ALS GENERAL STANDING ORDERS - OCEMS ACCREDITED PARAMEDIC

Based on paramedic judgment, the following may be initiated at any time:

1. Base Hospital contact.
2. Use any BLS Standing Order.
3. Cardiac monitor and interpret rhythms and 12-lead ECGs.
4. Establish IV/IO or saline lock vascular access.
5. For patients with lungs clear to auscultation and suspected poor perfusion due to hemorrhage, nausea/vomiting/diarrhea, or dehydration:

   ▶ *Adult/Adolescent: Normal saline bolus 250 mL; repeat up to a total of one (1) liter to maintain perfusion.*
   ▶ *Pediatric: Infuse normal saline 20 mL/kg (maximum 250 mL) IV/IO bolus and make BH contact (CCERC preferred). May repeat twice for total of 3 boluses as a standing order.*

6. Intraosseous placement for cardiac/traumatic full arrest or unconscious patients in extremis for whom IV access cannot be established and immediate intravenous infusion therapy is required.
7. 12-lead electrocardiogram. For 911 field responses, transmit ECG that is positive for an acute MI to the cardiovascular receiving facility.
8. Oxygen by mask or nasal cannula.
9. BVM assisted ventilation.
10. Adult/Adolescent advanced airway with confirmation of proper placement and ventilation.
11. Pulse Oximetry [1]; if oxygen saturation less than 95% give:

    ▶ High-flow oxygen by mask or up to 6 L/min by nasal cannula as tolerated.

    [1]Administer oxygen by mask or nasal cannula for potentially hypoxic patients when pulse oximetry may be inaccurate (hypotension, hypovolemia, hypothermia, nail polish or artificial nails, nail disease, or suspected pulse oximetry malfunction).

    ▶ If patient already on home or portable oxygen, maintain flow rate and delivery (nasal cannula or mask) at the rate patient is already using.

12. Consider hypoglycemic with blood glucose analysis. In adults/adolescents, an exact cutoff value for hypoglycemia has not been established because age and health cause variation in the effects of lower blood glucose levels. A blood glucose of 60 or less should be treated; if hypoglycemia is suspected and blood glucose is in the range of 60 to 80, treatment based on field impression is appropriate.

    Adult/Adolescent:
    ▶ *Oral glucose preparation, if airway reflexes are intact and able to swallow.*
    ▶ *10% Dextrose 250 mL IV (titrated for effect to improve symptoms to maximum 250 mL).*
    ▶ *Glucagon I mg IM if unable to establish IV.*

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

13. For suspected hypoglycemia in children, obtain blood glucose and if 60 or less, administer one of the following:

    Pediatric:
    - ► *Oral glucose preparation, if airway reflexes are intact and able to swallow.*
    - ► *10% Dextrose 5 mL/kg IV (titrated for effect to improve symptoms to 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 < 60, unable to establish IV, and there is no response to IM glucagon.

14. For on-going seizure or recurrent seizure activity:

    - ► *Adult/Adolescent: Midazolam 10 mg IM one time (preferred route). Administer before starting IV/IO. If unable to deliver IM or IV/IO already present, give midazolam 5 mg IV/IN/IO. May repeat 5 mg IV/IN/IO once 3 minutes after initial dose for on-going or recurrent seizure activity.*
    - ► *Pediatric: Midazolam 0.2 mg/kg IM one time (preferred route). Maximum dose 10 mg. If unable to deliver IM or IV/IO already present, give 0.1 mg/kg IN/IV/IO. Maximum dose 5 mg. May repeat once 3 minutes after initial dose for on-going or recurrent seizure Activity. Make BH contact (CCERC preferred).*

15. For suspected narcotic overdose and respiratory depression or ALOC (respiratory rate approximately 12/minute or less), give:

    - ► *Adult/Adolescent:*
      - *Nalaxone 0.8, 1, or 2 mg IN or IM, every 3 minutes as needed; or*
      - *Nalaxone 0.4 to 1 mg IV, every 3 minutes as needed; or*
      - *Nalaxone 4 mg/0.1 ml preloaded nasal spray IN and repeat as needed.*

    - ► *Pediatric:*
      - *Nalaxone 0.1 mg/kg IN, IM, or IV; or*
      - *Nalaxone 4 mg/0.1 ml preloaded nasal spray IN.*
      - *Repeat IN, IM, or IV every 3 minutes as needed.*