## ALS STANDING ORDERS (GENERAL):

1. Assist ventilation with BVM and suction airway as needed.
2. Pulse oximetry, if oxygen saturation less than 95%, administer:

   ►*High-flow oxygen by mask as tolerated.*

3. Obtain blood glucose, if blood glucose less than 80, administer one of:

   ►*Oral glucose preparation, if airway reflexes are intact.*
   ►*50% Dextrose 50 mL IV, may repeat once if blood glucose remains less than 80.*
   ►*Glucagon I mg IM if unable to establish IV.*[Note #1]

   *Note # 1: IO access may be used for dextrose administration (50% Dextrose 50 mL IO) when patient is unconscious with blood glucose < 80, unable to establish IV and there is no response to IM glucagon.*

4. For blood pressure less than 90 systolic and lungs clear to auscultation:

   ► *Establish IV access*

   ► *Normal Saline, infuse 250 mL IV, repeat up to maximum 1 liter to maintain adequate perfusion*

**Proceed with appropriate management as listed below:**

**Suspected Narcotic Overdose:**

→If respiratory depression (respiratory rate less than or equal to 12 minute), give:

►*Naloxone (Narcan®):*
□ *0.8, 1 or 2 mg IN or IM, repeat every 3 minutes as needed to maintain respiratory rate.*
□ *0.4-1 mg IV, every 3 minutes as needed to maintain respiratory rate.*

**Suspected Stimulant Intoxication:**

→If agitated and a danger to self or others, sedate with:

►*Midazolam 5 mg IM, may repeat once.*

→For on-going or recurrent seizure activity:

►*Midazolam 5 mg IN/IM, may repeat once.*

→Monitor for respiratory adequacy via constant visual monitoring and pulse oximetry:
If sudden hypoventilation, oxygen desaturation (per pulse oximetry), or apnea:

►*Assist ventilation with BVM (intubate as time permits),*
►*Establish IV access and give 250 mL Normal Saline bolus; may repeat up to maximum 1 liter to maintain adequate perfusion.*

→Monitor for hyperthermia; initiate cooling measures if appears to have hyperthermia.


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**Suspected Extrapyramidal Reaction**

►*Diphenhydramine (Benadryl®) 25 mg IM or IV.*

→If signs of dehydration or poor perfusion and lungs clear to auscultation (no evidence CHF):

►*Establish IV access and give 250 mL Normal Saline bolus, may repeat up to maximum 1 liter to maintain adequate perfusion.*

→If continuous nausea or vomiting, administer:

► *Ondansetron (Zofran®) 8 mg (two 4 mg ODT tablets) to dissolve orally as tolerated.*

**Suspected Organophosphate Poisoning (including Chemical Agents):**

►*Atropine 2 mg IV, repeat once as needed, alternate route 2 mg IM, repeat once as needed.*
(For DuoDote® Kit instructions and dosing during health emergencies or disaster, refer to Guideline B-35)

→For wheezes or bronchospasm:

► *Albuterol, Continuous nebulization of 6.0 mL (5 mg) concentration as tolerated.*

► *CPAP if available as tolerated and if not contraindicated (reference PR-120).*

→For on-going or recurrent seizure activity:

►*Midazolam 5 mg IN/IM, may repeat once.*

**Suspected Carbon Monoxide or Cyanide Poisoning:**

► *High flow oxygen by mask*

►*Cardiac monitor and document rhythm.*

→For wheezes or bronchospasm:

► *Albuterol, Continuous nebulization of 6.0 mL (5 mg) concentration as tolerated.*

► *CPAP if available as tolerated and if not contraindicated (reference PR-120).*

→For on-going or recurrent seizure activity:

►*Midazolam 5 mg IN/IM, may repeat once.*

4. ALS escort to nearest ERC or contact Base Hospital as needed.


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