**EMT/ADVANCED EMT STANDING ORDERS - ADULT**

- If feasible, acquire and transmit a 12-lead EKG.
- Initial ventilation rate of 10 - 12 BPM, then titrate to capnography of 35 to 40 mm Hg, if available.
- Consider titrating oxygen lower for patients with SaO2 of 100%.

**ADVANCED EMT STANDING ORDERS - ADULT**

- Maintain systolic blood pressure of >90 mmHg OR MAP ≥ 65 mmHg.
  
  **For Post-resuscitation hypotension:**
  - Administer 0.9% NaCl in 250 – 500 ml boluses. Total volume should not exceed 2,000 ml.

**PARAMEDIC STANDING ORDERS - ADULT**

- Consider: (An infusion pump is required for the use of these pressor agents)
  - Norepinephrine infusion 1 – 30 micrograms/min, OR
  - Epinephrine infusion 2 – 10 micrograms/minute titrated to effect.
- Consider nasogastric or orogastric tube for the intubated patient.

**PARAMEDIC STANDING ORDERS - PEDIATRIC**

**For Post-Resuscitation Hypotension:**
- IV 0.9% NaCl 20 ml/kg (may repeat x1), AND/OR
- Consider: (An infusion pump is required for the use of these vasopressors)
  - Norepinephrine infusion 0.1 – 2 micrograms/kg/min (maximum dose 30 micrograms/min) titrated to effect, OR
  - Epinephrine 0.1 – 1 micrograms/kg/min (maximum dose 10 micrograms/minute) titrated to effect.

**For patients with return of spontaneous circulation after cardiac arrest not related to trauma or hemorrhage who are comatose without purposeful movement, consider transporting to a receiving facility capable of starting induced therapeutic hypothermia.**

**If patient meets STEMI criteria transport per your STEMI guidelines/agreements. Notify receiving facility of a “STEMI Alert”**.

**PEARLS:**
- Avoid hyperventilation as it increases intrathoracic pressures, potentially worsening hemodynamic instability.