



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. If no improvement, consider BH contact for IM epinephrine order.*
- ▶ *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:

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