



PSYCHIATRIC/BEHAVIORAL EMERGENCIES - PEDIATRIC

ALS STANDING ORDERS:

1. Identify if patient's behavior is threat to self and/or others, if so:
 - Contact law enforcement for evaluation/assistance as necessary.
OR,
 - Transport patient to nearest ERC

2. Pulse oximetry as tolerated; if room air oxygen saturation less than 95% or signs of hypoxia:
 - ▶ *High-flow oxygen by mask or cannula at 6 l/min flow rate as tolerated*
(Use of a “spit sock” that protects from exposure to a patient actively spitting is approved for use if the “sock” is of see-through design and allows ongoing assessment of airway and skin perfusion).

3. If signs or symptoms of poor perfusion and lungs clear to auscultation (no evidence CHF)
OR signs of toxic delirium:
 - ▶ *Establish IV access if can be safely established.*
 - ▶ *Infuse 20 mL/kg Normal Saline (maximum 250 mL) IV/IO bolus, may repeat twice for a total of three boluses as a standing order to maintain adequate perfusion.*

4. Consider hypoglycemia with blood glucose analysis. Treat a blood glucose of 60 or less using an option listed below. If hypoglycemia is suspected and blood glucose is in the range of 60 to 80, treatment based on field impression is appropriate.

Pediatric:
 - ▶ *Oral glucose preparation if airway reflexes are intact.*
 - ▶ *10% Dextrose 5 mL/kg IV (maximum 250 mL).*
 - ▶ *Glucagon 0.5 mg IM if unable to establish IV.*

Note: IO access may be used for dextrose administration when patient is unconscious with blood glucose < 60, unable to establish IV and there is no response to IM glucagon.

5. If agitation and respiratory distress, immediately transport to ERC.

6. For respiratory depression (respiratory rate less than or equal to 12 per minute) or hypoventilation:
 - ▶ *Assist ventilation with BVM and high-flow oxygen.*
 - ▶ *Naloxone (Narcan™):*
 - *0.1 mg/kg IN or IM (maximum 1 mg), every 3 minutes as needed; OR*
 - *0.1 mg/kg IV (maximum 1 mg), every 3 minutes as needed; OR*
 - *4 mg/0.1 mL preloaded nasal spray IN*

Approved:

Carl Schultz, M.D.

Review Dates: 01/2024
Final Date for Implementation: 4/01/2024
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7. If presenting in state of toxic delirium, transport immediately to nearest ERC. If agitation interferes with loading for transport, contact Base Hospital (CCERC preferred) for possible midazolam order.

8. Transport to nearest appropriate ERC (ALS escort if ALS procedure or medication provided).

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