



ORANGE COUNTY EMERGENCY MEDICAL SERVICES
ADVANCED LIFE SUPPORT STANDING ORDERS/TREATMENT CRITERIA
SPECIAL DEPLOYMENT (FIRELINE / TACTICAL MEDICAL /ALS AIR
RESCUE) ALS STANDING ORDERS

#: SPC-SO-1
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GENERAL ALS PROCEDURES

Orange County Accredited ALS personnel who are deployed on fireline, tactical, or air rescue duty may use any applicable Orange County Standing Order; this document is for ease of reference during special deployment: Use field judgment for any of the following:

1. Use any BLS Standing Order.
2. Cardiac Monitor and interpret rhythms and 12-lead ECGs.
3. Establish IV or saline lock vascular access.
4. Provide 250 mL IV fluid challenges to maintain circulation.
5. BVM assisted ventilation.
6. Advanced Airway (endotracheal intubation, Combitube, King Airway) with confirmation of proper placement and ventilation.
7. Pulse oximetry; if oxygen saturation less than 95%, give:
 - ▶ High-flow oxygen by mask or nasal cannula as tolerated.
8. Obtain blood glucose determination and if less than 60 (or 61-80 and suspected hypoglycemia based on history and symptoms), administer:

Adult/Adolescent:

- ▶ Oral glucose preparation, if airway reflexes are intact; OR
- ▶ 10% Dextrose 250 mL IV; OR
- ▶ Glucagon 1 mg IM if unable to establish IV.

Pediatric – Blood glucose less than or equal to 60:

- ▶ Oral glucose preparation, if airway reflexes are intact; OR
- ▶ 10% Dextrose 5 mL/kg IV (maximum 250 mL); OR
- ▶ 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.

9. Intraosseous placement in cardiac or traumatic full arrest.
10. For respiratory depression or suspected narcotic overdose:

Adult/Adolescent:

- ▶ Naloxone 2 mg IN/IM or 0.8 mg IV titrate to effect; OR
- Naloxone 4 mg/0.1 mL nasal spray preload IN;
- Repeat IN, IM, or IV every 3 minutes as needed to maintain breathing

Pediatric:

- ▶ Naloxone 0.1 mg/kg IN/IM/IV; OR
- Naloxone 4 mg/0.1 mL nasal preloaded inhaler IN;
- Repeat IN, IM, or IV every 3 minutes as needed to maintain breathing

RESPIRATORY DISTRESS AND FAILURE

Respiratory Failure (unconscious with apnea or hypoventilation)

- ▶ Assist ventilations with BVM and
- ▶ If older than 14 years of age (40 kg or more), establish advanced airway

Smoke Inhalation/Wheezing/Suspected Asthma

- ▶ High flow oxygen regardless of pulse oximetry reading.
- ▶ Albuterol 5 mg continuous nebulization; OR
- Albuterol metered dose inhaler, 2 puffs every 2 hours

Adult Pulmonary Rales/Suspected CHF

- ▶ High flow oxygen when O₂ Sat less than 95%.
- ▶ CPAP when available to maximum 10 cmH₂O.
- ▶ Nitroglycerin:
- SBP > 100 systolic give 0.4 mg (1 puff or 1 tablet).
- SBP > 150 systolic give 0.8 mg (2 puffs or 2 tablets).

SUSPECTED CARDIAC CHEST PAIN (ADULT)

- ▶ Aspirin 324 (or 325 mg) chewed, if not contraindicated.
- ▶ Nitroglycerine 0.4 mg SL, may repeat twice if BP > 90 systolic.
- ▶ 12-lead ECG.
- ▶ Morphine sulfate 5 mg IV (or Fentanyl 50 mcg IV); may repeat for continued pain after 3 minutes if BP systolic > 90.

SEIZURE/CONVULSION (ONGOING)

Adult/Adolescent:

- ▶ Midazolam 10 mg IM preferred or IN, or 5 mg IV. May repeat IV dose in 3 minutes for ongoing or recurrent seizure.

Pediatric:

- ▶ Midazolam 0.2 mg/kg IM preferred or IN (maximum dose 10 mg), or 0.1 mg/kg IV (maximum dose 5 mg). May repeat IV dose in 3 minutes for ongoing or recurrent seizure.

ALTERED LEVEL OF CONSCIOUSNESS

1. Obtain blood glucose and if < 80, treat per General ALS Procedure (as described in # 8 in left-hand column).
2. If suspected narcotic overdose, treat per General ALS Procedure (as described in # 10 in left-hand column)

HEAT STRESS OR ILLNESS / SIGNS OF POOR PERFUSION

Adult/Adolescent (lungs clear to auscultation):

- ▶ Normal saline 250 mL IV bolus, may repeat up to 1 liter total to maintain perfusion.

- ▶ For overheating conditions, apply cooling measures.

Pediatric (lungs clear to auscultation):

- ▶ Normal saline 20 mL/kg (maximum 250 ml) IV/IO bolus and make BHC; may repeat twice for total of three boluses to maintain perfusion.
- ▶ For overheating conditions, apply cooling measures.

ALLERGIC REACTION/ANAPHYLAXIS

Pulses Present and Airway Clear

Adult/Adolescent:

- ▶ Epinephrine 0.5 mg IM (1 mg/mL) once.

Pediatric:

- ▶ Epinephrine 0.01 mg/kg IM (1 mg/mL) to maximum of 0.5 mg.

If Wheezing: (Treat per Respiratory Distress in left-hand column)

Absent Pulse or Impending Airway Obstruction

Adult/Adolescent:

- ▶ Epinephrine 0.3 mg IV/IO (1 mg/10 mL) or 0.5 mg IM (1mg/mL)
- ▶ Normal saline IV bolus 250 mL, continue to 1 liter total if lungs clear to auscultation.
- ▶ Diphenhydramine (Benadryl) 50 mg IV/IM/IO once.

Pediatric:

- ▶ Epinephrine 0.01 mg/kg IV/IO (1 mg/10 mL) maximum IV dose 0.3 mg OR 0.01 mg/kg IM (1 mg/mL) maximum IM dose of 0.5 mg.
- ▶ Normal saline 20 mL/kg (maximum 250 ml) IV/IO bolus and make BHC; may repeat twice for total of three boluses to maintain perfusion.
- ▶ Diphenhydramine 1 mg/kg IV/IM/IO once, maximum dose 50 mg.

TRAUMA / EXTREMITY AND SKELETAL INJURY

Hypotension / Poor Perfusion/Traumatic Arrest

Adult/Adolescent:

- ▶ Normal saline 250 mL bolus IV/IO, continue infusion to maintain perfusion.

Pediatric:

- ▶ Normal saline 20 mL/kg (maximum 250 ml) IV/IO bolus and make BHC; may repeat twice for total of three boluses to maintain perfusion.

Extremity Injury/Burn/Crush with Pain and BP > 90 systolic

Adult/Adolescent:

- ▶ Morphine 5 mg IV/IO/IM (or Fentanyl 50 mcg IN/IM/IV/IO); may repeat same dose for continued pain after 3 minutes.

Pediatric:

- ▶ Morphine 0.1 mg/kg IV/IM/IO (maximum dose 5mg) or Fentanyl 2 mcg/kg IN/IM/IV/IO, not to exceed 50 mcg); may repeat after 3 minutes.

Approved:

Carl Schultz MD

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