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/CCERC contact.

ALS STANDING ORDER

1. For presentation of respiratory distress:
   - Pulse oximetry, for oxygen saturation less than 95%:
     - High-flow Oxygen by mask or nasal cannula 6 L/min flow rate (direct or blow-by) as tolerated
   - In addition, if one of the following highlighted conditions exists, treat as indicated:

     **Possible allergic reaction with respiratory distress, administer:**
     - Epinephrine: 0.01 mg/kg IM (1 mg/mL preparation) (maximum dose 0.5 mg).
     - ALS escort to nearest appropriate ERC.

     **Wheeze, suspected asthma:**
     - Albuterol 6 mL (5 mg) continuous nebulization as tolerated.
     - CPAP, if proper mask size available, as tolerated and if not contraindicated (reference: PR-120).
     - ALS escort to nearest appropriate ERC.

     **Croup-like Cough (recurrent “barking-type”):**
     - Normal Saline 3 mL by continuous nebulization as tolerated.

     **If signs or symptoms of poor perfusion:**
     - Establish IV access
     - Infuse 20 mL/kg Normal Saline bolus, may repeat twice to maintain perfusion.
     - ALS escort to nearest appropriate ERC.

2. Base Hospital/CCERC contact for any of above conditions if no response to therapy or status worsens.