

# BLS GENERAL ADMINISTRATIVE ORDER

**Inclusion:**

Patients requesting transport for evaluation



**Exclusion Criteria:**

When another AO is indicated

**Initiate immediate supportive care:**

O<sub>2</sub> to maintain sat  $\geq$ 94%  
Complete primary and secondary survey as indicated  
Vital signs (FSBG and temperature as indicated)



Transport in position of comfort or using **Spinal Motion Restriction Protocol**, if indicated, to the closest most appropriate facility

**Notification to include:**

BLS Administrative Order, Chief Complaint, unit number, patient age, gender, and ETA to receiving facility.