



## ALS STANDING ORDERS:

1. Cardiac monitor and document rhythm with rhythm strip.
2. Pulse oximetry, if room air oxygen saturation less than 95%:
  - ▶ *High-flow Oxygen by mask or nasal cannula (direct or blow-by) as tolerated.*
3. Protect airway, assist ventilation with BVM as required.
4. For signs of poor perfusion or hypotension (BP systolic less than 80):
  - ▶ *Establish IV/IO access*
  - ▶ *Infuse 20 mL/kg normal saline IV/IO bolus (maximum 250 mL) and make BH contact. May repeat twice for total of 3 boluses as a standing order.*
5. Blood glucose analysis, if blood glucose less than 60, administer one of the following:
  - ▶ *Oral glucose preparation, if tolerated and airway reflexes are intact.*
  - ▶ *10% Dextrose 5 mL/kg IV (maximum 250 mL)*
  - ▶ *Glucagon 0.5 mg IM if unable to establish IV.*

*Note : IO access may be used for dextrose administration when patient is unconscious with blood glucose less than 60, unable to establish IV and there is no response to IM glucagon.*

6. If respiratory depression (respiratory rate less than or equal to 12 minute) and narcotic toxicity suspected, give:
  - ▶ *Naloxone (Narcan ®):*
    - *0.1 mg/kg IN or IM (maximum 1 mg), may repeat every 3 minutes as needed.*
    - *0.1 mg/kg IV (maximum 1 mg), every 3 minutes as needed.*
    - *4 mg/0.1 mL preloaded nasal spray IN*
7. Reassess and document response to each treatment.
8. ALS escort to nearest appropriate ERC, contact Base Hospital (CCERC base preferred) as needed.

Approved:

*Carl Schultz, MD.*

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