ALS STANDING ORDERS:

1. Suction and maintain open airway, assist ventilations with BVM as necessary.
   ► *Use high-flow oxygen when assisting ventilation.*
2. Initiate or maintain spinal immobilization as appropriate.
3. Monitor cardiac rhythm and manage treatable dysrhythmias using cardiac treatment guidelines.
4. If chest injury and pulseless with suspected tension pneumothorax:
   ►*Place Needle Thoracostomy to side of chest with absent breath sounds.*
5. IV access; if unable to place IV, establish IO access (do not delay transport to establish IV or IO):
   ► *250 mL Normal Saline fluid bolus, continue Normal Saline as a wide open infusion to attain or maintain perfusion.*
6. Intubate as necessary to maintain airway and ventilation.
7. Make Base Hospital contact for any further orders and transport destination.

GUIDELINES:

- If no signs of life, consider OCEMS Policy # 330.50, "Withholding Prehospital CPR for the Obviously Dead" (particularly for blunt trauma cardiopulmonary arrest victims):
  - Assess respiratory status
  - Assess cardiac status
  - Assess pupil light reflexes and response to voice and touch stimulation
  - If there is uncertainty regarding the above findings supporting the withholding of CPR for a victim who appears obviously dead, obtain cardiac rhythm strips in two leads to confirm asystole to support the assessment of the victim being obviously dead.

- Trauma arrest patients for who resuscitation and transport is pursued should be triaged as follows:
  - Unmanageable airway - Triage to closest PRC
  - Penetrating or blunt traumatic cardiopulmonary arrest (including pregnant women) - Triage to PTRC

- Transport of trauma victims should be rapid with treatment enroute when possible.

OCEMS copyright © 2011