



## ALS STANDING ORDERS:

### General:

1. Monitor and document cardiac rhythm with rhythm strip.
2. Pulse oximetry; if room air oxygen saturation less than 95%:
  - *High-flow oxygen by mask or nasal cannula at 6 l/min flow as tolerated.*

### Heart Rate 100 up to 150:

1. Assess for signs of hypovolemia; if hypovolemia suspected and lungs clear on auscultation (no signs of CHF):
  - *Normal Saline, infuse 250 mL, repeat up to maximum 1 liter to maintain adequate perfusion (assess lung sounds discontinue fluid infusion if rales develop).*

### Heart Rate 150 and above:

1. Assess for signs of hypovolemia; if hypovolemia suspected and lungs clear on auscultation (no signs of CHF):
  - *Normal Saline, infuse 250 mL, repeat up to maximum 1 liter to maintain adequate perfusion (assess lung sounds discontinue fluid infusion if rales develop).*
2. If mild chest discomfort, lightheadedness, or diaphoresis:
  - Attempt Valsalva maneuver.
    - If monitor showing regular narrow QRS heart rate after attempted Valsalva maneuver, give:
      - *Adenosine: 12 mg rapid IV, may repeat one time after 3 minutes.*
3. Heart rate  $\geq 150$  with cardiac chest discomfort, altered mental status, or systolic BP less than 90 systolic:
  - *Synchronized cardioversion: 100 J initial shock; may repeat once with maximum energy if no conversion on first shock (or use manufacturer's recommended cardioversion energy for each shock).*
4. ALS escort to nearest ERC or contact Base Hospital as needed.

Approved:

Review Dates: 5/16, 11/16  
Final Date for Implementation: 04/01/2017  
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**ORANGE COUNTY EMERGENCY MEDICAL SERVICES**  
PREHOSPITAL ALS STANDING ORDERS / TREATMENT GUIDELINES  
**NARROW QRS COMPLEX TACHYCARDIA- REGULAR RHYTHM -**  
**ADULT/ADOLESCENT**

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## TREATMENT GUIDELINES:

1. This Standing Order applies when the Heart Rate is greater than 100, rhythm is regular and the width of the base of the QRS complex is less than 0.12 seconds (3 small ECG boxes).
2. Do not give adenosine when the rhythm is wide complex QRS and irregular, this can result in worsening of cardiac status.
3. Unstable patients, especially those with altered mental status, may require immediate cardioversion without premedication.
4. Unstable patients may require unsynchronized cardioversion (defibrillation) if "synch" does not occur.
5. If heart rate is 150 beats per minute and regular, likely rhythm is atrial flutter, which rarely responds to adenosine; if unstable and rhythm is 150 and regular, there is usually a good response to cardioversion.

Approved:

A handwritten signature in blue ink that appears to read "S. Shethrau".

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