## 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/CCERC 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 ocean shore-break accident.

2. Assure airway is clear and patent.

3. Pulse oximetry, for room air oxygen saturation less than 95%:
   - High-flow Oxygen by mask or nasal cannula at 6 L/min flow rate (direct or blow-by) as tolerated

4. Treat cardiopulmonary arrest per SO-P-40 (Cardiac Arrest – Pediatric)

5. Cardiac monitor, document rhythm:
   - For bradycardia, assist ventilations with bag-valve-mask using high flow oxygen.

6. For wheezing with adequate breathing effort:
   - **Albuterol 6 mL (5mg) 0.83% solution nebulized continuous as tolerated** (discontinue for continued coughing or child resisting treatment).

7. ALS escort, contact Base Hospital/CCERC for designation to CCERC or if CCERC > 20 min transport time, to nearest appropriate ERC per OCEMS Policy # 310.00.