 AEMT** DIRECT LARYNGOSCOPY & REMOVAL OF FOREIGN BODY **ADULT: INTUBATE IF INDICATED** IV ACCESS (IF NEEDED) **PARAMEDIC ADULT: MEDICATION ASSISTED INTUBATION IF INDICATED** ADULT: CRICOTHYROTOMY FOR COMPLETE, INTRACTABLE OBSTRUCTION PEDIATRIC: PT > 6 YRS OLD, CRICOTHYROTOMY FOR COMPLETE, INTRACTABLE OBSTRUCTION CONTINUOUS ASSESSMENT & TREATMENT PER APPLICABLE PROTOCOL(S) CONSULT OLMC IF AIRWAY OBSTRUCTION PERSISTS DESPITE ABOVE MEASURES