



ALS STANDING ORDERS:

1. Maintain airway, suction as necessary.
2. If signs of dehydration or poor perfusion and lungs are clear to auscultation (no evidence CHF):
 - Establish IV access
 - Infuse 250 mL Normal Saline bolus, repeat to maximum of 1 liter to maintain adequate perfusion
3. 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 as tolerated;
OR,
4 mg IV, may repeat 4 mg IV once after approximately 3 minutes for recurrent nausea or vomiting.
4. Morphine sulfate or Fentanyl as needed for severe 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.
5. Transport to nearest ERC (ALS escort if medications or NS given) or contact Base Hospital as needed.
 - For patients suspected of having abdominal aortic aneurysm (see Guidelines below) make Base Hospital contact for possible triage to a TC.

TREATMENT GUIDELINES:

Approved:

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ABDOMINAL OR FLANK PAIN, NON-TRAUMATIC - ADULT/ADOLESCENT

- Upper abdominal pain may be a form of angina, consider 12-lead if history of heart disease or cardiac origin suspected.
- Signs of Abdominal Aortic Aneurysm (AAA) disruption include:
 - Sudden onset abdominal, back or flank pain
 - Shock (hypotension, poor skin signs)
 - Bradycardia or tachycardia
 - Pulsating mass, loss of distal pulses are not always observed
- Patients considered at risk of AAA disruption include:
 - Male
 - Age > 50 years
 - History of hypertension
 - Known AAA
 - Family history of AAA
 - Coronary artery disease or other vascular disease

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