



Oklahoma State Department of Health
Creating a State of Health

December 21, 2012

To: Ambulance Services and Emergency Medical Response Agencies

From: Dale Adkerson, EMS Director
OSDH-Emergency Systems

Re: 2013 State Approved Protocols

For over 18 months, the Department has undertaken an exhaustive review of EMS protocols with a specific emphasis on identifying best practices and current research to support sound clinical decisions. The result has been an almost complete revision of previous State Approved Protocols. The resulting comprehensive set of the 2013 EMS protocols is being released for your use.

The following are important issues you should be aware of:

- * The new 2013 Oklahoma EMS state protocols become effective January 1, 2013 and available for adoption.
- * All previous versions of Oklahoma EMS state protocols, including 1997 and 2002 versions, are superseded and may no longer be used after April 1, 2013.
- * EMS agencies and staff may only operate under protocols that have been approved by the Oklahoma State Department of Health (OSDH).
- * Any new protocols submitted for approval should be sequentially numbered and include supporting documentation.

Agencies have several options available regarding the 2013 state protocols.

- 1) An agency may choose to adopt the protocols as a complete set.
- 2) An agency may adopt some protocols while choosing to delete others.
- 3) If an agency chooses to alter a protocol, they will need to submit appropriate justification and supporting documentation.
- 4) An agency may choose to continue to use their own previously approved protocols.

By April 1, all EMS agencies are required to submit documentation regarding the 2013 State Approved Protocols. The documentation to be submitted depends on which implementation option an agency and the medical director chooses.



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They are:

1. A letter from the agency director and Medical Director stating the 2013 protocols are adopted. There is not a need to submit any additional documentation or a copy of the protocols.
2. A letter from the agency director and Medical Director that details the deletions from the protocol. The deletions do not require a justification or additional documentation.
3. A letter from the agency director and Medical Director detailing alterations to the protocols. If alterations are chosen, then a list of the changes and supporting documentation will be submitted.
4. A letter from the agency director and the Medical Director stating the agency will not be using the 2013 State Approved Protocols. If the agency chooses to continue to use its current protocols, then submit an electronic copy of their current protocols for review.

By April 1, 2013 each agency will submit a copy of their currently approved protocols as well as a copy of the procedure spreadsheet that describes the medical director's agency scope of practice. (see attachment)

The process for protocol approval has not changed. Protocols may be submitted to the Department electronically. Protocols are reviewed by staff and by the State EMS Medical Director, Dr. Timothy Cathey. Any new protocols, especially those that are unique, or reflect a significant change in current EMS practice may be sent to the Medical Director Sub-Committee for review.

The protocols may be downloaded from the EMS website:

http://www.ok.gov/health/Protective_Health/Emergency_Systems/EMS_Division/index.html

If you have questions or concerns regarding this process, please contact Dale Adkerson or Dr. Timothy Cathey at 405-271-4027. You may also reach us by email at dalea@health.ok.gov or timc@health.ok.gov

Professionally;

Dale Adkerson,
EMS Director
OSDH-Emergency Systems

Timothy Cathey MD
State EMS Medical Director
Oklahoma State Department of Health



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Protocol Spreadsheet (Attachment)

Regardless of the protocol option chosen, agencies will send a spreadsheet to the Department that summarizes the skills, procedures, and formulary that the Medical Director has authorized for their respective agency(s)

The agency may add to the list if there are additional protocols submitted for review and approval.

Additionally, this spreadsheet can be used as:

- * an employee orientation check list
- * part of the ongoing quality assurance competency program
- * part of your agency's training program

Only one spreadsheet is needed per agency. We are not asking to see what the medical director has authorized each staff member, only what has been authorized within the agency.

Please contact us as needed regarding the spreadsheet and the protocol adoption process.

Board of Health

Authorized Procedure List

Agency Name: _____ Date: _____

Agency Director Signature: _____ Date: _____

Medical Director Signature: _____ Date: _____

Airway	EMR Scope of Practice	EMT Scope of Practice	I/85 Scope of Practice	AEMT Scope of Practice	Paramedic Scope of Practice
Airway Assessment					
Oxygen Therapy--Nasal Cannula					
Oxygen Therapy--Non Rebreather Mask					
Oxygen Therapy-Partial Rebreather Mask					
Oxygen Therapy-Simple Face Mask					
Oxygen Therapy-Venturi Mask					
Oxygen therapy-Humidifiers					
Airway Obstruction Management					
Head Tilt-Chin lift					
Jaw Thrust					
Modified Jaw Thrust					
BLS Artificial Ventilation					
Pulse Oximetry Application/Interp					
BVM					
Airway-Nasal					
Airway-Oral					
Demand Valve-Manual Triggered Ventilation					
Airway-Laryngeal Mask					
Intubation-Orotrachael					
Intubation-Nasal Trachael					
Airway Dual Lumen					
Airway Supraglottic					
Suctioning-Upper Airway					
Suctioning-Tracheobronchial					
Obstruction-Direct laryngoscopy					
Non-Invasive Postive Pressure Ventilation					
End Tidal-Co2 Monitoring					
Wave-Form Capnography					
Impedance Threshold Device					
Automated Transport Ventilator (ATV)					
Chest decompression--Needle					
Cricothyrotomy--Percutaneous					
Cricothyrotomy--Surgical					
Gastric Decompression--NG Tube					
Gastric Decompression--OG Tube					
Stoma/Tracheostomy Management					

