



ALS STANDING ORDERS:

1. General:

→ Pulse oximetry, if oxygen saturation less than 95%, administer one of following based on tolerance or condition:

▶ *High-flow Oxygen by mask or nasal cannula at 6 l/min flow rate if tolerated*

▶ *If history of COPD, Oxygen by nasal cannula 2 liters/minute.*

Do not withhold oxygen therapy for a COPD patient if severely hypoxic as manifested by struggling to breath and physical respiratory distress (O₂ Sat is unreliable to assess COPD distress in the acute field setting). Treat COPD patients with acute respiratory distress with O₂ and prepare to assist ventilation as needed.

→ Monitor cardiac rhythm.

2. In addition to the above, if one of the following conditions exists, treat as noted:

Bilateral basilar rales, labored breathing (RR > 20/min) and suspected congestive heart failure or pulmonary edema:

▶ *If systolic BP ≥ 100 mm Hg, administer Nitroglycerine 0.4 mg SL, may repeat twice if BP remains ≥ 100 mm Hg.*

OR,

If systolic BP ≥ 150 mm Hg, administer Nitroglycerine 0.8 mg SL, may repeat twice if BP remains ≥ 150 mm Hg (if drops below 150 mm Hg, but remains above 100 mm Hg, continue with 0.4 mg SL dosing).

▶ *CPAP if available as tolerated and if not contraindicated (reference PR-120).*

▶ 12-lead ECG, if "Acute MI" indicated or a STEMI is suspected based on paramedic interpretation of 12-lead ECG contact Base Hospital for CVRC destination.

→ ALS escort to nearest appropriate ERC.

Stridor (if suspected allergic reaction, refer to SO-M-15):

▶ Place in position of comfort and ALS escort to nearest appropriate ERC.

Wheezes, suspected asthma or other forms of bronchospasm, including COPD:

▶ *Albuterol, Continuous nebulization of 6.0 mL (5 mg) concentration as tolerated. If no improvement, consider BH contact for IM epinephrine order.*

▶ *CPAP if available as tolerated and if not contraindicated (reference PR-120).*

→ ALS escort to nearest appropriate ERC.

3. If further orders required for patient stabilization, contact Base Hospital.

Approved:

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