



---

## ALS STANDING ORDERS:

1. Monitor cardiac rhythm and document with rhythm strip.
2. Assure airway is open and without foreign body obstruction.
  - ▶ *High flow oxygen by mask or nasal cannula as tolerated, assist ventilation with BVM as necessary.*
3. If pulse rate less than 60/minute and unresponsive to environment with signs of poor perfusion, initiate CPR.
4. If remains symptomatic or deteriorating:
  - ▶ *Establish IV access and administer normal saline bolus 20 mL/kg.*
  - ▶ *Simultaneous with saline bolus, administer Epinephrine: 0.01 mg/kg IV/IO (0.1 mg/mL preparation) approximately every 3 minutes (max 3 doses).*
5. If no response to first epinephrine dose, administer:
  - ▶ *Atropine: 0.02 mg/kg IV/IO, may repeat every 3 minutes to correct bradycardia (minimum dose 0.1 mg; maximum single dose 0.5 mg).*
6. If continued signs or poor perfusion, initiate transcutaneous pacing using appropriate sized pads with preferred anterior-posterior placement unless child is adult size (*refer to Procedure # PR-110*).
7. ALS escort to nearest appropriate ERC or contact Base Hospital as needed.

---

Approved:

*S. Fractalus*

Review Dates: 09/14, 11/16  
Final Date for Implementation: 04/01/2017  
OCEMS copyright © 2016