Cardiac-Circulation	EMR Scope of Practice	EMT Scope of Practice	I/85 Scope of Practice	AEMT Scope of Practice	Paramedic Scope of Practice
CPR					
AED					
Mechanical CPR Device					
Multi-Lead Cardiac Monitor Application &/or Transmission					
Multi-Lead Cardiac Monitoring (interpretive)					
Single- Lead Cardiac Monitoring (interpretive)					
Manual Defibrillation					
Cardioversion-Electrical					
Carotid Massage					
Transcutaneous Pacing-Manual					
Internal pacing-monitor only					
Ventricular assist device					
Hypothermia therapy					

Immobilization	EMR Scope of Practice	EMT Scope of Practice	I/85 Scope of Practice	AEMT Scope of Practice	Paramedic Scope of Practice
C-Collar					
CID (Cervical Immobilization)					
Short Board					
Vest Type Extrication Device					
Long Board					
Manual					
Rapid Manual Extrication					
Extremity Stabilization					
Vest Type Extrication Device					
Traction Splint					
Mechanical Patient Restraint					
Emergency moves for endangered patients					
Pelvic Splint					

Medication Administration - Routes	EMR Scope of Practice	EMT Scope of Practice	I/85 Scope of Practice	AEMT Scope of Practice	Paramedic Scope of Practice
Inhalation					
Oral					
Sublingual					
Nasogastric					
Intranasal					
Intramuscular					
Subcutaneous					
Intraosseous					
Auto-injector					
IV Push					
IV Bolus					
IV Piggyback					
Indwelling Catheters					
Implanted Central IV Ports					
Rectal					
Ophthalmic					
Topical					
Transdermal					
Buccal					

Miscellaneous Skills	EMR Scope of Practice	EMT Scope of Practice	I/85 Scope of Practice	AEMT Scope of Practice	Paramedic Scope of Practice
Hemorrhage control-direct pressure					
Hemorrhage control-tourniquet					
Shock Treatment					
Lifting and Moving Patients					
Helmet Removal (Sports)					
Helmet Removal (Motorcycle)					
Child-Birth					
Blood-glucose monitoring					
Automated BP					
Manual BP					
Eye irrigation					
Eye irrigation-morgan lens					
Urinary catheterization					
Venous Blood Sampling					
Central line-monitoring					
Intraosseous Initiation					
IV-maintain of non-medicated fluids					
IV-maintain of medicated fluids					
IV Initiation-Peripheral					
Thrombolytic therapy-monitoring					

Formulary	EMR Scope of Practice	EMT Scope of Practice	I/85 Scope of Practice	AEMT Scope of Practice	Paramedic Scope of Practice
Albuterol-Proventil- Ventolin (patient's prescription)					
Albuterol-Proventil- Ventolin (agency supplied)					
Assist with Patient Prescription Beta Agent					
Aspirin					
Activated Charcoal					
Adenosine					
Amiodarone					
Atropine Sulfate					
Calcium Chloride					
Dextrose (D50)					
Dextrose (D25)					
Diazepam					
Diltiazem					
Diphenhydramine					
Dopamine					
Duodote Auto Injector					
Epinephrine 1:1000					
Epinephrine 1:10,000					
Epinephrine Auto injector					
Etomidate					
Fentanyl					
Glucagon					
Glucose					
Haloperidol					
Hydralazine					
Hydroxocobalamin					
Ipratropium Bromide					
Labetalol					
Lidocaine					
Lidocaine 2% Intravascular					
Lidocaine Viscous Gel					
Lorazepam					
Magnesium Sulfate					
Methylprednisolone					
Midazolam					
Morphine Sulphate					
Hydromorphone					
Narcan (Naloxone)					
Nitrous Oxide					
Metered Dose Nitroglycerin-patient's prescription					
Metered Dose Nitroglycerin- agency supplied					
Nitroglycerin Tablets-patient's prescription					
Nitroglycerin-Tablets agency supplied					
Nitroglycerin-IV Infusion					
Nitroglycerin-Ointment					
Norepinephrine					
Ondansetron					
Phenylephrine 2%					
Pralidoxime Chloride					
Sodium Bicarbonate					

Additional Agency Specific Skills					
	EMR Scope of Practice	EMT Scope of Practice	I/85 Scope of Practice	AEMT Scope of Practice	Paramedic Scope of Practice
Airway					
Cardiac-circulation					
Immobilization					
Medication Administration -Route					
Miscellaneous Skills					
Formulary					