



# 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

**TREATMENT PRIORITIES**

1. Vital signs (including EtCO<sub>2</sub>, if equipped)
2. Oxygenation support
  - > O<sub>2</sub> by NC, NRB
  - > BVM, ETT if indicated
3. Ventilation support
  - > BVM, ETT if indicated
4. Nebulization therapy
  - > Epinephrine 1mg/mL 1:1,000 at 3mL
 Consider Foreign body as a cause of stridor

## 3M – DYSPNEA – CROUP PEDIATRIC

**EMD**

ADVISE TO AVOID PHYSICAL EXERTION OR ENVIRONMENTAL STRESS (TEMP EXTREMES).  
ADVISE PT SELF-ADMINISTRATION OF MEDICATIONS (eg. ALBUTEROL INHALER)  
AS PREVIOUSLY PRESCRIBED FOR DYSPNEA SYMPTOMS

**EMERGENCY MEDICAL DISPATCHER**

**EMERGENCY MEDICAL RESPONDER**

**EMT**

**EMT-INTERMEDIATE 85**

**ADVANCED EMT**

**PARAMEDIC**

**EMR** | **EMT**

CROUP MOSTLY OCCURS IN INFANTS AND YOUNG CHILDREN BETWEEN SIX MONTHS AND THREE YEARS OF AGE, AND IS LESS COMMONLY SEEN IN CHILDREN OLDER THAN SIX YEARS

GENERAL SUPPORTIVE CARE  
OBTAIN VITAL SIGNS  
O<sub>2</sub> VIA NC, NRB, OR BVM AS APPROPRIATE  
APPLY CARDIAC MONITOR (if equipped)  
ATTEMPT TO KEEP CHILD CALM WHILE PROPERLY SECURING THE CHILD FOR TRANSPORT

**EMT OR HIGHER LICENSE:**  
MEASURE END-TIDAL CO<sub>2</sub> & MONITOR WAVEFORM CAPNOGRAPHY (if equipped, \*\*Mandatory use if pt intubated)

**EMT-I85** | **AEMT**

**PEDIATRIC:** INTUBATE IF INDICATED PER PROTOCOL 17E

IV ACCESS  
**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**

**PEDIATRIC:** METHYLPREDNISOLONE 2 mg/kg NOT TO EXCEED 125 mg IVP or DEXAMETHASONE 0.6 mg/kg NOT TO EXCEED 10 mg IVP, MAY GIVE IM IF NO VASCULAR ACCESS OBTAINED.

**FOR SIGNIFICANT INSPIRATORY STRIDOR AT REST, DECREASED RESPONSIVENESS, POOR PERFUSION, APNEA OR CYANOSIS**  
**PEDIATRIC:** NEBULIZED EPINEPHRINE 1mg/mL (1:1000) at 3mg/3mL VIA NEBULIZER

**PEDIATRIC:** MEDICATION-ASSISTED INTUBATION IF INDICATED PER PROTOCOL 17F  
CONTINUOUS ASSESSMENT & TREATMENT PER APPLICABLE PROTOCOL(S)