

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

3E – DYSPNEA – CONGESTIVE HEART FAILURE (CHF) ADULT & PEDIATRIC

TREATMENT PRIORITIES

- 1. Vital signs (including EtCO2, if equipped)
- 2. Oxygenation support
 - → O₂ by NC, NRB
 - > BVM, Bi/CPAP, ETT if indicated
- 3. Ventilation support
 - ▶ BVM, Bi/CPAP, ETT if indicated
- 4. Cardiac pre-load & after-load reduction
 - Adult: Nitroglycerin
 - Pediatric: OLMC CONSULT

EMD

ADVISE TO AVOID PHYSICAL EXERTION
OR ENVIRONMENTAL STRESS (TEMP EXTREMES).
ADVISE PT SELF-ADMINISTRATION OF MEDICATIONS
(eg. NITROGLYCERIN SPRAY/TABS)
AS PREVIOUSLY PRESCRIBED FOR CHF SYMPTOMS

EMERGENCY MEDICAL DISPATCHER

EMERGENCY MEDICAL RESPONDER

EMT

EMT-INTERMEDIATE 85

ADVANCED EMT

PARAMEDIC

EMR EMT

GENERAL SUPPORTIVE CARE
OBTAIN VITAL SIGNS
O₂ VIA NC, NRB, OR BVM AS APPROPRIATE
APPLY CARDIAC MONITOR/OBTAIN 12-LEAD ECG (if equipped)
TRANSMIT 12-LEAD ECG TO RECEIVING EMERGENCY DEPARTMENT

EMT OR HIGHER LICENSE:

MEASURE END-TIDAL ${\rm CO_2}$ & MONITOR WAVEFORM CAPNOGRAPHY (if equipped)

ADULT: APPLY Bi/CPAP IF INDICATED (if equipped)

ADULT: ASSIST PT WITH PT OWN NITROGLYCERIN AS PREVIOUSLY PRESCRIBED FOR CHF SYMPTOMS IF SYS BP ≥ 100 mmHg
PLACE SUPRAGLOTTIC AIRWAY IF INDICATED & ONLY IF BVM VENTILATIONS INEFFECTIVE

EMT-185 AEMT

ADULT: INTUBATE IF INDICATED PER APPLICABLE PROTOCOLS

IV ACCESS

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

PARAMEDIC

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

ADULT: PHARMACOLOGIC TREATMENT IF SYS BP ≥ 100 mmHg:

NITROGLYCERIN 0.4 mg SUBLINGUAL EVERY 5 MINS OR

IF PATIENT ON NIPPV, USE NITROGLYCERIÑ 2% OINTMENT 1½ INCHES APPLIED TO CHEST WALL

ADULT: PHARMACOLOGIC TREATMENT IF SYS BP < 100 mmHg:

NOREPINEPHRINE 2-4 mcg/min TITRATE to SYS ≥ 100 mmHg **OR**

DOPAMINE 5-20 mcg/kg/min TITRATE TO SYS BP ≥ 100 mmHg

PEDIATRIC: OLMC CONSULT FOR PHARMACOLOGIC TREATMENT

TREAT PER PROTOCOL 5C - ACUTE CORONARY SYNDROME AND/OR DYSRHYTHMIA PROTOCOL(S) AS INDICATED CONTINUOUS ASSESSMENT & TREATMENT PER APPLICABLE PROTOCOL(S)

TRANSPORT ASAP PER DESTINATION PROTOCOL