ALS STANDING ORDERS:

1. Initiate or maintain spinal motion restriction as appropriate.

2. Make early base contact for destination determination when transport indicated.

3. Maintain open airway, assess for upper airway obstruction:
   - Assist ventilation/oxygenation with BVM and high flow supplemental oxygen.

4. Monitor cardiac rhythm:
   - For bradycardia, ensure airway is open and provide high flow oxygen by mask, nasal cannula or blow-by at 6 l/min flow rate as tolerated.

5. IV access; if unable to place IV, establish IO access (do not delay transport to establish IV or IO):
   - Infuse 20 mL / kg Normal Saline fluid bolus, may repeat bolus twice to maintain adequate perfusion.

6. If chest injury and suspected tension pneumothorax:
   - Place Needle Thoracostomy to side of chest with absent breath sounds.
   - Place bilateral Needle Thoracostomy when bilateral chest trauma observed.

7. Transport to Trauma Center as directed by Base Hospital or CCERC.