



ORANGE COUNTY EMERGENCY MEDICAL SERVICES  
PREHOSPITAL ALS STANDING ORDERS

ACUTE RESPIRATORY DISTRESS – PEDIATRIC

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Page:  
Date:  
Revised:

SO-P-35  
1 of 1  
3/2009  
10/10/2019

**ALS STANDING ORDERS:**

1. For presentation of respiratory distress:

Pulse oximetry, for oxygen saturation less than 95%:

- *High-flow Oxygen by mask or nasal cannula 6 L/min flow rate (direct or blow-by) as tolerated*

2. In addition, if one of the following highlighted conditions exists, treat as indicated:

**Possible anaphylactic reaction with upper airway obstruction or respiratory distress, administer:**

- *Epinephrine 0.01 mg/kg IM (1 mg/mL preparation) (maximum dose 0.5 mg).*
- *ALS escort to nearest appropriate ERC.*

**Wheezes, suspected asthma:**

- *Albuterol 6 mL (5 mg) continuous nebulization as tolerated.*
  - *CPAP, if proper mask size available, as tolerated and if not contraindicated (reference PR-120).*
- *ALS escort to nearest appropriate ERC.*

**Croup-like Cough (recurrent “barking-type”):**

- *Normal saline 3 mL by continuous nebulization as tolerated.*

**If signs or symptoms of poor perfusion:**

- *Establish IV/IO access*
  - *Infuse 20 mL/kg normal saline (maximum 250 mL) IV/IO bolus and make BH contact. May repeat twice for total of three boluses as a standing order.*
- *ALS escort to nearest appropriate ERC.*

3. Base Hospital Contact (CCERC base preferred) for any of above conditions if no response to therapy or status worsens.

Approved:

Review Dates: 4/16; 11/16; 4/19; 10/19  
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