



ALS GENERAL STANDING ORDERS - OCEMS ACCREDITED PARAMEDIC

Based on paramedic judgment, the following may be initiated at any time:

1. Base Hospital contact.
2. Use any BLS Standing Order.
3. Cardiac monitor.
4. IV or saline lock vascular access.
5. For patients with lungs clear to auscultation and suspected poor perfusion due to hemorrhage, Nausea/vomiting/diarrhea or dehydration:
  - ▶ Adult/Adolescent: Normal saline bolus 250 mL; repeat up to a total of one (1) liter to maintain perfusion.
  - ▶ Pediatric: 20 mL/kg (maximum 250 mL); may repeat twice to maintain perfusion.
6. IO for unconscious patients in extremis for whom IV access cannot be established and immediate intravenous infusion therapy is required.
7. 12-lead electrocardiogram; transmit ECG that is positive for an acute MI to the cardiovascular receiving facility with PCR.
8. Oxygen by mask or nasal cannula.
9. BVM assisted ventilation.
10. Adult/Adolescent Endotracheal intubation with confirmation of proper placement.
11. Pulse Oximetry <sup>1</sup>; if oxygen saturation less than 95% give:
  - ▶ High-flow oxygen by mask or nasal cannula as tolerated.
    - <sup>1</sup>Administer oxygen by mask or nasal cannula for potentially hypoxic patients when pulse oximetry may be inaccurate (hypotension, hypovolemia, hypothermia, nail polish or artificial nails, nail disease, or suspected pulse oximetry malfunction)
  - ▶ If patient already on home or portable oxygen, maintain flow rate and delivery (nasal cannula or mask) at the rate patient is already using.
12. Consider hypoglycemia with blood glucose analysis. In adults/adolescents, an exact cutoff value for hypoglycemia has not been established because age and health cause variation in the effects of lower blood glucose levels. A blood glucose of 60 or less should be treated; if hypoglycemia is suspected and blood glucose is in the range of 60 to 80, treatment based on field impression is appropriate.

Adult/Adolescent:

- ▶ Oral glucose preparation, if airway reflexes are intact.
- ▶ 10% Dextrose 250 mL (titrated for effect to improve consciousness to maximum 250 mL).
- ▶ Glucagon 1 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.*

Approved:

Review Dates: 11/16, 06/17  
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13. For suspected hypoglycemia in children, obtain blood glucose and if 60 or less, administer one of the following:

Pediatric:

- ▶ *Oral glucose preparation, if airway reflexes are intact.*
- ▶ *10% Dextrose 5 mL/kg IV (titrated for effect to improve consciousness to maximum 200 mL)*
- ▶ *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.*

14. For on-going seizure or recurrent seizure activity:

- ▶ *Adult/Adolescent: Midazolam 5 mg IN/IM/IV; after 3 minutes, may repeat 5 mg IN/IM/IV once for on-going or recurrent seizure activity.*
- ▶ *Pediatric, age greater than 12 months: Midazolam 0.1mg/kg IN/IM; after 3 minutes, may repeat 0.1 mg/kg IN/IM once for on-going or recurrent seizure activity (contact Base Hospital if age 12 or less).*

15. For suspected narcotic overdose and respiratory depression (respiratory rate approximately 12/minute or less), give:

▶ *Naloxone (Narcan™):*

- *0.8, 1 or 2 mg IN or IM, every 3 minutes as needed; or*
- *0.4-1 mg IV, every 3 minutes as needed.*
- *4 mg/0.1 mL preloaded nasal spray IN and repeat as needed*

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