ALS STANDING ORDERS:

1. Assess blood glucose.

2. If mental status, vital signs, and pulse oximetry normal AND:

   ▶ Glucose less than 250 and no other complaint exists requiring ALS intervention/transport, may transport BLS.

   ▶ Glucose greater than 250 but less than 400, and no other complaint exists requiring ALS intervention, may transport BLS if no other co-morbidities exist.

   → Consider ALS transport if patient also has history of
     - Active cancer
     - Renal Failure
     - Liver disease
     - Immunosuppression
     - Active abdominal pain with vomiting
     - Congestive Heart Failure
     - Organ transplant
     - Frail elderly

   ▶ Glucose greater than or equal to 400, transport ALS.

3. If patient has a blood glucose greater than 250 AND:

   • is confused/lethargic, OR
   • has a heart rate greater than 120, OR
   • has a respiratory rate greater than 20 and labored breathing (see note below), OR
   • has history of fever, OR
   • if oxygen saturation is less than 94%,

   transport ALS and consider DKA.

   ▶ Administer high-flow oxygen by mask or nasal cannula at 6 L/min flow rate if tolerated
   ▶ Monitor cardiac rhythm
   ▶ Establish IV access
   ▶ If no signs of fluid overload, give Normal Saline, infuse 250 mL IV, repeat up to maximum 1 liter to maintain adequate perfusion

NOTE:

- **Kussmaul breathing**: deep and labored breathing pattern often associated with diabetic ketoacidosis (DKA).
- Consider ETCO₂ measurement to evaluate for acidosis.
- Consider sepsis