ALS STANDING ORDERS:

1. Cardiac monitor and document rhythm with rhythm strip.
2. Pulse oximetry, if oxygen saturation less than 95%:

   ► *Provide high-flow Oxygen by mask as tolerated.*
3. Protect airway, assist ventilation with BVM as required.
4. For signs of poor perfusion or hypotension (BP systolic less than 80):

   ► *Establish IV access*

   ► *Infuse 20 mL/kg Normal Saline bolus (maximum 250 mL); may repeat twice to maintain perfusion.*
5. Blood glucose analysis, if blood glucose less than 80, administer one of:

   ► *Oral glucose preparation, if tolerated and 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).

6. If respiratory depression (respiratory rate less than or equal to 12 minute), give:

   ►*Naloxone (Narcan ®):*

   - *0.1 mg/kg IN or IM, may repeat every 3 minutes as needed (maximum single dose 1 mg).*
   - *0.1 mg/kg IV, every 3 minutes as needed (maximum single dose 1 mg).*
7. Reassess and document response to each treatment.
8. ALS escort to nearest appropriate ERC.

GUIDELINES:

- Diabetic ketoacidosis (diabetic coma) can present as altered mental status in the pediatric population.

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