

ORANGE COUNTY EMERGENCY MEDICAL SERVICES PREHOSPITAL ALS STANDING ORDERS

ADULT/ADOLESCENT STANDING ORDER DRUG GUIDE

#: I-15 Page: 1 of 5

Org Date: 3/94 Revised: 4/01/2019

MEDICATION	FORM	ROUTE	INDICATION(S)	STANDING ORDER	
Adenosine	12 mg solution vial or prefilled syringe	IV	Narrow Complex Tachycardia, with pulse and regular pattern, rate greater than or equal to 150/min	12 mg rapid IV one time if tachycardia ≥ 150 persists more than 2 minutes, may repeat once after approximately 3 minutes.	
Albuterol	2.5mg/3 mL solution	Nebulized oral inhalation	1. Wheezing 2. Known asthma or COPD with decreased breath sounds and labored breathing 3. Smoke inhalation with wheezing 4. Crush injury for elevated serum potassium control	Continuous nebulization of 6 mL (5 mg) concentration as tolerated	
Albuterol	Metered dose inhaler (90 mcg albuterol base) single patient use	Oral inhaled	Wheezing Known asthma or COPD with decreased breath sounds and labored breathing Smoke inhalation with wheezing Crush injury for elevated serum potassium control	2 puffs inhaled every 2 hours until symptoms clear; Single patient use inhaler	
Amiodarone	50 mg/1mL solution	IV	Unstable Wide Complex Tachycardia <u>with</u> pulse	150 mg slow IV, may repeat once after approximately 3 minutes	
Amiodarone	50 mg/1mL solution	IV / 10	V-Fibrillation/Wide Complex Tachycardia <u>without</u> a pulse	300 mg IV or IO, may repeat 150 mg once after approximately 3 minutes	
Aspirin	81 mg tab or 325 mg tab	PO	Chest pain of suspected cardiac origin	four 81 mg tabs (total 324 mg) or one 325 mg tab, swallowed or chewed, once	
Atropine	1 mg single dose vial or prefill syringe	IV	Bradycardia, rate < 60 and symptomatic	0.5 mg IV, may repeat approximately every 3 minutes for continued symptomatic bradycardia to maximum of 3 mg	
Atropine	1 mg single dose vial or prefill syringe	IV / IM	Bradycardia, rate less than 60 and symptomatic (poor perfusion signs) and no capture by external pacing device	0.5 mg IV or IM, may repeat approximately every 3 minutes for continued symptomatic bradycardia to maximum of 3 mg	
Atropine	1 mg single dose vial or prefill syringe	IV / IM	Organophosphate poisoning (including nerve agent) suspected	2 mg IV or IM, may repeat once	
Dextrose	10% solution (250 mL)	IV / IO	 Blood glucose equal to or less than 60 Blood glucose less than 80 and suspected hypoglycemia Known diabetic in asystole or PEA with suspected hypoglycemia 	250 mL IV or IO infusion	
Diphenhydramine (Benadryl®)	50 mg/mL solution	IM/IV/(IO)	Allergic reaction Dystonic reaction to medication (extrapyramidal reaction)	50 mg IM or IV; but IO appropriate if IO site already established for fluid administration	

Approved:

Review Dates: 5/16; 10/17; 10/18; 12/18 Initial Release Date: 12/21/2018 Final Implementation Date: 4/01/2019

OCEMS copyright 2018



ORANGE COUNTY EMERGENCY MEDICAL SERVICES PREHOSPITAL ALS STANDING ORDERS

ADULT/ADOLESCENT STANDING ORDER DRUG GUIDE

1-15 Page:

2 of 5 3/94

Org Date: Revised: 4/01/2019

MEDICATION	FORM	ROUTE	INDICATION(S)	STANDING ORDER		
Epinephrine	1 mg/1 mL solution	IM	Allergic Reaction (other than simple rash or urticaria)	0.5 mg IM once, may repeat in approximately 5 minutes		
Epinephrine	1 mg/10 mL (0.1 mg/1 mL) solution	IV / IO	Allergic Reaction (other than simple rash or urticaria)	0.3 mg IV/IO once approximately 5 minutes after IM epinephrine administered if symptoms persist		
Epinephrine	1 mg/10 mL (0.1 mg/1 mL) solution	IV / IO	Cardiac arrest with VF, Wide Complex Tachycardia, asystole, PEA	1 mg IV or IO, may repeat for continued VF, Wide Complex Tachycardia, asystole, or PEA at approximately 3 minute intervals		
Fentanyl	100 mcg/2 mL solution	IN	Pain control	100 mcg IN (1 mL each nostril); may repeat once after 3 minutes for continued pain.		
Fentanyl	100 mcg/2 mL solution	IV	Chest pain of suspected cardiac origin that is not relieved with nitroglycerin	50 mcg IV; may repeat once after 3 minutes for continued pain.		
Fentanyl	100 mcg/2 mL solution	IV / IM	Pain control	50 mcg IV or IM; may repeat once after 3 minutes for continued pain.		
Glucagon	1 mg ampule with diluent	IM	 Blood glucose less than or equal 60 and unable to establish IV access. Blood glucose less than 80 with symptoms of hypoglycemia and unable to establish IV access. 	1 mg IM once		
Glucose	Oral solution, gel, tablets, packets	PO	Blood glucose less than or equal 60 Blood glucose 61-80 with symptoms of hypoglycemia	PO as tolerated if airway reflexes intact		
Lidocaine	2% solution	10	IO infusion pain	20 mg IO, may repeat once after approximately 3 minutes		
Midazolam	5 mg/ 1 mL single dose vial	IN	Seizure (active) control Anxiety due to cardiac pacing of bradycardia when systolic BP greater than 90 systolic.	5 mg IN, divided between each nostril, may repeat once after approximately 3 minutes (support ventilation as necessary)		
Midazolam	5 mg/ 1 mL single dose vial	IM / IV	1. Seizure (active) control	5 mg IM or IV, may repeat once after approximately 3 minutes (support ventilation as necessary)		
Midazolam	5 mg/ 1 mL Single dose vial	IV	Anxiety due to cardiac pacing of bradycardia when systolic BP greater than 90 systolic.	5 mg IV titrated to attain sedation		
Midazolam	5 mg/ 1 mL single dose vial	IV	Aid in endotracheal intubation procedure or during transport of intubated patient; systolic BP greater than 90 systolic	5 mg IV once		

Approved: Carl Schult MC

Review Dates: 5/16; 10/17; 10/18; 12/18 Initial Release Date: 12/21/2018 Final Implementation Date: 4/01/2019 OCEMS copyright 2018