ALS STANDING ORDERS:

1. Assist ventilation with BVM and suction airway as needed.

2. Obtain blood glucose and document finding, if blood glucose less than 80, administer one of:

   ► *Oral glucose preparation, if airway reflexes are intact.*
   ► *10% Dextrose 5 mL/kg IV (maximum dose 200 mL).*
   ► *Glucagon 0.5 mg IM if unable to establish IV.*

   Note: IO access may be used for dextrose administration when patient is unconscious with blood glucose less than 80, unable to establish IV and there is no response to IM glucagon.

3. If appropriate, proceed with management as listed below:

   Suspected Narcotic Overdose: If respiratory depression and suspected narcotic toxicity (respiratory rate less than or equal to 12 minute), give:

   ► *Naloxone (Narcan ®):*
   - *0.1 mg/kg IN or IM (maximum 1 mg), every 3 minutes as needed.*
   - *0.1 mg/kg IV (maximum 1 mg), every 3 minutes as needed.*
   - *4 mg/0.1 mL preloaded nasal spray IN*

   Suspected Stimulant Intoxication:
   Monitor for respiratory adequacy via constant visual monitoring and pulse oximetry:
   If sudden hypoventilation, oxygen desaturation (as per pulse oximetry), or apnea:

   ► *Assist ventilation with BVM*
   ► *High-flow Oxygen by mask or nasal cannula (direct or blow-by) as tolerated,*
   ► *Establish IV access and give 20 mL/kg Normal Saline bolus (maximum 250 mL).*

   Monitor for hyperthermia; initiate cooling measures if appears to have hyperthermia.

   Suspected Extrapyramidal Reaction:

   ► *Diphenhydramine (Benadryl®) 1 mg/kg IM/IV (maximum dose 50 mg), once.*

   Suspected Organophosphate Poisoning (including Chemical Agents):
   ► *Atropine 0.1 mg/kg IV, repeat once as needed, alternate route 0.1 mg/kg IM, repeat once as needed* (maximum single dose 0.5 mg)

   Suspected Carbon Monoxide or Cyanide Poisoning:

   ► *High-flow Oxygen by mask or nasal cannula (direct or blow-by) as tolerated.*

4. ALS escort (all suspected pediatric overdose/poisoning victims) to nearest appropriate ERC.

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