ALS STANDING ORDERS:

1. Cardiac monitor and document rhythm with rhythm strip.
2. Pulse oximetry, if room air oxygen saturation less than 95%:
   - *High-flow Oxygen by mask or nasal cannula (direct or blow-by) as tolerated.*
3. Protect airway, assist ventilation with BVM as required.
4. For signs of poor perfusion or hypotension (BP systolic less than 80):
   - *Establish IV access*
   - *Infuse 20 mL/kg Normal Saline bolus (maximum 250 mL); may repeat twice to maintain perfusion.*
5. Blood glucose analysis, if blood glucose equal to or less than 60, administer one of following:
   - *Oral glucose preparation, if tolerated and airway reflexes are intact.*
   - *10% Dextrose 5 mL/kg IV (maximum 200 mL)*
   - *Glucagon 0.5 mg IM if unable to establish IV.*
     *Note: IO access may be used for dextrose administration when patient is unconscious with blood glucose less than 60, unable to establish IV and there is no response to IM glucagon.*
6. If respiratory depression (respiratory rate less than or equal to 12 minute) and narcotic toxicity suspected, give:
   - *Naloxone (Narcan ®)*:
     - 0.1 mg/kg IN or IM (maximum 1 mg), may repeat every 3 minutes as needed.
     - 0.1 mg/kg IV (maximum 1 mg), every 3 minutes as needed.
     - 4 mg/0.1 mL preloaded nasal spray IN
8. ALS escort to nearest appropriate ERC, contact Base Hospital as needed.