

## BLS

## ALS

- Ensure patent airway, O<sub>2</sub> and/or ventilate prn
- O<sub>2</sub> Saturation prn
- Spinal stabilization prn
- Secretion problems, position on affected side
- Do not allow patient to walk
- Restrain prn

**Hypoglycemia (suspected) or patient's glucometer results read <60 mg/dL**

- If patient is awake and able to swallow give 3 oral glucose tabs or paste (15g total). Patient may eat or drink if able.
- If patient is unconscious, NPO

**CVA/Stroke:**

- For suspected stroke with major deficit with onset of symptoms known to be <6 hours in duration, expedite transport.
- Bring witness, or obtain contact number, to help hospital personnel establish time of onset. Document and report the last time known normal
- Make initial notification early to confirm destination.
- Use the Prehospital Stroke Scale in the assessment of possible CVA patients (facial droop, arm drift and speech abnormalities).
- Only use supplemental O<sub>2</sub> to maintain O<sub>2</sub> saturation 94-98%

**Seizures:**

- Protect airway, and protect from injury
- Treat associated injuries

**Behavioral Emergencies (S-422 and S-142)**

- Monitor EKG
- Capnography SO prn
- IV/IO SO adjust prn
- Monitor blood glucose prn SO

**CVA:**

- 250ml fluid bolus IV/IO without rales SO to maintain BP  $\geq$ 120, MR SO
- Large bore antecubital IV

**Symptomatic suspected opioids OD (with respiratory rate <12): (Use caution in opioid dependent pain management patients)**

- Narcan 2mg IN/IM/IV SO. MR SO, titrate IV dose to effect, **to drive the respiratory rate.**
- If patient refuses transport, give additional Narcan 2mg IM SO

**Hypoglycemia:**

**Symptomatic patient with altered LOC or unresponsive to oral glucose agents:**

- D<sub>50</sub> 25Gm IV SO if BS <60 mg/dL
- If patient remains symptomatic and BS remains <60 mg/dL MR SO
- **If no IV:** Glucagon 1ml IM SO if BS < 60 mg/dL

**Hyperglycemia:**

**Symptomatic patient with diabetic history**

- 500ml fluid bolus IV/IO if BS  $\geq$  350 or reads high SO x 1

**Seizures:**

For:

- A. Ongoing generalized seizure lasting  $\geq$ 5" (includes seizure time prior to arrival of prehospital provider) SO
- B. Recurrent tonic-clonic seizures without lucid interval SO
- C. Eclamptic seizure of any duration SO

Give:

- Versed IN/IM/IV/IO SO to a max dose of 5mg (d/c if seizure stops) SO, MR x1 in 10" SO. Max 10mg total.

