ALS STANDING ORDERS:

1. Maintain airway, suction as necessary.

2. If signs of dehydration or poor perfusion and lungs are clear to auscultation (no evidence CHF):

   ▶ *Establish IV access*

   ▶ *Infuse 250 mL Normal Saline bolus, repeat to maximum of 1 liter to maintain adequate perfusion*

3. For nausea or vomiting:

   ▶ *Ondansetron (Zofran™) 8 mg (two 4 mg ODT tablets) to dissolve orally on inside of cheek as tolerated;*
   OR,
   4 mg IV, may repeat 4 mg IV once after approximately 3 minutes for recurrent nausea or vomiting.

4. *Morphine sulfate or Fentanyl* as needed for severe pain, if BP greater than 90 systolic:

   ▶ *Morphine sulfate 5 mg (or 4 mg carpuject) IV/IM, may repeat once in 3 minutes to control pain;*
   OR,
   Fentanyl 50 mcg IV/IM or Fentanyl 100 mcg IN; may repeat once in 3 minutes to control pain.

5. Transport to nearest ERC (ALS escort if medications or NS given) or contact Base Hospital as needed.

   → For patients suspected of having abdominal aortic aneurysm (see Guidelines below) make Base Hospital contact for possible triage to a PTRC.

TREATMENT GUIDELINES:

- Upper abdominal pain may be a form of angina, consider 12-lead if history of heart disease or cardiac origin suspected.
- Signs of Abdominal Aortic Aneurysm (AAA) disruption include:
  - Sudden onset abdominal, back or flank pain
  - Shock (hypotension, poor skin signs)
  - Bradycardia or tachycardia
  - Pulsating mass, loss of distal pulses are not always observed
- Patients considered at risk of AAA disruption include:
  - Male
  - Age > 50 years
  - History of hypertension
  - Known AAA
  - Family history of AAA
  - Coronary artery disease or other vascular disease