ALS STANDING ORDERS:

1. Cardiac monitor:
2. Pulse oximetry; if oxygen saturation less than 95% provide:
   ► *High-flow oxygen by mask as tolerated.*
3. Establish venous access:
   ► *IV access (if unresponsive to voice and tactile stimuli consider IO if peripheral IV cannot be established).*
4. For signs of poor perfusion (poor skin signs, altered mental status, weak pulses) and if lungs clear to auscultation (no evidence CHF):
   ► *Infuse 250 mL Normal Saline bolus, may repeat up to maximum 1 liter to maintain adequate perfusion*.
5. If rales noted on lung auscultation, suspect cardiogenic shock and contact Base Hospital for further orders.
6. Assess for "Acute MI":
   ► 12-lead ECG if chest pain or shortness of breath; if "Acute MI" indicated on ECG, contact Base Hospital for CVRC destination.
7. ALS escort to nearest PRC or contact Base Hospital as needed.

GUIDELINES:

- Symptomatic hypotension/shock is manifested by low blood pressure (≤ 90 systolic), poor skin signs, altered mental status, tachycardia, poorly palpable pulses.
- Transport of symptomatic hypotension/shock victims should be rapid with treatment enroute when possible.
- There are multiple causes for shock, most common in the field is hypovolemia but consider anaphylaxis and cardiac failure.
- Septic shock is often encountered in the field and is characterized by younger or older age, debilitated and bedridden individuals, or immune system deficiency (such as cancer or HIV disease). Septic shock patients often have fever and altered mental status that commonly presents as a slow response to the environment. Septic shock patients are often hypoxic (O2 saturation < 95%) with rapid respiratory rates. In early septic shock, vital signs are often within "normal" parameters.