ALS STANDING ORDERS:
1. Monitor cardiac rhythm and document with rhythm strip.
2. Pulse oximetry; if room air oxygen saturation less than 95%:
   - Administer High-flow oxygen by mask or nasal cannula at 6 l/min flow rate as tolerated.
3. If immediate transcutaneous pacing NOT required:
   - Obtain 12-lead ECG; if “Acute MI” indicated or a STEMI is suspected based on paramedic interpretation of 12-lead ECG, make Base Hospital contact for CVRC destination with an open cardiac catheterization lab.
4. If symptomatic (see Guidelines below) bradycardia:
   - Place transcutaneous pacemaker and initiate pacing (see Procedure Guideline # PR-110).
     → If paced by pacemaker, contact Base Hospital for potential CVRC destination.
     → If paced by pacemaker, blood pressure less than 90 systolic and lungs clear to auscultation, contact Base Hospital for potential CVRC destination and:
   - Establish IV access
   - Normal Saline, infuse 250 mL IV, repeat up to maximum 1 liter to maintain adequate perfusion
     → If transcutaneous pacing causes anxiety and extreme discomfort and blood pressure greater than 90 systolic, establish IV access and administer:
       - Midazolam (Versed®) up to 5 mg IV slowly titrated to attain sedation
         (Assist ventilation and maintain airway if respiratory depression develops)
         → If IV access cannot be established and blood pressure greater than 90 systolic:
           - Midazolam (Versed®) 5 mg IN divided between each nostril, may repeat once after approximately 3 minutes
             (Assist ventilation and maintain airway if respiratory depression develops)
5. If transcutaneous pacer fails to capture and pace heart, stop pacing function of monitor and administer:
   - Atropine: 0.5 mg IV / IM approximately every 3 minutes as needed to correct bradycardia to a maximum total dose of 3 mg.
6. For systolic blood pressure less than 90 (paced or if non-capture) or no response to atropine; and lungs clear to auscultation:
   - Normal Saline, infuse 250 mL and assess blood pressure and perfusion; may repeat 3 times (total 1 liter) to maintain perfusion.
   - If BP < 90 after 1 liter of NS or if evidence of CHF, contact Base Hospital.
7. ALS escort with Base Hospital contact for CVRC destination.
TREATMENT GUIDELINES:

- Symptomatic bradycardia is defined as heart rate less than or equal to 60 bpm and:
  - Signs of poor perfusion (hypotension, poor skin signs, altered level of consciousness)
  - Chest pain
  - Shortness of breath, signs of pulmonary edema

- If patient has an implanted pacemaker and is bradycardic with heart rate less than 60 bpm, treat in same manner as described in ALS Standing Orders above.

- Cardiac pacing, when immediately required to stabilize a patient, should be deployed without waiting for IV access.

- Consider an acute MI for the following 12-lead monitor interpretations:
  1. ***ACUTE MI***
  2. ***STEMI***
  3. Acute ST Elevation Infarct
  4. Probable Acute ST Elevation Infarct
  5. Acute Infarction
  6. Infarct, Probably Acute
  7. Infarct, Possible Acute

- Base Hospital may order push-dose epinephrine for refractory hypotension, refer to ALS Procedure # 230 (Push-Dose Epinephrine).