



## ALS STANDING ORDERS:

### AUTO ACCIDENT WITH AIRBAG DEPLOYMENT:

1. For eye irritation, brush off any powder around upper face and irrigate copiously with water.  
→ Ask patient if wearing contact lenses and if yes, ask patient to remove lenses if still in place.
2. Pulse oximetry; if oxygen saturation less than 95% give:  
► *High-flow oxygen by mask; or nasal cannula at 6 l/min flow rate as tolerated.*
3. For respiratory distress with wheezes, administer albuterol:  
► *Albuterol, Continuous nebulization of 6.0 mL (5 mg) concentration as tolerated.*
4. Make base contact for any patient who meets Trauma Triage Criteria (OCEMS Policy # 310.30)
5. If does not meet Trauma Triage Criteria, transport to nearest available ERC (ALS escort if Albuterol required for stabilization).

### EXTERNAL BLEEDING / HEMORRHAGE:

1. Apply direct pressure to bleeding site to control blood loss
  - For continued bleeding after application of direct pressure, consider use of approved hemostatic dressing.
  - Use of a tourniquet is appropriate when upper or lower extremity hemorrhage cannot be controlled by applying direct pressure or hemostatic dressing to the site of bleeding.
  - Make base contact for any patient who meets Trauma Triage Criteria (OCEMS Policy # 310.30).
2. Pulse oximetry; if oxygen saturation less than 95% give:  
► *High-flow oxygen by mask or nasal cannula at 6 l/min flow rate as tolerated.*
3. IV access if hypotensive or per paramedic judgment, do not delay transport to establish IVs.  
► *250 mL Normal Saline IV, continue Normal Saline as a wide open infusion to maintain perfusion.*
4. Base contact required if hypotensive or normal saline infusion required for stabilization.

### EYE INJURY:

1. Cover injured eye without applying pressure to the globe.
2. Elevate head 30 degrees or more if spinal motion restriction is not required.
3. Morphine sulfate or Fentanyl as needed for pain, if BP greater than 90 systolic:  
► *Morphine sulfate 5 mg (or 4 mg carpuject) IV/IM, may repeat once in 3 minutes to control pain;*  
OR,  
*Fentanyl 50 mcg IV/IM or Fentanyl 100 mcg IN, may repeat once in 3 minutes to control pain.*

Approved:

Review Dates: 5/2016; 12/2018; 12/2023

Initial Release Date: 4/1/2024

Final Implementation Date: 10/01/2024

OCEMS copyright © 2023



4. For nausea or vomiting, and not suspected or known to be pregnant:
  - *Ondansetron (Zofran™) 8 mg (two 4 mg ODT tablets) to dissolve orally on inside of cheek OR,  
4 mg IV, may repeat 4 mg IV once after approximately 3 minutes for continued nausea or vomiting.*
5. Transport to nearest available ERC (ALS escort if medications required).

**ISOLATED EXTREMITY TRAUMA (Fractures or Amputations) NOT MEETING TRAUMA TRIAGE**

**CRITERIA:**

1. Splint or immobilize fractured extremities (note any breaks of skin or open wounds).
2. May place cold packs over splinted fracture sites for comfort.
3. *Morphine sulfate or Fentanyl* as needed for pain, if BP greater than 90 systolic:
  - *Morphine sulfate 5 mg (or 4 mg carpuject) IV/IM, may repeat once in 3 minutes to control pain;  
OR,  
Fentanyl 50 mcg IV/IM or Fentanyl 100 mcg IN, may repeat once in 3 minutes to control pain*
4. Transport to nearest available ERC (ALS escort if morphine or fentanyl given).

**IMPALED OBJECTS NOT MEETING TRAUMA TRIAGE CRITERIA:**

1. Stabilize impaled object in place when possible unless this causes a delay in extrication or transport.
2. DO NOT Remove impaled objects in face or neck unless ventilation is compromised.
3. *Morphine sulfate or Fentanyl* as needed for pain, if BP greater than 90 systolic:
  - *Morphine sulfate 5 mg (or 4 mg carpuject) IV/IM, may repeat once in 3 minutes to control pain;  
OR,  
Fentanyl 50 mcg IV/IM or Fentanyl 100 mcg IN, may repeat once in 3 minutes to control pain.*
4. Transport to nearest available ERC (ALS escort if morphine or fentanyl given).

**SUSPECTED TRAUMATIC BRAIN INJURY (TBI):**

1. Monitor all patients with continuous Pulse Oximetry.
  - *Provide supplemental oxygen via nasal canula at 6 L/min flow rate or high flow oxygen by face mask and maintain P.O. > 90%.*  
  
If unable to maintain P.O. > 90% with oxygen alone, reposition airway as appropriate (consider c-spine precautions). If P.O. now > 90%, continue monitoring.  
  
If P.O. still < 90%, deliver positive pressure ventilation with bag-valve-mask in conjunction with airway adjuncts. If P.O. now > 90%, continue monitoring.

Approved:

Review Dates: 5/2016; 12/2018; 12/2023

Initial Release Date: 4/1/2024

Final Implementation Date: 10/01/2024

OCEMS copyright © 2023



If P.O. still < 90%, place a supraglottic airway or endotracheal tube if possible. Continue monitoring.

2. Monitor all patients with continuous End Tidal CO<sub>2</sub>.
  - *Maintain ETCO<sub>2</sub> between 35 and 45 mmHg if possible, especially for ventilated patients.*
3. Monitor systolic blood pressure for all patients every 5 minutes.
  - If systolic blood pressure drops below 100 mmHg, administer 250 mL Normal Saline IV, and continue as a wide open infusion to maintain systolic BP > 100 mmHg.
  - For patients 65 years of age or older, initiate IV fluids when blood pressure drops below 110 mmHg, with goal of maintaining systolic BP > 110 mmHg.
4. Assess GCS in all patients.
  - *In patients with a GCS of 8 or less, establish an airway by the most appropriate means available.*
5. Transport to trauma center

## TREATMENT GUIDELINES:

### GENERAL:

- When transporting women on a backboard who are estimated to be 20 weeks or more gestation (2<sup>nd</sup> and 3<sup>rd</sup> trimester) tilt the backboard to the patient's left to maintain a modified left-lateral position.
- Base contact is required for any patient meeting Trauma Triage Criteria to determine appropriate receiving PTRC.

### AIRBAG DEPLOYMENT:

- Watch for side airbag or secondary airbag deployment.
- Consider potential for eye injuries, blunt force trauma chest injuries.

### ISOLATED SKELETAL TRAUMA (Fractures or Amputations) NOT MEETING TRAUMA TRIAGE CRITERIA:

- For extremity fractures, always note presence or absence of peripheral pulses and sensation.

Approved:

Review Dates: 5/2016; 12/2018; 12/2023  
Initial Release Date: 4/1/2024  
Final Implementation Date: 10/01/2024  
OCems copyright © 2023