



ADULT/ADOLESCENT STANDING ORDER DRUG GUIDE

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 \geq 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	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	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 / IO	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 / IM	Bradycardia, rate less than 60 and symptomatic (poor perfusion signs)	1 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	1. Blood glucose equal to or less than 60 2. Blood glucose less than 80 and suspected hypoglycemia 3. Known diabetic in asystole or PEA with suspected hypoglycemia	250 mL IV or IO infusion
Diphenhydramine (Benadryl®)	50 mg/mL solution	IM/IV/(IO)	1. Allergic reaction 2. Dystonic reaction to medication (extrapyramidal reaction)	50 mg IM or IV; but IO appropriate if IO site already established for fluid administration
Epinephrine	1 mg/1 mL solution	IM	Allergic Reaction (other than simple rash or urticaria)	0.5 mg IM lateral thigh, may repeat in approximately 5 minutes

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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	1. Blood glucose less than or equal 60 and unable to establish IV access. 2. 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	1. Blood glucose less than or equal 60 2. Blood glucose 61-80 with symptoms of hypoglycemia	PO as tolerated if airway reflexes intact
Lidocaine	2% solution	IO	IO infusion pain	20 mg IO, may repeat once after approximately 3 minutes
Lidocaine	2% solution	IV/IO	Ventricular fibrillation or pulseless wide complex ventricular tachycardia	1 mg/kg IV/IO, may repeat 0.5 mg/kg in approximately 3-5 minutes one time.
Midazolam	5 mg/ 1 mL single dose vial	IM	Seizure (active) control	10 mg IM (preferred) one time. If continued seizures, call BH.
Midazolam	5 mg/ 1 mL single dose vial	IN	1. Seizure (active) control 2. 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	IV	Seizure (active) control	5 mg IV. May repeat IV dose 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

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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
Midazolam	5 mg/ 1 mL single dose vial	IM/IV/IN	1. Behavioral emergency, including suspected agitated (excited) delirium (field sedation to load and transport) 2. Suspected stimulant intoxication (agitation causing danger to self and others)	5 mg IM or IV or IN once (support ventilation as necessary). IM route preferred
Morphine Sulfate	4 mg/1 mL carpject	IV	1. Chest pain of suspected cardiac origin that is not relieved with nitroglycerin. 2. Pain control	4 mg IV, may repeat once after approximately 3 minutes for continued pain; hold if BP less than or drops below 90 systolic
Morphine Sulfate	4 mg/ 1 mL carpject	IM	Pain control	4 mg IM, may repeat once after approximately 3 minutes for continued severe pain; hold if BP less than or drops below 90 systolic
Morphine Sulfate	4 mg/ 1 mL carpject	IO	Crush Injury or burn injury with severe pain	Acceptable administration route if IO already established for other treatments, 4 mg IO, may repeat once after approximately 3 minutes for continued pain; hold if BP less than or drops below 90 systolic
Morphine Sulfate	10 mg/1 mL single dose vial approved for IV use	IV	1. Chest pain of suspected cardiac origin that is not relieved with nitroglycerin. 2. Pain control	5 mg IV, may repeat once after approximately 3 minutes for continued pain; hold if BP less than or drops below 90 systolic
Morphine Sulfate	10 mg/1 mL single dose vial approved for IM use	IM	Pain control	5 mg IM, may repeat once after approximately 3 minutes for continued severe pain; hold if BP less than or drops below 90 systolic
Morphine Sulfate	10 mg/1 mL single dose vial approved for IV use	IO	Crush Injury or burn injury with severe pain	Acceptable administration route if IO already established for other treatments, 5 mg IO, may repeat once after approximately 3 minutes for continued pain; hold if BP less than or drops below 90 systolic
Naloxone (Narcan®)	various solutions	IN	Narcotic overdose suspected, RR ≤ 12/ minute	0.8, 1 or 2 mg IN, repeat as needed to maintain breathing
Naloxone (Narcan®)	various solutions	IM	Narcotic overdose suspected, RR ≤ 12/ minute	0.8, 1 or 2 mg IM, repeat as needed to maintain breathing

