Date: 02/01/2021 Policy #9220A

# **Adult 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 (if ALS available)

#### Hypoglycemia, Glucose < 80 (adult)

- Administer glucose PO, If patient is alert, has a gag reflex, and can swallow:
  - o Glucose paste on tongue depressor placed between cheek and gum
  - o 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:**

В	Balance or Leg Weakness	1 point
$\mathbf{E}$	<b>Eyes – Partial or Complete Vision Loss</b>	1 point
F	Facial Asymmetry	1 point
A	Arm Weakness	1 point
S	Speech Abnormalities	1 point
T	Last Known Normal	Note

#### 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

## **Adult LALS Standing Order Protocol**

- Establish IV
- Begin NS bolus 500-1,000 mL IV PRN hypotension
- Ondansetron 4 mg ODT/IV PRN nausea/vomiting

#### HYPOGLYCEMIA, Glucose < 80 mg/dL

- Dextrose 50% 25 gm IV if BS level < 80 mg/dL or unobtainable, may repeat once (1)
- Glucagon 1 mg IM if no IV and BS level < 80 mg/dL or unobtainable

### **Adult ALS Standing Order Protocol**

Treatment Protocols Stroke - Adult

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- Continuously monitor pulse oximetry, blood pressure, ECG, and capnography
- Obtain 12 Lead EKG
- Insert ETT PRN per Airway Policy
- Establish IO PRN
- Ondansetron 4 mg IO/IV/ODT for nausea/vomiting

### HYPOGLYCEMIA, Glucose < 80 mg/dL

• Dextrose 50% - 25 gm IO if BS level < 80 mg/dL or unobtainable, may repeat once (1)

# **Adult 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
- Ground level falls can cause intracranial bleeding that can mimic strokes in the elderly, chronic alcoholic abusers, and for patients on blood thinners. Have a low threshold to consider trauma in these patients.

#### APPROVED:

Signature on File
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