#: SO-M-05
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## **ALS STANDING ORDERS:**

- 1. Maintain airway, suction as necessary.
- 2. If signs of dehydration or poor perfusion and lungs are clear to auscultation (no evidence CHF):
  - ► Establish IV access
  - ▶ Infuse 250 mL Normal Saline bolus, repeat to maximum of 1 liter to maintain adequate perfusion
- 3. For nausea or vomiting:
  - Dondansetron (Zofran™) 8 mg (two 4 mg ODT tablets) to dissolve orally as tolerate
- 4. Transport to nearest PRC (ALS escort if medications or NS given) or contact Base Hospital as needed.
  - → For patients suspected of having abdominal aortic aneurysm (see Guidelines below) make Base Hospital contact for possible triage to a PTRC.

## **GUIDELINES:**

- Upper abdominal pain may be a form of angina, consider 12-lead if history of heart disease or cardiac origin suspected.
- Signs of Abdominal Aortic Aneurysm (AAA) disruption include:
  - Sudden onset abdominal, back or flank pain
  - Shock (hypotension, poor skin signs)
  - Bradycardia or tachycardia
  - Pulsating mass, loss of distal pulses are not always observed
- Patients considered at risk of AAA disruption include:
  - Male

Approved:

- Age > 50 years
- History of hypertension
- Known AAA
- o Family history of AAA
- Coronary artery disease or other vascular disease