# 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. Patients who show signs of agitation and irrational behavior should be considered to have Excited Delirium and be an ALS escort with monitoring of breathing and consciousness to the nearest appropriate ERC.

3. Midazolam, one dose only, can be given to calm excited delirium (limited to a single dose to potential respiratory depression). If seizure develops follow the seizure Base Hospital Treatment Guideline with repeated doses of midazolam as appropriate (with attention to breathing status).

### ALS STANDING ORDER

1. If TASER barb(s) can be removed with pulling of the TASER barb wire, remove barb, otherwise leave barbs in place and transport to nearest ERC.

2. Barbs embedded in the face, eye, hand, foot, or groin should be left in place and patient transported to nearest ERC.

3. Assess victim’s pulse:
   - If pulse regular, vital signs are stable, patient mentally competent and not requesting transport for medical evaluation:
     1. May return (without transport) to custody of law enforcement with recommendation that “victim be medically screened at intake or an emergency department” and document conversation on PCR.
   - If pulse irregular, vital signs unstable, or victim exhibits signs of altered mental status or excited delirium:
     1. Cardiac monitor, if patient cooperative, and document rhythm with strip.
        - Treat symptomatic bradycardia or unstable tachycardia using Cardiac SO-C-20 (Bradycardia) or SO-C-25 (Narrow Complex Tachycardia).
     2. Obtain pulse oximetry and if oxygen saturation less than 95%, administer oxygen:
        - **High-flow oxygen by mask or nasal cannula at 6 l/min flow rate as tolerated.**
     3. Determine blood glucose; if less than 60, administer one of:
        - **Oral glucose preparation, administer if airway reflexes are intact**
        - **Establish IV and give 50% Dextrose 50 mL IV, may repeat once if blood glucose remains < 60.**
        - **Glucagon 1 mg IM if unable to establish IV.**

Approved: [Signature]
### BASE GUIDELINES

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<thead>
<tr>
<th>ALS STANDING ORDER</th>
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<tr>
<td>4. If presenting in state of <strong>excited delirium</strong>, transport immediately to nearest ERC. If agitation interferes with loading for transport give:</td>
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<tr>
<td>- <strong>Midazolam 5 mg IM/IV</strong> once for sedation (assist ventilation and support airway if respiratory depression develops).</td>
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<td>- <strong>Venous access, if can be safely established, and give 250 mL Normal Saline fluid bolus, continue Normal Saline as a wide open infusion to attain or maintain perfusion (palpable radial pulse, good skin signs, and appropriate mental status).</strong></td>
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<td>4. ALS escort to nearest ERC or contact Base Hospital as needed for further orders.</td>
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Approved: [Signature]