## BLS Patient Management

- **Establish, maintain, and ensure:**
  - A. A patent and easily managed airway. Use manual maneuvers (head-tilt / chin-lift or jaw thrust), oropharyngeal suction and/or airway adjuncts (OPA / NPAs) as clinically indicated
  - B. Adequate respirations and tidal volume. Use a mouth-to-mask device or bag valve mask (BVM), when clinically indicated. Rescue ventilations via a BVM require the use of a manometer. Waveform / digital capnography is required when paramedics are present
  - C. Controlled bleeding. Use direct pressure and/or pressure dressing(s) and/or tourniquet(s) and/or hemostatic dressing(s), as clinically indicated

- **Oxygen**
  - As clinically indicated. Titrate to maintain, or increase, \( \text{SpO}_2 \) to a minimum of 94%. A range of 88-92% is acceptable for patients with a history of COPD

- Position the patient as clinically indicated for safety, comfort, and to meet physiologic requirements

- Attach ECG leads to the patient when a paramedic is present

- For symptomatic hypoglycemia with blood glucose less than 80 mg/dL in adults or 70 mg/dL in pediatrics
  - **Adults**: Glucose (oral) 15 gm (1 tube) PO. MAY REPEAT PRN.

  **Pediatrics**:  
  **ADMINISTRATION OF GLUCOSE (ORAL) TO PATIENTS WEIGHING LESS THAN 10 KG (≈22 LBS) IS NOT PERMITTED.**
  - Weight is between 10 – 29 kg: Glucose (oral) as tolerated, PO. MAY REPEAT PRN.
  - Weight = 30 kg or greater: Glucose (oral) 15 gm (1 tube) PO. MAY REPEAT PRN.

## ALS Patient Management

- Interpret and continuously monitor ECG, vital signs and \( \text{SpO}_2 \)

- **For symptomatic hypoglycemia with blood glucose less than 80 mg/dL in adults or 70 mg/dL in pediatrics and neonates**
  - **Adults**: Dextrose 25 gm (D10%) IV/IO bolus or drip. MAY REPEAT PRN.
  - **Pediatrics and neonates**: Dextrose 5 mL / kg (D10%) IV/IO bolus or drip. MAY REPEAT PRN. For assistance with accurate dosing, refer to the REMSA PMDR or REMSA app.

- **For symptomatic hypoglycemia with blood glucose less than 80 mg/dL in adults or 70 mg/dL in pediatrics and neonates WHEN UNABLE TO ADMINISTER DEXTROSE**
  - **Adults**: Glucagon 1 mg (1 mL) IM. ADDITIONAL ADMINISTRATIONS REQUIRE A BASE HOSPITAL ORDER (BHO).
  - **Pediatrics and neonates**: Weight = 21 kg (≈46 lbs) or less: Glucagon 0.5 mg IM. Weight = 22 kg (≈48 lbs) or more: Glucagon 1 mg IM. ADDITIONAL ADMINISTRATIONS REQUIRE A BASE HOSPITAL ORDER (BHO).

- **For symptomatic hypoglycemia with blood glucose less than 80 mg/dL in adults or 70 mg/dL in pediatrics WHEN UNABLE TO ADMINISTER DEXTROSE OR GLUCAGON**
  - **Adults**: Glucose (oral) 15 gm (1 tube) PO. MAY REPEAT PRN.
  - **Pediatrics**:  
  **ADMINISTRATION OF GLUCOSE (ORAL) TO PATIENTS WEIGHING LESS THAN 10 KG (≈22 LBS) IS NOT PERMITTED.**
  - Weight is between 10 – 29 kg: Glucose (oral) as tolerated, PO. MAY REPEAT PRN.
  - Weight = 30 kg or greater: Glucose (oral) 15 gm (1 tube) PO. MAY REPEAT PRN.

## Patient Disposition

- **CONTACT A SINGLE BASE HOSPITAL FOR ANY PATIENT THAT REFUSES TRANSPORT FOLLOWING THE INITIATION OF AN ALS TREATMENT**