



ALS STANDING ORDERS:

1. Protect airway; Intubate as required to protect airway and ventilate.
2. Determine if patient meets Stroke-Neurology Receiving Center criteria.
3. Cardiac monitor and document rhythm with rhythm strip.
4. Pulse oximetry, if oxygen saturation less than 95%:
 - ▶ *Provide high-flow Oxygen by mask or nasal cannula at 6 l/min flow rate as tolerated.*
5. For hypotension or signs of poor perfusion and lungs clear to auscultation (no evidence CHF):
 - ▶ *Establish IV access*
 - ▶ *Infuse 250 mL Normal Saline, may repeat up to maximum 1 liter to maintain adequate perfusion.*
6. Consider hypoglycemia with blood glucose analysis. Treat a blood glucose of 60 or less using an option listed below. If hypoglycemia is suspected and blood glucose is in the range of 60 to 80, treatment based on field impression is appropriate.

Adult/Adolescent:

- ▶ *Oral glucose preparation, if airway reflexes are intact.*
- ▶ *10% Dextrose 250 mL (titrated for effect to improve consciousness).*
- ▶ *Glucagon 1 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.

7. If respiratory depression (respiratory rate approximately 12/minute or less), give:
 - ▶ *Naloxone (Narcan™):*
 - *0.8, 1 or 2 mg IN or IM, every 3 minutes as needed; or*
 - *0.4 - 1 mg IV, every 3 minutes as needed; or*
 - *4 mg/0.1 mL preloaded nasal spray IN*
8. Reassess and document response to each treatment.
9. ALS escort to nearest ERC or contact Base Hospital as needed.

Approved:

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