



## ALS STANDING ORDERS:

A. Assess for signs of cardiopulmonary compromise (altered mental status, signs of shock, hypotension). If present:

1. Assure airway is open and without foreign body obstruction.

▶ *Assist breathing, if necessary, with high flow oxygen by mask or nasal cannula 6 L/min flow rate (direct or blow-by) as tolerated or positive pressure ventilation with BVM.*

2. Monitor cardiac rhythm and document with rhythm strip; monitor pulse, BP, and oximetry.

3. If pulse rate remains less than 60/minute with continued signs of poor perfusion despite oxygenation/ventilation, initiate CPR.

▶ *Establish IV or IO access*

▶ *Administer Epinephrine: 0.01 mg/kg IV/IO (0.1 mL/kg of the 0.1 mg/mL concentration). May repeat Epinephrine every 3-5 minutes.*

▶ *Make Base Hospital contact (CCERC base preferred).*

▶ *If unable to make Base Hospital contact, give Atropine 0.02 mg/kg IV/IO for persist bradycardia with symptoms, increased vagal tone, or primary AV block. Minimum dose 0.1 mg, maximum single dose 0.5 mg. May repeat once.*

▶ *If continued signs of poor perfusion, obtain Base Hospital order for transcutaneous pacing using appropriately sized pads with preferred anterior-posterior placement unless child is adult size (refer to Procedure #PR-110).*

4. If signs of hypovolemia or dehydration suspected, *administer 20 mL/kg normal saline (maximum 250 ml) IV/IO bolus. May repeat twice for a total of 3 boluses as a standing order.*

5. Identify and treat underlying causes (hypothermia, hypoxia, medications).

B. If no signs of cardiopulmonary compromise

1. Support airway, breathing, and circulation (ABCs).

2. Give oxygen with high flow by mask or nasal cannula 6 L/min flow rate (direct or blow-

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by) as tolerated if O<sub>2</sub> saturation less than 95% on room air.

3. Obtain 12-Lead ECG
4. Identify and treat underlying causes (hypothermia, hypoxia, medications).
5. Contact Base Hospital (CCERC base preferred) for destination and transport with ALS escort.

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