



ALS STANDING ORDERS:

1. Cardiac monitor, document rhythm.
2. Pulse oximetry, if room air oxygen saturation less than 95%, provide:
 - *High flow oxygen by mask or nasal cannula at 6 l/min flow rate as tolerated.*
3. Establish venous access:
 - *IV access (if unresponsive to regular stimuli consider IO if peripheral IV cannot be established).*
4. For signs of poor perfusion (poor skin signs, altered mental status, weak pulses) and if lungs clear to auscultation (no evidence CHF):
 - *Infuse 250 mL Normal Saline bolus, may repeat up to maximum 1 liter to maintain adequate perfusion.*
 - Contact Base Hospital if hypotension does not response to Normal Saline hydration.
5. If rales noted on lung auscultation, suspect cardiogenic shock, contact Base Hospital for further orders.
6. Assess for “Acute MI”
 - 12-lead ECG if MI suspected, if “Acute MI” indicated or a STEMI is suspected based on paramedic interpretation of 12-lead ECG, contact Base Hospital for CVRC destination.
7. ALS escort to nearest ERC or contact Base Hospital as needed.

Approved:

Review Dates: 05/16, 11/16
Final Date for Implementation: 04/01/2017
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TREATMENT GUIDELINES:

- Symptomatic hypotension/shock is manifested by low blood pressure (\leq 90 systolic), poor skin signs, altered mental status, tachycardia, poorly palpable pulses.
- Transport of symptomatic hypotension/shock victims should be rapid with treatment enroute when possible.
- Septic shock is often encountered in the field and is characterized by younger or older age, debilitated and bedridden individuals, or immune system deficiency (such as cancer or HIV disease). Septic shock patients often have fever and altered mental status that commonly presents as a slow response to the environment. Septic shock patients are often hypoxic (O_2 saturation < 95%) with rapid respiratory rates. In early septic shock, vital signs are often within “normal” parameters (refer to SO-M-55, Suspected Sepsis).

Approved:

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

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