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COUNTY OF ORANGE HEALTH CARE AGENCY

HEALTH DISASTER MANAGEMENT EMERGENCY MEDICAL SERVICES

MARK REFOWITZ
DIRECTOR

HOLLY A. VEALE
ACTING DEPUTY AGENCY DIRECTOR
MEDICAL SERVICES

LYDIA MIKHAIL, MBA
DIVISION MANAGER
HEALTH DISASTER MANAGEMENT

TAMMI McCONNELL RN, MSN
EMS ADMINISTRATOR

405 W FIFTH STREET, SUITE 301A
SANTA ANA, CALIFORNIA 92701

TELEPHONE: 714- 834-3500
FAX: 714- 834-3125

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TO: OCEMS DISTRIBUTION LIST

FROM: SAM J. STRATTON, MD, MPH
OCEMS MEDICAL DIRECTOR 

SUBJECT: 2014 STANDING ORDER REVISIONS

Attached are 2014 revisions to Orange County EMS Standing Orders. Also attached is a revision summary.

The attached Standing Orders are dated for implementation on September 2, 2014. While the final implementation date is September 2, 2014, providers agencies are approved for optional implementation of the revisions as personnel are updated.

The staff of Orange County EMS appreciates the help and input of the multiple committees who have reviewed the revised documents.

SJS/ss: #1999

Standing Order Changes for Effective Date September 2, 2014:

I-15 Adult Standing Orders

- Removed amiodarone IO route for wide complex tachycardia with a pulse (patients may experience extreme pain during insertion or infusion – IV route preferred)
- Midazolam IV for Behavioral and Stimulant Intoxication Removed (IM route preferred)
- Added IO route for normal saline in crush injury (if unconscious or IV not attainable)

I-20 Pediatric Medication Guide

- Typographical errors corrected
- Midazolam routes of administration made consistent with SO

I-40 Base Contact and Transport Criteria

- Added instruction for management of second and third trimester and vaginal bleeding.
- Deleted written notification for BLS transport of ALS level patients when near hospital (will be monitored by OC-MEDS).
- Added instruction for transport of hospice patients (IFT only)

SO-ALS General Standing Orders

- Corrected NS 250 mL bolus repeat to total of 1 liter rather than twice.

SO-C-10 Cardiac Arrest

- Language added to continue transport to the nearest ERC if in transit and there is ROSC.

SO-C-15 Chest Pain

- Added fentanyl dosing.

SO-C-25 Narrow Complex Tachycardia

- Simplified by removing adenosine threshold of 160 bpm and changed to 150 bpm

SO-E-05 Burn

- Added fentanyl dosing.

SO-M-30 Behavioral Emergencies

- For IV establishment with excited delirium – emphasis underline placed for starting IV only if can be done safely.
- Added language approving appropriate use of “spit sock”.

SO-M-50 OD/Poisoning

- Typographical errors under extrapyramidal reaction corrected
- Midazolam IM changed to one time only dosing on standing order (consistent with SO-M-30 and I-15). Further dosing can be obtained with Base Hospital concurrence.

SO-P-40 Pediatric Cardiac Arrest

- Epinephrine dosing interval changed from 4 to 3 minutes (consistent with adult SO)
- Amiodarone dosing interval changed from 4 to 3 minutes (consistent with adult SO)

SO-P-45 Pediatric Bradycardia

- Epinephrine dosing interval changed from 4 to 3 minutes (consistent with adult SO)
- Removed IO dosing route for epinephrine and atropine (can cause extreme pain, IV route preferred)

SO-P-60 Pediatric Allergic Reaction

- Epinephrine dosing for anaphylaxis simplified to match adult SO, SQ epinephrine removed and IM dosing added.

SO-P-65 Pediatric Altered Mental Status

- Clarified naloxone dosing as maximum 1 mg regardless of route, each dose

SO-P-75 Pediatric Seizure

- Removed midazolam IV dosing

SO-P-85 Pediatric OD/Poisoning

- Clarified naloxone dosing as maximum 1 mg regardless of route, each dose

SO-T-05 General Trauma

- Added Fentanyl as an alternative for pain treatment

SO-T-15 Amputation/Avulsion Injury

- Added Fentanyl as an alternative for pain treatment

SO-T-20 Crush Injury

- Clarification that IO for normal saline used if unconscious or IV access not attainable
- IO route appropriate for sodium bicarbonate or morphine
- Added Fentanyl as an alternative for pain control

PR-1 changed to B-01

PR-2 changed to B-02

PR-05 Airway Management – Tracheostomy

- Clarification of use of BVM for ventilation of pediatric stoma patients.