ALS STANDING ORDERS:

1. Assist ventilation with BVM and suction airway as needed.

2. Obtain blood glucose and document finding, if blood glucose less than 80, administer one of:
   - ► *Oral glucose preparation, if airway reflexes are intact.*
   - ► *25% Dextrose 2 mL/kg IV if less than 2 years-old.*
   - ► *50% Dextrose 1 mL/kg IV if greater than or equal to 2 years-old.*
   - ► *Glucagon 0.5 mg IM if unable to establish IV.*[Note #1]

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

3. If appropriate, proceed with management as listed below:

   Suspected Narcotic Overdose: If respiratory depression (respiratory rate ≤ 12 minute), give:

   ►*Naloxone (Narcan ®):*
   - *0.1 mg/kg IN / IM, every 3 minutes as needed (maximum total dose 2 mg).*
   - *0.1 mg/kg IV, every 3 minutes as needed (maximum total dose 1 mg).*

   Suspected Stimulant Intoxication:
   Monitor for respiratory adequacy via constant visual monitoring and pulse oximetry:
   If sudden hypoventilation, oxygen desaturation (as per pulse oximetry), or apnea:

   ►*Assist ventilation with BVM*
   ►*Administer high flow oxygen,*
   ►*Establish IV access and give 20 mL/kg Normal Saline bolus (maximum 250 mL).*

   Monitor for hyperthermia; initiate cooling measures if appears to have hyperthermia.

   Suspected Extrapyramidal Reaction:

   ►*Diphenhydramine (Benadryl®) 1 mg/kg IM or IV (maximum dose 25 mg).*

   Suspected Organophosphate Poisoning (including Chemical Agents):

   ►*Atropine 0.1 mg/kg IV, repeat once as needed, alternate route 0.1 mg/kg IM, repeat once as needed* (maximum single dose 0.5 mg)

   Suspected Carbon Monoxide or Cyanide Poisoning:

   ► High flow oxygen by mask

4. ALS escort (all suspected pediatric overdose/poisoning victims) to nearest appropriate ERC.

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