

COUNTY OF SAN DIEGO EMERGENCY MEDICAL SERVICES  
POLICY/PROCEDURE/PROTOCOL

No. P-110  
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SUBJECT: TREATMENT PROTOCOL -  
ALS ADULT STANDING ORDERS

Date: 07/01/2018

## ADULT SKILLS

### Cardioversion – Synchronized (after x3 BHPO)

Unconscious SVT

Unstable VT

Unconscious Atrial Fibrillation/Atrial Flutter with HR  $\geq 180$

### Chest Seal

Occlusive dressing designed for treating open chest wound

### Continuous Positive Airway Pressure

Age  $\geq 15$  years

Respiratory distress: CHF, COPD, asthma, pneumonia, or drowning

Moderate to severe respiratory distress. Retractions/accessory muscle use AND

RR  $\geq 25$ /min OR SpO<sub>2</sub>  $< 94\%$

### Defibrillation

VT (pulseless) / VF

Repeat prn

### External cardiac pacemaker

Unstable narrow complex bradycardia with pulse, refractory to Atropine

Wide complex bradycardia

### Glucose Monitoring

Hypoglycemia (suspected)

Hyperglycemia (suspected)

### Hemostatic Gauze

Life-threatening hemorrhage in the trauma patient when tourniquet cannot be used or to supplement tourniquet

### Indwelling Devices

Use pre-existing external indwelling vascular access devices as primary vascular access if needed for definitive therapy

### Intraosseous Infusion

Fluid/medication administration in **acute status** patient when needed for definitive therapy and unable to establish venous access

### Intubate (ET/Stomal/ETAD/Perilaryngeal)

Apnea or ineffective respirations for unconscious adult patient or decreasing LOC

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**Magill Forceps with direct Laryngoscopy**

Airway obstruction from foreign body with decreasing LOC or unconscious

**Nasogastric/Orogastric Tube Insertion**

Gastric distention interfering with ventilation

**Needle Thoracostomy**

Severe respiratory distress with unilateral, diminished breath sounds and systolic BP <90

**Re-alignment of Fracture**

Grossly angulated long bone fracture with gentle unidirectional traction if necessary for splinting

**Tourniquet**

Apply tourniquet in severely injured extremity when direct pressure or pressure dressing fails to control life-threatening hemorrhage. (Attempt to control life-threatening hemorrhage with direct pressure or pressure dressing not required prior to tourniquet application in a mass casualty.)

**Valsalva Maneuver**

SVT

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**MEDICATIONS**

MEDICATION	DOSAGE / ROUTE/ INDICATION
Acetaminophen	For treatment of pain as needed
Albuterol	Burns (respiratory distress with bronchospasm) Respiratory distress ?non-cardiac Allergic reaction in presence of respiratory distress Suspected hyperkalemia in the symptomatic patient (widened QRS complex and peaked T-waves)
Amiodarone	Stable Ventricular Tachycardia (VT) Reported/witness $\geq$ x2 AICD
ASA	Discomfort/Pain of suspected cardiac origin or discomfort/pain relieved with NTG SL (prior to arrival or EMS administered)
Atropine	Unstable Bradycardia Organophosphate poisoning
Atrovent	Respiratory distress ?non-cardiac Allergic reaction in presence of respiratory distress
Benadryl	Extrapyramidal reactions Allergic reaction/anaphylaxis
CaCl <sub>2</sub>	Symptomatic patient with suspected hyperkalemia (widened QRS complex or peaked T-waves)
Charcoal	Oral ingestion of poison or overdose if ingestion within one hour for uncomplicated ingestion of drug on the following list: Acetaminophen, colchicine, beta blockers, calcium channel blockers, salicylates, valproate, oral anticoagulants (including anticoag rodenticides), paraquat, amanita mushrooms (if not vomiting)
D <sub>50</sub>	Hypoglycemia Symptomatic patient with Altered LOC unresponsive to oral glucose agents
Epinephrine 1:10,000	Cardiac arrest

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MEDICATION	DOSAGE / ROUTE/ INDICATION
Epinephrine 1:1,000	Allergic reaction: Acute (facial/oral angioedema, bronchospasm or wheezing) Anaphylaxis (shock or cyanosis) ?Respiratory Distress (?non-cardiac), consider if severe or inadequate response to Albuterol/Atrovent and if no known cardiac history, history of hypertension, or BP <150 or <40 yrs and history of asthma
Fentanyl Citrate	For treatment of pain as needed with systolic BP $\geq$ 100 Discomfort/pain of suspected cardiac origin where systolic BP $\geq$ 100
Glucagon	Symptomatic patient with altered LOC with blood glucose of <60, unresponsive to oral glucose agents or if no IV
Lidocaine	Stable VT Reported/witnessed $\geq$ x2 AICD if pulse $\geq$ 60
Morphine	For treatment of pain as needed with systolic BP $\geq$ 100 Discomfort/pain of suspected cardiac origin where systolic BP $\geq$ 100
Narcan	Symptomatic ?opioid OD with respiratory rate <12 (use caution in opioid dependent pain management patients) to drive the respiratory rate
NTG	Pain or discomfort of cardiac origin if BP >100 Respiratory distress ?CHF/cardiac origin Fluid overload in hemodialysis patient
Normal Saline	Definitive therapy Crush injury with extended compression >2 hours of extremity or torso CVA: 250ml fluid bolus IV/IO with clear lungs to maintain BP >120 Symptomatic ?Stimulant Intoxication ?aortic aneurysm Shock: hypovolemia Shock: anaphylaxis, neurogenic Shock: ?cardiac etiology, septic Trauma Discomfort/pain of ?cardiac origin with associated shock with clear lung sounds Dysrhythmias with clear lung sounds Burns >20% partial thickness or >5% full thickness and >15 yo

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MEDICATION	DOSAGE / ROUTE/ INDICATION
Ondansetron (Zofran)	Nausea or vomiting
Sodium Bicarbonate (NaHCO <sub>3</sub> )	Symptomatic patient with suspected hyperkalemia (widened QRS complex or peaked T-waves) ?Tricyclic OD with cardiac effects (hypotension, heart block or widened QRS)
Versed	Generalized seizure lasting >5 minutes Recurrent tonic-clonic seizure without lucid interval Eclamptic seizure Pre-cardioversion for conscious VT Excited Delirium Combative patient Discomfort associated with pacing Conscious VT prior to synchronized cardioversion

Note: Main previously established, labeled IV solutions, medication delivery systems, and/or other treatment modalities at preset rates.