Pediatric BLS Standing Orders

- **Universal Patient Protocol**
- Assess and control airway and breathing as needed per **Airway Policy**
- Test glucose
- Continuously monitor pulse oximetry, blood pressure, ECG, and capnography
- Prevent aspiration – elevate head of stretcher 30 degrees if systolic BP significantly elevated for age
- Maintain head and neck in neutral alignment, without flexing the neck
- Protect paralyzed limbs from injury

Hypoglycemia, Glucose < 60 dL/mg (adult), 60 dL/mg (child), or 45 (neonate) dL/mg

- Administer glucose PO, if patient is alert, has a gag reflex, and can swallow:
  - Glucose paste on tongue depressor placed between cheek and gum
  - Granulated sugar dissolved in liquid

- Assess for traumatic injury. If present, go to **Trauma Protocol**
- Gather history from patient, and if patient unable to provide history, ask bystanders, family or friends
- Bring family or friend to hospital if available for history

Complete B.E.F.A.S.T. Stroke Screening:

B	**Balance or Leg Weakness**	**1 point**
E	**Eyes – Partial or Complete Vision Loss**	**1 point**
F	**Facial Asymmetry**	**1 point**
A	**Arm Weakness**	**1 point**
S	**Speech Abnormalities**	**1 point**
T	**Last Known Normal**	**Note**

If any positives on BEFAST survey, alert BH as potential stroke alert.

Seizure

- Confirm patient has not had a seizure during the duration of stroke symptoms. If patient has had a seizure during the duration of stroke symptoms or is actively seizing, see the **Seizure Protocol**

- If suspected poisoning, including opioid overdose, go to **Poisoning Protocol**
- **Do not delay transport for interventions and transport to the appropriate receiving facility**

Pediatric LALS Standing Orders

- Establish IV
- Capnography

HYPOGLYCEMIA (<60 mg/dL in children, <45 mg/dL in neonates)

- Dextrose 10% IV per dosing chart, MR x1

- Glucagon IM per dosing chart if BS level low or unobtainable

Hypotension

- 10-20 mL/kg NS IV bolus; titrated to age-appropriate systolic BP MR x1
- For persistent hypotension, refer to **Shock Protocol**

Pediatric ALS Standing Orders

- Monitor EKG
- Establish IV/IO
- Capnography
- 12 Lead ECG

HYPOGLYCEMIA (<60 mg/dL in children, <45 mg/dL in neonates)

- Dextrose 10% IV/IO per dosing chart, MR x1
- Glucagon IM per dosing chart if BS level low or unobtainable

Hypotension

- 10-20 mL/kg NS IV/IO bolus; titrated to age-appropriate systolic BP MR x1
- For persistent hypotension, refer to **Shock Protocol**

Nausea/Vomiting

- Ondansetron 0.1 mg/kg, max 4 mg - IV/IO/IM/ODT PRN MR x1

Pediatric Base Hospital Orders

- Additional glucose dosing per BH
- Time is brain tissue in strokes, transport to the hospital should be priority to decrease poor outcomes

APPROVED:

SIGNATURE ON FILE – 07/01/25

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