



ALS STANDING ORDERS:

AUTO ACCIDENT WITH AIRBAG DEPLOYMENT:

1. For eye irritation, brush off and powder around upper face and irrigate with water.
2. Pulse oximetry, if oxygen saturation less than 95% provide:
 - ▶ Oxygen by mask (high flow) or nasal cannula (6 L/m) as tolerated.
3. For respiratory distress with wheezes, administer albuterol:
 - ▶ Albuterol, continuous nebulization of 5 mg/ 6 mL as tolerated.
4. Base contact required (CCERC base preferred) if meets Trauma Triage Criteria (OCEMS Policy # 310.30)
5. If does not meet Trauma Triage Criteria, transport to nearest available ERC (ALS escort if Albuterol required).

EXTERNAL BLEEDING / HEMORRHAGE:

1. Apply direct pressure to bleeding site to control blood loss -
 - If direct pressure successful in controlling extremity bleeding site, apply pressure dressing.
 - For continued bleeding after application of direct pressure, consider use of hemostatic dressing with direct pressure.
 - Use tourniquet application when upper or lower extremity bleeding is not controlled with direct pressure or hemostatic dressing with pressure dressing.
2. IV/IO access if hypotensive or per paramedic judgement (initiate transport as soon as possible):
 - ▶ Administer 20 mL/kg normal saline (maximum 250 mL) IV/IO bolus and make BH contact.
 - ▶ If remains hypotensive, may repeat same dose twice for total of three boluses as a standing order.
3. Make Base Hospital contact (CCERC base preferred) for all hypotensive hemorrhage cases for Trauma Center triage consideration.

EYE INJURY:

1. Cover injured eye without applying pressure to globe if required to keep child from rubbing or touching eye.
2. Elevate head 30 degrees or more if spinal motion restriction not required.
3. Morphine sulfate or Fentanyl as needed for severe pain. Contact Base (CCERC base preferred) if less than or equal to 2 years-old:
 - ▶ Morphine sulfate 0.1 mg/kg IV/IM (maximum single dose of 5 mg), may repeat same dose once after 3 minutes (do not exceed total combined administration of 10 mg)
 - OR
 - ▶ Fentanyl 2 mcg/kg IN/IV/IM (maximum single dose of 50 mcg), may repeat same dose once after 3 minutes (do not exceed total combined administration of 100 mcg)

Approved:

Carl Schultz, MD

Reviewed: 5/16; 7/17; 9/18; 10/19
Initial Release Date: 10/08/2018
Final Implementation Date: 04/01/2020
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GENERAL INJURY AND TRAUMA - PEDIATRIC

4. For nausea or vomiting in a child 4 years or older, give *Ondansetron (Zofran™)*:
 - ▶ *Ondansetron (Zofran™) 4 mg ODT tablet to dissolve orally.*
5. Transport to nearest available ERC (ALS escort if medications administered).

ISOLATED EXTREMITY INJURY (FRACTURES OR DEEP LACERATIONS) NOT MEETING TRAUMA TRIAGE CRITERIA:

1. Splint or immobilize fractured extremities (note breaks of skin or open wounds in fracture areas).
2. For fractures, note presence or absence of peripheral pulses and sensation.
3. Cover deep lacerations with sterile dressings if bleeding control not required.
4. *Morphine sulfate* or *Fentanyl* as needed for severe pain, Contact Base (CCERC base preferred) if less than or equal to 2 years-old:
 - ▶ *Morphine sulfate 0.1 mg/kg IV/IM (maximum single dose of 5 mg), may repeat same dose once after 3 minutes (do not exceed total combined administration of 10 mg)*
 - OR
 - ▶ *Fentanyl 2 mcg/kg IN/IV/IM (maximum single dose of 50 mcg), may repeat same dose once after 3 minutes (do not exceed total combined administration of 100 mcg)*
5. Transport to nearest ERC (ALS escort if morphine or fentanyl administered).

IMPALED OBJECTS NOT MEETING TRAUMA TRIAGE CRITERIA:

1. Stabilize impaled object (in place) when possible unless causes delay in extrication or transport.
2. DO NOT remove impaled objects in face or neck unless breathing is compromised.
3. *Morphine sulfate* or *Fentanyl* as needed for severe pain, Contact Base (CCERC base preferred) if less than or equal to 2 years-old:
 - ▶ *Morphine sulfate 0.1 mg/kg IV/IM (maximum single dose of 5 mg), may repeat same dose once after 3 minutes (do not exceed total combined administration of 10 mg)*
 - OR
 - ▶ *Fentanyl 2 mcg/kg IN/IV/IM (maximum single dose of 50 mcg), may repeat same dose once after 3 minutes (do not exceed total combined administration of 100 mcg)*
4. Transport to nearest available ERC (ALS escort if morphine or fentanyl administered).

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