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Naloxone (Narcan®)	various solutions	IV	Narcotic overdose suspected, RR ≤ 12/ minute	0.4, 0.8 or 1 mg IV, repeat as needed to maintain adequate respiratory rate
Naloxone (Narcan®)	4 mg/0.1 mL preload nasal spray	IN	Narcotic overdose suspected, RR ≤ 12/ minute	Administer preloaded dose, repeat as needed to maintain respiratory rate
Nitroglycerin	0.4 mg tablet or powder packet	SL	1. Chest pain of suspected cardiac origin. 2. Pulmonary rales/suspected CHF, systolic BP up to 150	0.4 mg SL (1 tablet or packet) may repeat approximately every 3 minutes to total of 3 doses; hold if BP less than or drops below 100 systolic
Nitroglycerin	0.4 mg per metered dose spray	Intraoral	1. Chest pain of suspected cardiac origin. 2. Pulmonary rales/suspected CHF, systolic BP up to 150	0.4 mg SL (1 spray) may repeat approximately every 3 minutes to total of 3 doses; hold if BP less than or drops below 100 systolic
Nitroglycerin	0.4 mg tablet or powder packet	SL	Pulmonary rales/ suspected CHF, systolic BP greater than 150	0.8 mg SL (2 tablets or packets) may repeat approximately every 3 minutes to total of 3 doses; use 1 tablet or packet if BP decreases below 150 systolic
Nitroglycerin	0.4 mg per metered dose spray	Intraoral	Pulmonary rales/ suspected CHF, systolic BP greater than 150	0.8 mg SL (2 sprays) may repeat approximately every 3 minutes to total of 3 doses; use 1 spray if BP decreases below 150 systolic
Normal Saline	Crystalloid in IV bag	IV/IO	1. Hypotension or signs of poor perfusion suspected to be due to hemorrhage, hypovolemia, sepsis, dehydration, or anaphylaxis	250 mL bolus IV, may repeat to total of 1 liter to maintain perfusion
Normal Saline	Crystalloid in IV bag	IV/IO	1. Traumatic shock or hypotension; Trauma full arrest; Hypotension (hypovolemia) with vaginal hemorrhage. 2. Crush injury of major muscle group greater than 1 hour	250 mL Normal Saline fluid bolus IV and recheck signs of perfusion; continue Normal Saline as a wide-open infusion to attain or maintain perfusion.
Normal Saline	Crystalloid in IV bag	IV	Stimulant intoxication; Agitated (Excited) delirium	250 mL bolus IV, may repeat to total of 1 liter to maintain perfusion if IV access can be safely established.
Normal Saline	Crystalloid in IV bag	IV	1. Narrow QRS complex, regular tachycardia with rate 100-150 and lungs clear to auscultation or greater than 150 with suspected dehydration and lungs clear to auscultation 2. Cardiac Arrest with PEA or asystole	250 mL bolus IV, may repeat to total of 1 liter to maintain perfusion (hold if signs of congestive heart failure)
Ondansetron (Zofran®)	ODT tablet	Dissolve in mouth	Nausea or vomiting (ongoing) and not known or suspected pregnant	8 mg (2 ODT tablets) to dissolve orally
Ondansetron (Zofran®)	4 mg/2 mL IV solution	IV	Nausea or vomiting (ongoing) and not known or suspected pregnant	4 mg IV, may repeat once after 3 minutes for continued symptoms

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ORANGE COUNTY EMERGENCY MEDICAL SERVICES
PREHOSPITAL ALS STANDING ORDERS

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MEDICATION	FORM	ROUTE	INDICATION(S)	STANDING ORDER
Oxygen	Gas	Mask/ Nasal Cannula	1. Suspected hypoxia or O ₂ Saturation < 95% 2. Smoke inhalation 3. Suspected carbon monoxide toxicity 4. Near-fatal drowning 5. SCUBA diving accidents	High flow oxygen by mask (preferred), 10 L/min flow rate or nasal cannula, 6 L/min flow rate
Oxygen	Gas	Nasal Cannula	Patient on chronic oxygen therapy (home O ₂)	Maintain home O ₂ flow rate
Sodium Bicarbonate	8.4% Solution	IV/(IO appropriate if patient unconscious and IV cannot be established)	Crush injury of major muscle group greater than 1 hour	50 mL prefilled syringe IV/(IO) once

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