



## ALS STANDING ORDERS:

1. If signs of dehydration or poor perfusion:

- Establish IV/IO access
- Infuse normal saline 20 mL/kg (maximum 250 mL) IV/IO bolus and make BH contact (CCERC preferred). May repeat twice for a total of 3 boluses as a standing order.

2. For continuous nausea or vomiting and age 4 years or greater, administer:

- Ondansetron (Zofran™) 4 mg (one 4 mg ODT tablet) to dissolve orally on inside of cheek as tolerated;

3. If altered mental status or unresponsive:

Obtain blood glucose and document finding, if blood glucose less than 60, administer one of:

- Oral glucose preparation, if airway reflexes are intact.
- 10% Dextrose 5 mL/kg IV (maximum dose 250 mL).
- Glucagon 0.5 mg IM if unable to establish IV.

*Note: IO access may be used for dextrose administration when patient is unconscious with blood glucose less than 60, unable to establish IV and there is no response to IM glucagon.*

4. Maintain airway, suction as necessary.

5. ALS transport to nearest appropriate ERC, contact Base Hospital (CCERC base preferred) as needed.

Approved:

*Carl Schultz, MD*

Review Dates: 05/16, 11/16, 05/17, 10/19  
Final Date for Implementation: 04/01/2020  
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## TREATMENT GUIDELINES:

- Repeated vomiting can result in hypovolemic shock. If dehydration suspected, intravenous normal saline infusion is required to help control vomiting.
- Vomiting can be a symptom of diabetic ketoacidosis, frequently associated with marked elevation in blood glucose level, which is best treated with normal saline as described in SO above.

Approved:

A handwritten signature in blue ink that reads "Carl Schultz, MD".

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