EMS System for Metropolitan Oklahoma City and Tulsa
2026 Medical Control Board Treatment Protocols

Approved 9/17/25, Effective 1/15/26, replaces all prior versions

3M – DYSPNEA – CROUP PEDIATRIC

TREATMENT PRIORITIES

1. Vital signs
   (including EtCO2, if equipped)
2. Oxygenation support
   - O_2 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

EMERGENCY MEDICAL DISPATCHER

EMERGENCY MEDICAL RESPONDER

EMT

EMT-INTERMEDIATE 85

ADVANCED EMT

PARAMEDIC

EMD

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

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_2 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_2 & 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)