

Subject: Treatment Guidelines – ALS Personnel  
**Respiratory Arrest**

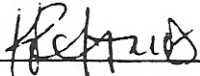
Associated Policies:


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- I. Priorities
  - A. ABC's.
  - B. Maintain airway, provide oxygen and ventilatory support.
  - C. Determine possible cause that best fit patient signs and symptoms, initiate treatment.
  - D. Transport (after initial therapy) Code 3 for patients that remain in severe distress. Code 2 for other patients.
- II. Respiratory Arrest

Absence of spontaneous ventilations without cardiac arrest. Consider narcotic overdose.

  - A. Ensure a patent airway. Suction secretions.
  - B. Provide oxygen administration via Bag Valve Mask. Ventilate at appropriate rate for age.
  - C. Use appropriate airway adjuncts.
  - D. Use Pulse oximetry.
  - E. If available, Naloxone IN 2mg if narcotic overdose is suspected.
  - F. IV access TKO. If unable to place IV consider IO access.
  - G. Naloxone 0.8mg-2.0 mg IVP/IM initially, if narcotic overdose suspected. Pediatric dose 0.01mg/kg IVPIf no improvement after Naloxone, consider intubation for long transport time for the apneic patient.
  - H. Transport and provide further treatment, as indicated by patient response.
  - I. Contact Base Hospital.

Approved: 

Approved as to Form: 

Date: 1/22/15