Adult BLS Standing Orders

- **Universal Patient Protocol**
- Apply continuous monitoring including, pulse oximetry, and blood pressure cycling
- Assess peripheral pulses
- Ensure patent airway, O_2 and/or ventilate PRN per **Airway Policy**
- Capnography
- Measure glucose PRN, treat hypoglycemia per **Altered Mental Status Protocol**
- Consider **Chest Pain Protocol** PRN

Stable Brady and Tachydysrhythmias:

- Supportive care until hospital arrival

Intervene as able on reversible causes

Unstable Dysrhythmias:

Includes abnormal heart rate and any of the following:

- Poor perfusion (cyanosis, delayed capillary refill, mottling)
- Altered LOC
- Dyspnea or shortness of breath
- Chest pain
- SBP < 90 mmHg
- 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
- NS 500-1,000 mL IV MR x 1 to a max of 2,000 mL to maintain a SBP of ≥ 90 mmHg PRN hypotension and without signs of heart failure
- Apply and use AED if available and patient is unstable
- Begin CPR if patient becomes unconscious
- Capnography
- Go to **Cardiac Arrest and Airway Protocols PRN**

Adult ALS Standing Order Protocol

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

If hypotensive, suspected dehydration, or high glucose (> 200 mmol/L), administer 500-1,000 ml IV/IO bolus (Avoid if evidence of, or known heart failure)
Refer to **Shock Protocol** for further hypotension

Bradycardias:

Stable:

- Apply monitor pads, anterior and posterior placement (or per manufacturer's instructions)

Unstable:

- Atropine sulfate 1.0 mg IV/IO. MR x 2 q3-5 min (3 total doses)
- For Type II or III, heart block, AV node dysfunction, or atropine is unsuccessful, use Transcutaneous Pacing
- Transcutaneous Pacing (TCP) to maintain HR of 60 bpm, and SBP > 100 mmHg until perfusion is improved
- **Pain Medication Protocol** during pacing
- Midazolam 1-5 mg slow IV/IO push PRN for TCP for anxiolysis. For SBP < 100 mmHg **BH**

Unstable bradycardia, refractory to atropine and pacing

- Push-dose epinephrine (0.01 mg/ml) 1 mL IV/IO **BHP** q3 min, titrate to SBP ≥90 mmHg **BHP**

Push-dose Epinephrine mixing instructions

- Remove 1 mL normal saline (NS) from the 10 mL NS syringe
- Add 1 mL of epinephrine 1:10,000 (0.1 mg/mL) to 9 mL NS syringe
- The mixture now has 10 mL of epinephrine at 0.01 mg/mL (10 mcg/mL) concentration.

Tachycardias:

Narrow Complex Tachycardia:

Stable:

- Apply monitor pads, anterior and posterior placement PRN

Stable SVT ONLY (Not atrial fibrillation or atrial flutter)

- Valsalva Maneuver (MVM)

If unsuccessful:

- Adenosine 6 mg IV/IO rapid push immediately followed by NS 20 ml IV/IO rapid push
  - Verify rhythm between doses. If rhythm is irregular, use Atrial Fibrillation pathway. **Do not use adenosine with an irregular rhythm, or known WPW. If patient has known asthma or COPD BH.**

If no response or refractory to initial 6 mg after 3 min:

- Adenosine 12 mg IV/IO (humeral IO) rapid push immediately followed by NS 20 ml rapid push

Unstable SVT or atrial fibrillation/atrial flutter:

- Apply defibrillation pads, anterior and posterior placement (or per manufacturer's instructions)
- Administer synchronized cardioversion per manufacturer's recommended dose
- Consider **Pain Medication Protocol** prior to cardioversion
- **Consider** Midazolam 1-5 mg slow IV/IO push PRN for anxiolysis. For SBP < 100 mmHg **BH**

Ventricular Tachycardia/Wide Complex Tachycardia:

Stable:

- Apply defibrillation pads, anterior and posterior placement preferred (or per manufacturer's instructions)

Can administer lidocaine OR amiodarone:

Lidocaine:

- Administer lidocaine 1-1.5 mg/kg slow IV/IO push. MR at 0.5-0.75 mg/kg q5-10 min, until patient converts to a normal sinus rhythm or to max of 3 mg/kg total (including initial bolus)

Amiodarone:

- Administer 150 mg amiodarone IV/IO over 10 minutes. MR 150 mg q10min PRN to max of 450 mg until patient converts to a normal sinus rhythm (includes initial bolus).

Unstable VT:

- Perform synchronized cardioversion at manufacturer's recommended energy dose. MR x 3. BH for further dosing
- Consider **Pain Medication Protocol** prior to cardioversion
- Consider midazolam 1-5 mg IV/IO slow push prn prior to cardioversion for anxiolysis. For SBP < 100 mmHg **BH**
- Perform unsynchronized cardioversion/defibrillation if patient unresponsive or monitor does not sync
- If patient becomes unresponsive, move to **Cardiac Arrest and Airway Protocols**

Following cardioversion, provide lidocaine or amiodarone dosing:

- **Lidocaine:**
- Administer lidocaine 1-1.5 mg/kg slow IV/IO push. MR at 0.5-0.75 mg/kg q5-10 min, until patient converts to a normal sinus rhythm or to max of 3 mg/kg total (including initial bolus)
- **Amiodarone:**
- Administer 150 mg amiodarone IV/IO over 10 minutes. MR 150 mg q10min PRN to max of 450 mg until patient converts to a normal sinus rhythm (includes initial bolus).

Adult Base Hospital Orders

- **BH - Repeat Midazolam 1-5 mg slow IV/IO push PRN for TCP for anxiolysis**

For Bradycardia:

- BH - Repeat Atropine 1.0 mg IV/IO push q 5 min if heartrate increasing appropriately

For Narrow Complex Tachycardia:

- BH – To administer adenosine for SVT (NOT Atrial Fibrillation or Flutter) with known COPD or asthma or Wolf-Parkinson White
- BH – Repeat synchronized cardioversion. MR x3

For Stable Wide Complex Tachycardia:

- BH - Synchronized cardioversion. MR x3
- If Amiodarone given with no rhythm change: Can administer Lidocaine 1-1.5 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 total (including initial bolus) or
- If Lidocaine given with no rhythm change: Can administer Amiodarone 150 mg IV/IO over 10 minutes, max 450 mg total. MR 150 mg q10min PRN to max of 450 mg until patient converts to a normal sinus rhythm (includes initial bolus).

For All Dysrhythmias:

- BH – Dopamine drip for persistent hypotension per **Shock Protocol**
- BH – Repeat pain medication dosing. May repeat x three (3)

- BH – Midazolam 1-5 mg IV/IO for SBP < 100 mmHg for cardioversion

APPROVED:
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