ALS STANDING ORDERS:

1. Protect airway; Intubate as required to protect airway and ventilate.
2. Determine if patient meets Stroke-Neurology Receiving Center criteria.
3. Cardiac monitor and document rhythm with rhythm strip.
4. Pulse oximetry, if oxygen saturation less than 95%:

   ► *Provide high-flow Oxygen by mask as tolerated.*
5. For hypotension or signs of poor perfusion and lungs clear to auscultation (no evidence CHF):

   ► *Establish IV access*

   ► *Infuse 250 mL Normal Saline, may repeat up to maximum 1 liter to maintain adequate perfusion*.
6. Blood glucose analysis, if blood glucose less than 80, administer one of:

   ► *Oral glucose preparation, if airway reflexes are intact.*

   ► *50% Dextrose 50 mL IV, may repeat once if blood glucose remains < 80.*

   ► *Glucagon I mg IM if unable to establish IV.*[Note #1]

   Note # 1: IO access may be used for dextrose administration (50% Dextrose 50 mL IO) when patient is unconscious with blood glucose < 80, if unable to establish IV and there is no response to IM glucagon.

7. If respiratory depression (respiratory rate approximately 12/minute or less), give:

   ►*Naloxone (Narcan ™):*

   - *0.8, 1 or 2 mg IN or IM, every 3 minutes as needed; or*
   - *0.4-1 mg IV, every 3 minutes as needed.*
8. Reassess and document response to each treatment.
9. ALS escort to nearest PRC or contact Base Hospital as needed.

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