

TREATMENT PRIORITIES

2. Oxygenation/Ventilation

4. Dextrose for hypoglycemia

5. Naloxone for narcotic/opiate

(BVM prior to administration of

Airway patency

Naloxone) 3. Vital signs

overdose

## 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

# 3A - RESPIRATORY ARREST ADULT & PEDIATRIC **EMD** CPR BY EMD INSTRUCTION

**EMERGENCY MEDICAL DISPATCHER EMERGENCY MEDICAL** 

RESPONDER

**EMT** 

**EMT-INTERMEDIATE 85** 

**ADVANCED EMT** 

**PARAMEDIC** 

**EMR EMT** 

ESTABLISH AIRWAY PATENCY (POSITIONING, OPA, NPA)  $\mathsf{O}_2$  VIA BVM AS APPROPRIATE GENERAL SUPPORTIVE CARE **OBTAIN VITAL SIGNS** DETERMINE BLOOD GLUCOSE APPLY CARDIAC MONITOR/OBTAIN 12-LEAD ECG (if equipped)

TRANSMIT 12-LEAD ECG TO RECEIVING EMERGENCY DEPARTMENT

TOXINS/DRUG OVERDOSE - SUSPECTED NARCOTIC/OPIATE - APNEIC

ADDRESS OXYGENATION AND VENTILATION (SPO2 GOAL ≥ 94%) BEFORE ADMINISTERING NALOXONE

ADULT: NALOXONE 2 mg IN, MAY REPEAT ONCE
PEDIATRIC: NALOXONE 0.5 mg IN, MAY REPEAT TO MAX OF 2 mg
USE NALOXONE TO RESTORE EFFECTIVE BREATHING; AVOID EXCESSIVE DOSING TO PREVENT WITHDRAWAL

### **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**

ADULT: INTUBATE IF INDICATED PER APPLICABLE PROTOCOLS DO NOT INTUBATE PATIENTS WITH RAPIDLY REVERSIBLE RESP ARREST ETIOLOGY (e.g. NARCOTIC/OPIATE OVERDOSE)

#### IV/IO ACCESS

ADULT: IV NS TKO IF SYS BP  $\geq$  100 mmHg WITHOUT HYPOTENSIVE SYMPTOMS

ADULT: IV NS 250 mL BOLUS IF SYS BP < 100 mmHg WITH HYPOTENSIVE SYMPTOMS & NO SIGNS OF PULMONARY EDEMA, ADULT: REPEAT UP TO 2 LITERS NS IF SYS BP REMAINS < 100 mmHg WITH HYPOTENSIVE SYMPTOMS & NO SIGNS OF PULMONARY EDEMA PEDIATRIC: IV NS TKO IF SYS BP > (70 + 2x age in years) mmHg

PEDIATRIC: IV NS TKO IF SYS BP > (70 + 2x age in years) mmHg

PEDIATRIC: IV NS 20 mL/kg BOLUS IF SYS BP < (70 + 2x age in years) mmHg IF NO SIGNS OF PULMONARY EDEMA

#### 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

#### ADVANCED EMT OR HIGHER LICENSE:

TOXINS/DRUG OVERDOSE - SUSPECTED NARCOTIC/OPIATE - APNEIC 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 USE NALOXONE TO RESTORE EFFECTIVE BREATHING; AVOID EXCESSIVE DOSING TO PREVENT WITHDRAWAL

**PARAMEDIC** 

ADULT: MEDICATION-ASSISTED INTUBATION IF INDICATED PER PROTOCOL 2G

CONTINUOUS ASSESSMENT & TREATMENT OF SUSPECTED RESP ARREST ETIOLOGY PER APPLICABLE PROTOCOL(S)