



# 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



EMS SECTION

## 4A - RESUSCITATION (CPR) ADULT & PEDIATRIC

- TREATMENT PRIORITIES:**
- Circulatory support
    - Apply ResQ CPR<sup>®</sup> within 2 minutes
    - Chest compression rate 80/min ResQ CPR<sup>®</sup>
    - Chest compression rate 110/min standard CPR
    - Appropriate compression depth & full recoil
    - Limit pauses in compressions
    - Timely defibrillation (if indicated)
    - Utilize Res-Q-Pod<sup>®</sup>
  - Oxygenation/Ventilation support
    - Avoid hyperventilation in rate & volume
    - Use waveform capnography (if equipped)
    - \*\*Mandatory use if patient intubated

**EMD**  
CPR BY EMD INSTRUCTION

- EMERGENCY MEDICAL DISPATCHER**
- EMERGENCY MEDICAL RESPONDER**
- EMT**
- EMT-INTERMEDIATE 85**
- ADVANCED EMT**
- PARAMEDIC**

EMR	EMT
<p>POSITION PATIENT FOR EFFECTIVE RESUSCITATION.            FOR ADULT NONTRAUMATIC CARDIAC ARREST ONLY: CHEST COMPRESSIONS AT 80/MINUTE USING ResQ CPR<sup>®</sup>            CHEST COMPRESSIONS AT 110 COMPRESSIONS/MINUTE USING HANDS ONLY            USE METRONOME THROUGHOUT TO GUIDE COMPRESSION RATE            LIMIT PAUSES IN CHEST COMPRESSIONS – AVOID PAUSES WHENEVER PHYSICALLY POSSIBLE.</p> <p>APPLY AED (OR MANUAL DEFIBRILLATION PADS IF PARAMEDIC PRESENT) PLACE PADS ANTERIOR-POSTERIOR.</p> <p>IF CARDIAC ARREST DURATION ESTIMATED &gt; 4 MINS AND WITHOUT GOOD QUALITY BYSTANDER CPR,            PERFORM CPR FOR 2 MINUTES PRIOR TO AED/RHYTHM ANALYSIS FOR DEFIBRILLATION DETERMINATION.</p> <p>IF CARDIAC ARREST DURATION ESTIMATED ≤ 4 MINS, IMMEDIATE AED/RHYTHM ANALYSIS FOR DEFIBRILLATION DETERMINATION.</p> <p><b>ADULT:</b> 110 COMPRESSIONS/MINUTE WITH 8-10 VENTILATIONS/MINUTE WITHOUT PAUSE IN COMPRESSIONS.            ATTACH RES-Q-POD<sup>®</sup> TO BVM.</p> <p><b>PEDIATRIC:</b> 15 COMPRESSION : 2 VENTILATION CYCLES WITH 110 COMPRESSIONS/MINUTE RATE            ASYNCHRONOUS 10 VENTILATIONS AND 110 COMPRESSIONS PER MINUTE IF ADVANCED AIRWAY IN PLACE            ATTACH ResQ POD<sup>®</sup> TO BVM IF PT ≥ 12 YEARS OF AGE AND ESTIMATED WEIGHT ≥ 50 kg.</p> <p>FOLLOW AED PROMPTS FOR RHYTHM ANALYSIS &amp; DEFIBRILLATION IF INDICATED (USING 2015 AHA STANDARDS).            AFTER AED SHOCK (IF APPLICABLE), IMMEDIATELY RESUME CPR FOR 2 MINUTES.            IF NO AED SHOCK ADVISED, IMMEDIATELY RESUME CPR FOR 2 MINUTES.</p> <p><b>EMT OR HIGHER LICENSE ONLY:</b>            PLACE SUPRAGLOTTIC AIRWAY IF INDICATED &amp; ONLY IF BVM VENTILATIONS INEFFECTIVE.            IF RETURN OF SPONTANEOUS CIRCULATION, REFER TO PROTOCOL 4J – POST CARDIAC ARREST TREATMENT</p> <p>AT 20 MINS OF RESUSCITATIVE MEASURES (IF APPLICABLE):            CONTACT OLMC FOR TERMINATION OF RESUSCITATION CONSULTATION            (IF APPLICABLE PER PROTOCOL 4K - TERMINATION OF RESUSCITATION)</p>	

EMT-I85	AEMT
<p><b>ADULT:</b> INTUBATE AFTER CPR INITIATED – FIRST ATTEMPT WITHOUT PAUSE IN COMPRESSIONS            LIMIT INTUBATION COMPRESSION PAUSE TO MAXIMUM OF 10 SECONDS</p> <p>IV / IO ACCESS</p>	

PARAMEDIC
<p>ASSESS FOR UNDERLYING ETIOLOGY OF CARDIAC ARREST &amp; TREAT PER APPLICABLE PROTOCOL(S)            RHYTHM ANALYSIS AT NEXT APPROPRIATE RHYTHM CHECK            LIMIT RHYTHM ANALYSIS COMPRESSION PAUSE TO MAXIMUM OF 5 SECONDS            RHYTHM SPECIFIC MANAGEMENT PER APPLICABLE PROTOCOL(S) 4F – 4H</p>