ALS STANDING ORDERS:

1. Monitor cardiac rhythm and document with rhythm strip.

2. Assure airway is open and without foreign body obstruction.
   - High flow oxygen by mask or nasal cannula as tolerated, assist ventilation with BVM as necessary.

3. If pulse rate less than 60/minute and unresponsive to environment with signs of poor perfusion, initiate CPR and assure adequate ventilation.

4. If remains symptomatic (as described in # 3) or deteriorating:
   - Establish IV access
   - If signs of hypovolemia or dehydration suspected, administer normal saline bolus 20 mL/kg and make Base Hospital contact.
   - If no evidence of hypovolemia, administer Epinephrine: 0.01 mg/kg IV/IO (0.1 mg/mL) and make Base Hospital contact.

5. If continued signs or poor perfusion, initiate transcutaneous pacing using appropriate sized pads with preferred anterior-posterior placement unless child is adult size (refer to Procedure # PR-110).

6. Make Base Hospital contact for destination and transport with ALS escort.