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, 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 (adult), 60 (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** and transport to the appropriate Emergency Department

- 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

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

- Dextrose 10% IV dosing per chart, may repeat once (1)

- Glucagon – IM dosing per chart if no IV and BS level low or unobtainable

Pediatric ALS Standing Orders

- Continuously monitor pulse oximetry, blood pressure, ECG, and capnography
- Obtain 12 Lead EKG
- **Refer to Airway Policy as needed**
- **Refer to Shock Policy as needed**
- Establish IV/IO PRN
- Ondansetron 0.1 mg/kg (max 4 mg) IO/IV/ODT for nausea/vomiting

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

- Dextrose 10% IV/IO dosing per chart, MR x 1
- Glucagon – IM dosing per chart if no IV and BS level low or unobtainable

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
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