



## ALS STANDING ORDERS:

1. Assess blood glucose.
2. If mental status, vital signs, and pulse oximetry normal AND:
  - *Glucose less than 250 and no other complaint exists requiring ALS intervention/transport, may transport BLS.*
  - *Glucose greater than 250 but less than 400, and no other complaint exists requiring ALS intervention, may transport BLS if no other co-morbidities exist.*
    - Consider ALS transport if patient also has history of
      - Active cancer
      - Renal Failure
      - Liver disease
      - Immunosuppression
      - Active abdominal pain with vomiting
      - Congestive Heart Failure
      - Organ transplant
      - Frail elderly
  - *Glucose greater than or equal to 400, transport ALS.*
3. If patient has a blood glucose greater than 250 AND:
  - is confused/lethargic, OR
  - has a heart rate greater than 120, OR
  - has a respiratory rate greater than 20 and labored breathing (see note below), OR
  - has history of fever, OR
  - if oxygen saturation is less than 94%,

transport ALS and consider DKA.

  - *Administer high-flow oxygen by mask or nasal cannula at 6 L/min flow rate if tolerated*
  - *Monitor cardiac rhythm*
  - *Establish IV access*
  - *If no signs of fluid overload, give Normal Saline, infuse 250 mL IV, repeat up to maximum 1 liter to maintain adequate perfusion*

### NOTE:

- **Kussmaul breathing:** deep and labored breathing pattern often associated with diabetic ketoacidosis (DKA).
- Consider ETCO<sub>2</sub> measurement to evaluate for acidosis.
- Consider sepsis

Approved:

Review Dates:  
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