### BASE GUIDELINES

1. Determine ALS Standing Order treatments/procedures rendered prior to base hospital contact. Use ALS standing order as guidelines for treatments/procedures not initiated prior to base hospital contact.

2. Upper abdominal pain may be a form of angina, consider 12-lead if history of heart disease or cardiac origin suspected. If “Acute MI” indicated or suspected, treat according to BH-C-15/SO-C-15 Chest pain of suspected cardiac origin or suspected angina equivalent.

3. If AAA suspected, patient should be routed to the nearest open Trauma Center.
   - Signs of Abdominal Aortic Aneurysm (AAA) disruption include:
     - Sudden onset abdominal, back or flank pain
     - Shock (hypotension, poor skin signs)
     - Bradycardia or tachycardia
     - Pulsating mass, loss of distal pulses are not always observed
   - Patients considered at risk of AAA disruption include:
     - Male
     - Age > 50 years
     - History of hypertension
     - Known AAA
     - Family history of AAA
     - Coronary artery disease or other vascular disease

4. When considering Fentanyl 50 mcg IV/IM or Fentanyl 100 mcg IN OR Morphine Sulfate 5 mg IV to relieve pain
   - Hold if BP less than or drops below 90 systolic.
   - If suspected AAA, hold narcotics if tachycardia with SBP < 90 mmHg.
   - Do not delay transport for IV access for suspected AAA.

5. Consider Ondansetron ODT/IV per #3 in S.O.

### ALS STANDING ORDER

1. Maintain airway, suction as necessary.

2. If signs of dehydration or poor perfusion and lungs are clear to auscultation (no evidence CHF):
   - Establish IV access
   - Infuse 250 mL Normal Saline bolus, repeated to maximum of 1 liter to maintain adequate perfusion

3. For nausea or vomiting and not suspected or known to be pregnant:
   - Ondansetron (Zofran™) 8 mg (two 4 mg ODT tablets) to dissolve orally on inside of cheek as tolerated;
     - 4 mg IV, may repeat 4 mg IV once after approximately 3 minutes for recurrent nausea or vomiting

4. Morphine sulfate or Fentanyl as needed for severe pain, if BP greater than 90 systolic:
   - Morphine Sulfate 5 mg (or 4 mg carpuject) IV/IM, may repeat once in 3 minutes to control pain;
     - OR,
     - Fentanyl 50 mcg IV/IM or Fentanyl 100 mcg IN; may repeat once in 3 minutes to control pain.

5. Transport to nearest ERC (ALS escort if medications or NS given) or contact Base Hospital as needed.
   - For patients suspected of having abdominal aortic aneurysm (see Guidelines below) make Base Hospital contact for possible triage to a TC.

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Approved: [Signature]

Review Dates: 11/16, 04/19
Final Date for Implementation Date: 04/05/2019
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### BASE GUIDELINES

**ALS STANDING ORDER**

**TREATMENT GUIDELINES:**
- Upper abdominal pain may be a form of angina, consider 12-lead if history of heart disease or cardiac origin suspected.

- Signs of Abdominal Aortic Aneurysm (AAA) disruption include:
  - Sudden onset abdominal, back or flank pain
  - Shock (hypotension, poor skin signs)
  - Bradycardia or tachycardia
  - Pulsating mass, loss of distal pulses are not always observed

- Patients considered at risk of AAA disruption include:
  - Male
  - Age > 50 years
  - History of hypertension
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  - Family history of AAA
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