BASE GUIDELINES

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

2. For purposes of this Guideline, respiratory distress is defined as labored breathing, rapid respiratory rate (>26 breaths/minute), and patient complaint of difficult breathing or inability to “get enough air”.

3. Signs of respiratory distress include:
   - Breathing with use of accessory muscles including abdominal breathing.
   - Cyanosis, particularly of lips and facial area.
   - Audible noises of breathing, including rhonchi, rales, and wheezes.

4. Respiratory distress is a symptom associated with multiple medical emergencies. Transport of this category of patients to an ERC for evaluation is essential.

**Bilateral basilar rales, suspected congestive heart failure or pulmonary edema:**

1. For suspected congestive heart failure or pulmonary edema, consider repeated doses of nitroglycerine:
   - If systolic BP ≥ 100 mm Hg, administer Nitroglycerine 0.4 mg SL, may repeat twice if BP remains ≥ 100 mm Hg.
   - If systolic BP ≥ 150 mm Hg, administer Nitroglycerine 0.8 mg SL, may repeat twice if BP remains ≥ 150 mm Hg (if drops below 150 mm Hg, but remains above 100 mm Hg, continue with 0.4 mg SL dosing).

2. CPAP when available to a maximum of 10 cmH₂O

ALS STANDING ORDER

1. General:
   - Pulse oximetry, if oxygen saturation less than 95% administer one of following based on tolerance or condition:
     - High-flow Oxygen by mask or nasal cannula 6 L/min flow rate if tolerated
     - If history of COPD, Oxygen by nasal cannula 2 liters/minute. Do not withhold oxygen therapy for a COPD patient if severely hypoxic as manifested by struggling to breath and physical respiratory distress (O₂ Sat is unreliable to assess COPD distress in the acute field setting). Treat COPD patients with acute respiratory distress with O₂ and prepare to assist ventilation as needed.
   - Monitor cardiac rhythm

2. In addition to above, if one of the following conditions exists, treat as noted:
   - **Bilateral basilar rales, labored breathing (RR > 20/min) and suspected congestive heart failure or pulmonary edema:**
     - If systolic BP ≥ 100 mm Hg, administer Nitroglycerine 0.4 mg SL, may repeat twice if BP remains ≥ 100 mm Hg.
     - OR,
       - If systolic BP ≥ 150 mm Hg, administer Nitroglycerine 0.8 mg SL, may repeat twice if BP remains ≥ 150 mm Hg (if drops below 150 mm Hg, but remains above 100 mm Hg, continue with 0.4 mg SL dosing).
     - CPAP if available as tolerated and if not contraindicated (reference PR-120).
     - 12-lead ECG, if “Acute MI” indicated or a STEMI is suspected based on paramedic interpretation of 12-lead ECG contact Base Hospital for CVRC destination.
     - →ALS escort to nearest appropriate ERC.
### BASE GUIDELINES

**Stridor (if suspected allergic reaction, refer to SO-M-15):**
1. For suspected allergic reaction treat according to SO-M-15/BH-M-15 Allergic Reaction/Anaphylaxis – Adult/Adolescent

**Wheezes, suspected asthma or other forms of bronchospasm, including COPD:**
1. For continued wheezing, suspected asthma or other forms of bronchospasm
   - Repeat Albuterol 6 mL (5 mg) continuous nebulization as tolerated.
   - Consider Epinephrine 0.5 mg IM (1 mg/mL preparation) once – hold if history of cardiac disease, signs of CHF, chest pain, or age > 40 years-old.

**Sudden onset of SOB, with/without history of pneumothorax, exhibiting decreased or absent breath sounds on the affected side and suspect a tension pneumothorax:**
1. The Base MD may order a Needle Thoracostomy to be placed on the affected side, refer to PR-60.

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### ALS STANDING ORDER

**Stridor (if suspected allergic reaction, refer to SO-M-15):**
- Place in position of comfort and ALS escort to nearest appropriate ERC.

**Wheezes, suspected asthma or other form of bronchospasm, including COPD:**
- Albuterol, Continuous nebulization of 6 mL (5 mg) concentration as tolerated.
- CPAP if available as tolerated and if not contraindicated (reference PR-120).
  → ALS escort to nearest appropriate ERC.

3. If further orders required for patient stabilization, contact Base Hospital.