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## ALS STANDING ORDERS:

1. Monitor cardiac rhythm and document with rhythm strip.
2. Assure airway is open and without foreign body obstruction.
  - ▶ *High flow oxygen by mask or nasal cannula as tolerated, assist ventilation with BVM as necessary.*
3. If pulse rate less than 60/minute and unresponsive to environment with signs of poor perfusion, initiate CPR and assure adequate ventilation.
4. If remains symptomatic (as described in # 3) or deteriorating:
  - ▶ *Establish IV access*
  - ▶ *If signs of hypovolemia or dehydration suspected, administer normal saline bolus 20 mL/kg and make Base Hospital contact.*
  - ▶ *If no evidence of hypovolemia, administer Epinephrine: 0.01 mg/kg IV/IO (0.1 mg/mL) and make Base Hospital contact.*
5. If continued signs or poor perfusion, initiate transcutaneous pacing using appropriate sized pads with preferred anterior-posterior placement unless child is adult size (*refer to Procedure # PR-110*).
6. Make Base Hospital contact for destination and transport with ALS escort.

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Approved:

A handwritten signature in blue ink, appearing to read "J. Snodgrass".

Review Dates: 09/14, 11/16, 05/17  
Final Date for Implementation: 10/01/2017  
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