### GENERAL ALS PROCEDURES

Orange County Accredited ALS personnel who are deployed on fireline, tactical, or air rescue duty **may use any applicable Orange County Standing Order**: this document is for ease of reference during special deployment: **Use field judgment for any of the following**:

1. Use any BLS Standing Order.
2. Cardiac Monitor and interpret rhythms and 12-lead ECGs.
3. Establish IV or saline line vascular access.
4. Provide 250 mL IV fluid challenges to maintain circulation.
5. BVM assisted ventilation.
6. Advanced Airway (endotracheal intubation, Combitube, King Airway) with confirmation of proper placement and ventilation.
7. Pulse oximetry; if oxygen saturation less than 95%, give:
   - High-flow oxygen by mask or nasal cannula as tolerated.
8. Obtain blood glucose determination and if less than 60 (or 61-80 and suspected hypoglycemia based on history and symptoms), administer:
   - **Adult/Adolescent**:
     - Oral glucose preparation, if airway reflexes are intact; OR
     - 10% Dextrose 250 mL IV; OR
     - Glucagon 1 mg IM if unable to establish IV.
   - **Pediatric** - Blood glucose less than or equal to 60:
     - Oral glucose preparation, if airway reflexes are intact; OR
     - 10% Dextrose 5 mL/kg IV (maximum 200 mL); OR
     - 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 < 60, unable to establish IV and there is no response to IM glucagon.

9. Intraosseous placement in cardiac or traumatic full arrest.
10. For respiratory depression or suspected narcotic overdose:
   - **Adult/Adolescent**:
     - Narcan 2 mg IN/IM or 0.8 mg IV intrate to effect; OR
     - Narcan 4 mg/0.1 mL nasal spray preload IN;
     - Repeat IN, IM, or IV every 3 min as needed to maintain breathing.
   - **Pediatric**:
     - Narcan 0.1 mg/kg IN/IM/IV; OR
     - Narcan 4 mg/0.1 mL nasal preloaded inhaler IN;
     - Repeat IN, IM, or IV every 3 min as needed to maintain breathing.

### RESPIRATORY DISTRESS AND FAILURE

Respiratory Failure (unconscious with apnea or hypoventilation):
- Assist ventilations with BVM and
- If older than 14 years of age (40 kg or more), establish advanced airway
- **Smoking Intubation/Wheeze/Suspected Asthma**
- **High flow oxygen regardless of pulse oximetry reading.**
- **Albuterol 5 mg continuous nebulization; OR**
  - Albuterol metered dose inhaler, 2 puffs every 2 hours
- Adult Pulmonary RALES/Suspected CHF
- **High flow oxygen when O2 Sat less than 95%**
- **CPAP when available to maximum 10 cmH2O.**
- **Nitroglycerin:**
  - SBP >100 systolic give 0.4 mg (1 puff or 1 tablet).
  - SBP >150 systolic give 0.8 mg (2 puffs or 2 tablets).

### SUSPECTED CARDIAC CHEST PAIN (ADULT)

- Aspirin 324 (or 325 mg) chewed, if not contraindicated.
- Nitroglycerine 0.4 mg SL, may repeat twice if BP > 90 systolic.
- 12-lead ECG.
- Morphine sulfate 5 mg IV (or Fentanyl 50 mcg IV); may repeat for continued pain after 3 minutes if BP systolic > 90.

### SEIZURE/CONVULSION (ONGOING)

**Adult/Adolescent**:
- Midazolam 5 mg IN/IM/IV, may repeat in 3 minutes for ongoing or recurrent seizure.

**Pediatric**:
- Midazolam 0.1 mg/kg IN/IM (maximum dose 5 mg), may repeat in 3 minutes for ongoing or recurrent seizure.

### ALTERED LEVEL OF CONSCIOUSNESS

1. Obtain blood glucose and if < 80, treat per General ALS Procedure (as described in # 8 in left-hand column).
2. If suspected narcotic overdose, treat per General ALS Procedure (as described in # 10 in left-hand column).

### HEAT STRESS OR ILLNESS / SIGNS OF POOR PERFUSION

**Adult/Adolescent** (lungs clear to auscultation):
- Normal saline 250 mL bolus may repeat up to 1 liter total to maintain perfusion.
- For overheating conditions, apply cooling measures.

**Pediatric** (lungs clear to auscultation):
- Normal saline 20 mL/kg IV bolus, may repeat second bolus to maintain perfusion.
- For overheating conditions, apply cooling measures.

### ALLERGIC REACTION/ANAPHYLAXIS

Pulses Present and Airway Clear

**Adult/Adolescent**:
- Epinephrine 0.3 mg IM (1.0 mg/mL) once.
- Epinephrine 0.01 mg/kg IM (1.0 mg/mL) to maximum of 0.3 mg.

**Pediatric**:
- Epinephrine 0.01 mg/kg IM (1.0 mg/mL) to maximum of 0.3 mg.
- Normal saline IV bolus 20 mL/kg, may repeat twice.
- Diphenhydramine 1 mg/kg IV/IM once, maximum dose 50 mg.

### TRAUMA / EXTREMITY AND SKELETAL INJURY

**Hypotension / Poor Perfusion/Traumatic Arrest**

**Adult/Adolescent**:
- Normal saline 250 mL bolus IV/IO, continue infusion to maintain perfusion.

**Pediatric**:
- Normal saline 20 mL/kg bolus IV/IO, continue infusion to maintain perfusion.
  - Extremity Injury/Burn/ Crush With Pain and BP > 90 systolic

**Adult/Adolescent**:
- Morphine 5 mg IV/IM (or Fentanyl 50 mcg, IN/IM/IV); may repeat same dose for continued pain after 3 minutes.

**Pediatric**:
- Morphine 0.1 mg/kg IV/IM (or Fentanyl 2 mcg/kg IN/IM/IV, not to exceed 50 mcg); may repeat after 3 minutes.