



ORANGE COUNTY EMERGENCY MEDICAL SERVICES
INTERFACILITY TRANSPORT STANDING ORDERS/TREATMENT CRITERIA
INTERFACILITY TRANSPORT ALS STANDING ORDERS

#: IFT- SO-1
 Page: 1 of 1
 Date: 08/21/2015
 Revised: 11/27/2019

GENERAL ALS PROCEDURES

Orange County Accredited IFT-ALS personnel may use judgment to do any of the following:

1. Use any BLS Standing Order.
2. Cardiac monitor and interpret rhythms and 12-lead ECGs.
3. Establish IV or saline lock vascular access.
4. Provide 250 mL IV normal saline fluid challenges to maintain circulation.
5. BVM assisted ventilation.
6. Advanced airway with confirmation of proper placement and ventilation.
7. Pulse oximetry; if oxygen saturation less than 95%, give:
 - ▶ High-low oxygen by mask or 6 L/min by nasal cannula as tolerated.
8. Hypoglycemia, glucose less than 60 or suspected in adult with glucose in range of 60-80:

Adult/Adolescent:

 - ▶ Oral glucose preparation, if able to swallow.
 - ▶ 10% Dextrose 250 mL IV (titrated for effect to improve symptoms to maximum 250 mL).
 - ▶ Glucagon 1 mg IM if unable to establish IV.

Pediatric:

 - ▶ Oral glucose preparation, if able to swallow.
 - ▶ 10% Dextrose 5 mL/kg IV (titrated for effect to improve consciousness to maximum 250 mL).
 - ▶ Glucagon 0.5 mg IM if unable to establish IV.
9. Intraosseous placement in cardiac or traumatic full arrest.
10. For respiratory depression or ALOC due to suspected narcotic overdose:

Adult/Adolescent:

 - ▶ Naloxone 2 mg IN/IM or 0.8 mg IV titrate to effect; OR Naloxone 4 mg/0.1 mL preloaded nasal spray IN; Repeat IN, IM, or IV every 3 minutes as needed.

Pediatric:

 - ▶ Naloxone 0.1mg/kg IN/IM/IV; OR Naloxone 4 mg/0.1 mL preloaded nasal spray IN; Repeat IN, IM, or IV every 3 minutes as needed.

RESPIRATORY DISTRESS AND FAILURE

Respiratory Failure (unconscious with apnea or hypoventilation)

- ▶ Assist ventilations with BVM and
- ▶ If older than 14 years of age (40 kg or more), establish advanced airway

Wheezing/Suspected Asthma

Adult/Adolescent/Child:

- ▶ Albuterol 5 mg continuous nebulization; OR Albuterol metered dose inhaler, 2 puffs every 2 hours

Adult Pulmonary Rales/Suspected CHF

- ▶ CPAP when available to maximum 10 cm H₂O.
- ▶ Nitroglycerin: May repeat to total of 3 doses if BP > 100 systolic

Systolic BP > 100 and <150 give 0.4 mg (1 spray or 1 tablet).
 Systolic BP > 150 give 0.8 mg (2 sprays or 2 tablets).

SUSPECTED ACUTE CORONARY SYNDROME (ADULT)

- ▶ Aspirin 324 (or 325 mg) orally if not contraindicated.
- ▶ Nitroglycerine 0.4 mg SL, may repeat twice if BP > 90 systolic.
- ▶ 12-lead ECG
- ▶ Morphine sulfate 5 mg IV (or Fentanyl 50 mcg IV) for pain, may repeat same dose for continued pain after 3 minutes (hold if systolic BP less than 90).

SEIZURE/CONVULSION (ONGOING)

Adult/Adolescent:

- ▶ Midazolam 5 mg IN/IM/IV, may repeat in 3 minutes for ongoing or recurrent seizure.

Pediatric:

- ▶ Midazolam 0.1 mg/kg IN/IM (maximum dose 5 mg), may repeat in 3 minutes for ongoing or recurrent seizure.

ALTERED LEVEL OF CONSCIOUSNESS

1. Obtain blood glucose, treat per General ALS Procedures as described in #8 in left-hand column.
2. If suspected narcotic overdose, treat per General ALS Procedure as described in #10 in left-hand column.

SHOCK / SIGNS OF POOR PERFUSION BP < 90 SYSTOLIC

Adult/Adolescent (lungs clear to auscultation):

- ▶ Normal saline 250 mL IV bolus, may repeat up to 1 liter total to maintain perfusion.

Pediatric (lungs clear to auscultation):

- ▶ Normal saline 20 mL/kg IV bolus, may repeat twice to maintain perfusion.

ALLERGIC REACTION/ANAPHYLAXIS

Initial dose when indicated

Consider epinephrine auto-injector as initial epinephrine dose if given

Adult/Adolescent:

- ▶ Epinephrine 0.5 mg IM (1 mg/mL) lateral thigh once.
- ▶ Diphenhydramine (Benadryl) 50 mg IV/IM once

Pediatric:

- ▶ Epinephrine 0.01 mg/kg IM (1mg/mL) lateral thigh to maximum of 0.5 mg.
- ▶ Diphenhydramine 1 mg/kg IV/IM once, maximum dose 50 mg.

If Wheezing and/or hypoxic:

Also treat per Respiratory Distress in left-hand column. If continued symptoms after 5 minutes, may repeat IM epinephrine dose once.

Hypotension, Respiratory Distress and/or Impending Airway Obstruction

Adult/Adolescent:

- ▶ If continued symptoms after 5 min., repeat Epinephrine 0.5 mg IM (1 mg/mL) or Epinephrine 0.3mg IV/IO (0.1mg/1 mL)
- ▶ Normal saline IV bolus 250 mL, continue to 1 liter total if lungs clear to auscultation.

Pediatric:

- ▶ If continued symptoms after 5 min., Epinephrine 0.01mg/kg slow IV (0.1 mg/mL) or IM (1mg/mL)- Maximum IV dose 0.3 mg or Maximum IM dose of 0.5 mg.
- ▶ Normal saline IV bolus 20 mL/kg, may repeat twice.

TRAUMA / EXTREMITY AND HIP INJURY

Hypotension / Poor Perfusion/Traumatic Arrest:

Adult/Adolescent:

- ▶ Normal saline 250 mL bolus IV/IO, continue infusion to maintain perfusion.

Pediatric :

- ▶ Normal saline 20 mL/kg bolus IV/IO, continue infusion to maintain perfusion.

Extremity Injury/Burn/Crush With Pain and BP > 90 systolic

Adult/Adolescent:

- ▶ Morphine 5 mg IV/IM (or Fentanyl 50 mcg IN/IM/IV); may repeat same dose for continued pain after 3 minutes.

Pediatric:

- ▶ Morphine 0.1 mg/kg IV/IM (or Fentanyl 2 mcg/kg IV/IM/IN not to exceed 50 mcg); may repeat for continued pain after 3 minutes.

Approved:

Review Dates: 11/16, 06/17, 10/17, 8/15, 11/19
 Final Date for Implementation: 12/01/2019
 OCEMS copyright © 2019