Adult BLS Standing Orders

- **Universal Patient Protocol**
- Vitals
- Apply continuous monitoring including ECG, pulse oximetry, capnography (if ALS available), and blood pressure cycling
- Determine peripheral pulses
- Ensure patent airway, O_2 and/or ventilate PRN per **Airway Policy**
- Measure glucose PRN, treat hypoglycemia per **Altered Mental Status Protocol**
- Consider **Chest Pain Protocol** PRN

Stable Brady and Tachydysrhythmias:

- Supportive care until hospital arrival
- Frequent reassessments
- Consider that dehydration, high blood sugar and/or fever may cause tachycardias >200 bpm
  - Intervene as able on reversible causes

Unstable Dysrhythmias:

Includes abnormal heart rate and if any of the following:

- Poor perfusion (cyanosis, delayed capillary refill, mottling)
- Altered LOC
- Dyspnea or shortness of breath
- Chest pain
- SBP < 100
- Diminished or absent peripheral pulses

Follow **Shock Protocol** and the specific dysrhythmia algorithm, if known, as below.

Treatment:

- Apply and use AED if available
- Follow **Shock Protocol**
- Begin CPR if patient becomes unconscious. After first 30 compressions, give first ventilations
- Refer to **Cardiac Arrest and Airway Protocols PRN**

Adult LALS Standing Order Protocol

- Establish IV
- Administer NS 0.9% 500-1,000 mL IV PRN hypotension and without signs of heart failure
- Apply and use AED if available and patient is unstable
- Begin CPR if patient becomes unconscious
- Go to **Cardiac Arrest and Airway Protocols PRN**

Adult ALS Standing Order Protocol

- Monitor continuous ECG, vitals and EtCO2
- Obtain 12 lead

Bradycardias:

Stable:
- Apply monitor pads, anterior and posterior placement PRN
- Frequent reassessments

Unstable:
- Administer atropine sulfate 0.5 mg IV/IO. May repeat x two (2)
- For high-degree AV blocks, or atropine is unsuccessful, uses Transcutaneous Pacing
- Transcutaneous Pacing (TCP) to maintain HR of 60, or SBP > 100 until perfusion is improved
- Consider **Push-Dose Epinephrine Protocol**
- Consider **Pain Medication Protocol** during pacing
- Consider midazolam 1-4 mg IV/IO slow push PRN for Transcutaneous Pacing for anxiolysis. Minimum SBP > 100 mmHg or **BHO**

Tachycardias:

Narrow Complex Tachycardia:

Stable:
- Apply monitor pads, anterior and posterior placement PRN
- Frequent reassessments

Stable SVT ONLY (Not atrial fibrillation or atrial flutter)
- Attempt Modified Valsalva Maneuver (MVM)
- If MVM unsuccessful, consider adenosine 6 mg rapid IV or humeral IO push immediately followed by NS 0.9% 20 ml rapid IV or humeral IO push
  - Verify rhythm between doses. If rhythm is irregular, use Atrial Fibrillation pathway. **Do not use adenosine with an irregular rhythm. BHO if patient has known asthma or COPD.**
- If no response after 5 minutes, administer adenosine 12 mg rapid IV or humeral IO push immediately followed by NS 0.9% 20 ml rapid IV or humeral IO push

Unstable SVT or atrial fibrillation/atrial flutter:
- Apply defibrillation pads, anterior and posterior placement
- Administer 0.9% NS 500-1,000 ml IV/IO PRN hypotension and without evidence of heart failure
- Administer synchronized cardioversion per manufacturer's instructions
- Consider **Pain Medication Protocol** prior to cardioversion
- Consider midazolam 1-4 mg IV/IO slow push PRN prior to cardioversion for anxiolysis. Minimum SBP > 100 mmHg or **BHO**

Ventricular Tachycardia/Wide Complex Tachycardia:

Stable:
- Apply defibrillation pads, anterior and posterior placement
- Frequent reassessments

Can administer lidocaine OR amiodarone:

Lidocaine:
- Administer lidocaine 1.5 mg/kg slow IV or IO push. May repeat at 0.5-0.75 mg/kg every 5-10 min, until patient converts or to max of 3 mg/kg (including initial bolus)

Amiodarone:
- Administer 150 mg IV over 10 minutes

Unstable VT:
- Perform synchronized cardioversion at manufacturer's recommended energy dose. May repeat x three (3)

- Consider **Pain Medication Protocol** prior to cardioversion
- Consider midazolam 1-4 mg IV/IO slow push PRN prior to cardioversion for anxiolysis. Minimum SBP > 100 mmHg or **BHO**
- Perform unsynchronized cardioversion/defibrillation if patient unresponsive or monitor does not sync
- If patient becomes unresponsive, move to **Cardiac Arrest and Airway Protocols**

Adult Base Hospital Orders

For Bradycardia:

- BH - Repeat Atropine 0.5 mg IV or IO push q 5 min (max total dose 3 mg)

For Narrow Complex Tachycardia:

- BH – Adenosine with known COPD or asthma
- BH – Repeat synchronized cardioversion. May repeat x three (3)

For Wide Complex Tachycardia:

- Stable - BH - Synchronized cardioversion. May repeat x three (3)

For All Dysrhythmias:

- BH – Dopamine drip for persistent hypotension
- BH – Repeat pain medication dosing. May repeat x three (3)
- BH – Midazolam 1-4 mg IV/IO for SBP < 100 mmHg for cardioversion

APPROVED:

Signature on File
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