## 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. If mechanism of history is unclear, err on the side of transport to a Trauma Center.

## ALS STANDING ORDER

1. Spinal motion restriction if diving or shore-break accident.

2. Pulse oximetry; if oxygen saturation less than 95%:
   - **Oxygen, high-flow by mask or nasal cannula at 6 l/min flow rate as tolerated.**

3. Treat cardiac arrest same as SO-C-10 (Cardiac Cardiopulmonary Arrest).

4. Monitor cardiac rhythm and document with rhythm strip:
   - For bradycardia, clear airway and assist ventilation with bag-valve-mask using high-flow oxygen.

5. For wheezing:
   - **Albuterol, Continuous nebulization of 6 mL (5 mg) concentration as tolerated.**

6. For conscious and continued respiratory distress after clearing airway (by suction or patient coughing):
   - **Apply CPAP as tolerated; guard against high risk for vomiting.**

7. If unconscious or unable to protect airway:
   - **Advanced airway and confirm tube placement.**

8. ALS escort to nearest appropriate ERC; contact Base Hospital for suspected spinal injury/trauma or as needed.