



***** BASE HOSPITAL CONTACT REQUIRED *****

This standing order is for use when endotracheal intubation is indicated and sedation is required for support of the procedure (usually due to retained muscle tone, “clenched jaw”) or when an intubated patient requires continued ventilation support but is having difficulty tolerating an endotracheal tube that is in proper position (usually reflex coughing or choking).

The order also applies to placement of an LMA when sedation is needed to relieve increased muscle tone involving the jaw. This is the only indication for sedation in placing an LMA. It does not apply in patients with a retained gag reflex. The LMA is contraindicated for patients who are gagging, and sedation will not be used to suppress a gag reflex. Should a gag reflex develop after the LMA is placed, the tube must be removed.

ALS STANDING ORDERS:

1. Assess perfusion and blood pressure, if systolic blood pressure greater than or equal to 90, consider Sedation:
 - ▶ *Midazolam 5 mg IV, IO, or IM once*
2. Re-assess blood pressure, if below 90 systolic after midazolam:
 - ▶ *Give 250 ml normal saline bolus and reassess blood pressure*
3. Do not extubate an endotracheally intubated patient after midazolam sedation. If an LMA is placed after sedation and the patient develops a gag reflex, the tube must be removed.
4. Notify Base Hospital that sedation has been required to support maintenance of intubation ventilation support.
5. ALS escort to nearest facility appropriate for the patient (CVRC, trauma center, ERC, etc) and re-contact Base Hospital as needed.

Approved:

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