



ALS STANDING ORDERS:

1. Identify if patient's behavior is threat to self and/or others, if so:
 - Contact law enforcement for evaluation/assistance as necessary.
 - OR,
 - Transport patient to nearest ERC
2. Pulse oximetry as tolerated; if room air oxygen saturation less than 95% or signs of hypoxia:
 - *High-flow oxygen by mask or cannula at 6 l/min flow rate as tolerated*
(Use of a “spit sock” that protects from exposure to a patient actively spitting is approved for use if the “sock” is of see-through design and allows ongoing assessment of airway and skin perfusion).
3. If signs or symptoms of poor perfusion and lungs clear to auscultation (no evidence CHF)
OR signs of toxic delirium:
 - *Establish IV access if can be safely established.*
 - *Infuse 250 mL Normal Saline bolus, may repeat up to maximum 1 liter to maintain adequate perfusion.*
4. 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.
5. If agitation and respiratory distress, immediately transport to ERC.
6. For respiratory depression or hypoventilation:
 - *Assist ventilation with BVM and high-flow oxygen.*
 - *Naloxone (Narcan™):*
 - *0.8, 1 or 2 mg IN or IM, every 3 minutes as needed; OR*
 - *0.4 to 1 mg IV, every 3 minutes as needed; OR*
 - *4 mg/0.1 mL preloaded nasal spray IN*

Approved:

Review Dates: 05/16, 11/16, 06/17; 1/2024; 09/25

Final Date for Implementation: 10/01/2025

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**ORANGE COUNTY EMERGENCY MEDICAL SERVICES
PREHOSPITAL ALS STANDING ORDERS**

**PSYCHIATRIC/BEHAVIORAL EMERGENCIES -
ADULT/ADOLESCENT**

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7. If presenting in state of toxic delirium, transport immediately to nearest ERC. If agitation interferes with loading for transport give:

► *Midazolam 5 mg IV (assist ventilation and support airway if respiratory depression develops). May repeat one time in 5 minutes if no improvement.*

OR

► *Midazolam 10 mg IM/IN once (assist ventilation and support airway if respiratory depression develops).*

► *Consider Midazolam 5 mg IM/IN for patients older than 65 (assist ventilation and support airway if respiratory depression develops). May repeat one time in 5 minutes if no improvement.*

8. Transport to nearest appropriate ERC (ALS escort if ALS procedure or medication provided).

Approved:

Carl Schultz, MD

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