ALS STANDING ORDERS:

1. Monitor cardiac rhythm and document with rhythm strip.

2. Pulse oximetry; if oxygen saturation less than 95%:

   ► *Administer High-flow oxygen by mask as tolerated.*

3. Obtain 12-lead ECG if immediate transcutaneous pacing not required; if "Acute MI" indicated, use SO-C-15 (Chest Pain) and contact Base Hospital for CVRC destination.

4. If symptomatic or deteriorating bradycardia:

   ►*Place transcutaneous pacemaker and initiate pacing (see Procedure Guideline # PR-110).*
   → If paced by pacemaker, contact Base Hospital for potential CVRC destination.
   → If paced by pacemaker, blood pressure less than 90 systolic and lungs clear to auscultation:
   ► *Establish IV access*

   ► *Normal Saline, infuse 250 mL IV, repeat up to maximum 1 liter to maintain adequate perfusion*

   → If transcutaneous pacing causes anxiety and extreme discomfort and blood pressure greater than 90 systolic, *establish IV access and administer*:

   ► Midazolam (Versed®) 5 mg IV
   (Assist ventilation and maintain airway if respiratory depression develops)

   → IF IV access cannot be established and blood pressure greater than 90 systolic:

   ► Midazolam (Versed®) 5 mg IN divided between each nostril, may repeat once after approximately 3 minutes
   (Assist ventilation and maintain airway if respiratory depression develops)

5. If transcutaneous pacer fails to capture and pace heart, stop pacing current and administer:

   ► *Atropine: 0.5 mg IV / IM approximately every 3 minutes as needed to correct bradycardia to a maximum total dose of 3 mg.*

6. For systolic blood pressure less than 90 (paced or if non-capture) or no response to atropine; and lungs clear to auscultation:

   ► Establish IV access
   ► Normal Saline, infuse 250 mL, may repeat 3 times (total 1 liter) to maintain perfusion.

7. ALS escort to nearest ERC or contact Base Hospital as needed for further orders.

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GUIDELINES:

- Symptomatic bradycardia is defined as heart rate less than or equal to 60 bpm and:
  - Signs of poor perfusion (hypotension, poor skin signs, altered level of consciousness)
  - Chest pain
  - Shortness of breath, signs of pulmonary edema

- Deteriorating bradycardia is defined as heart rate less than or equal to 60 bpm and:
  - Decreasing heart rate with time (for example drop in rate from 60 bpm to 50 bpm over a few minutes) despite oxygen therapy

- Cardiac pacing, when available, should be deployed without waiting for IV access.

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