A. Assess and manage airway.
   1. Apply pulse oximeter and treat per Pulse Oximeter procedure
   2. Be prepared to ventilate and/or assist ventilations with an oral / nasal airway and BVM

B. Evaluate the patient’s general appearance, relevant history of condition and determine **OPQRST** and **SAMPLE**. If possible, bring the patient’s medications or the most recent list of their medications with them to the hospital.

C. Assess Glasgow Coma Scale. Patients with scores less than 8 have a poor prognosis and need ALS as soon as possible.

D. If stroke is suspected, refer to Stroke Protocol.

E. Determine blood sugar level and treat as follows:
   1. Blood sugar less than 70 and the patient has a gag reflex, administer 1 tube of oral glucose. May be repeated in 10 minutes if blood sugar remains less than 70.
   2. Blood sugar within normal limits (70 -120) or elevated, transport.

F. Transport IMMEDIATELY unless ALS unit is en-route and has an ETA of less than 5 minutes.

G. If respirations are impaired or there is a high index of suspicion of narcotic overdose, administer naloxone (Narcan). Consider patient restraint prior to Narcan administration. See Restraint policy in the Behavioral Emergencies Protocol. Remember the goal of naloxone administration is to improve respiratory status and vital signs. Fully awake patients are more likely to refuse further (potentially lifesaving) care and/or become combative.

   1. **Adult dose and pediatric dose for child greater than 4 kg (~8.5 pounds):**
      Administer 4 mg (0.1 mL) naloxone (Narcan) IN (intranasal) ONLY. May repeat dose every 2-3 minutes if there is no improvement in respirations. Maximum cumulative dose is 12 mg. If maximum dose is given and respirations do not improve, secure airway and transport.

Advanced EMT / Paramedic

A. Apply cardiac monitor and check rhythm.

B. Start IV normal saline, TKO, while en-route to the hospital.

C. Determine blood sugar and treat as follows:
   1. Blood sugar less than 70
      - **Adult dose** – 250 ml of D10 IV is the solution of choice. If unavailable, administer 50 ml of D50 IVP. May be repeated in 10 minutes if blood sugar remains less than 70 or altered mental status persists. If unable to obtain IV access, administer 1 mg Glucagon IM or IN. Recheck glucose 15
minutes after administration of Glucagon; may repeat Glucagon 1 mg IM or IN if blood sugar remains less than 70 or altered mental status persists.

- **Pediatric dose for child weighing more than 20 kg** – 5 ml/kg D10 IV is the solution of choice. If unavailable, administer 1 ml/kg D50 IVP. May repeat in 10 minutes if blood sugar remains less than 70. If unable to obtain IV access and the child weighs more than 20kg (44 pounds), administer 1 mg Glucagon IM or IN.

- **Pediatric dose for child weighing less than 20 kg** – 5 ml/kg D10 IV is the solution of choice. (Dilute D50 1:1 with normal saline to get D25). May repeat in 10 minutes if blood sugar remains less than 70. Do not use D50 on children weighing < 20 kg. If unable to obtain IV access and the child weighs less than 20kg (44 pounds), administer 0.5 mg Glucagon IM or IN.

- **Neonate** with blood glucose level less than 40, administer 2-4 ml/kg D10 IVP. (Dilute 1 part D50 with 4 parts normal saline to get D10)

2. Blood sugar greater than 400 mg/dL administer normal saline IV bolus. Monitor patient’s vital signs and condition.

- **Adult Dose:** administer 250 – 500 ml normal saline bolus and repeat as needed.
- **Pediatric Dose:** administer 20 ml/kg normal saline bolus (maximum of 500 ml) and repeat as needed.

H. If respirations are impaired or there is a high index of suspicion of narcotic overdose and patient does not respond to glucose or fluid bolus, administer naloxone (Narcan). Consider patient restraint prior to Narcan administration. See Restraint policy in the Behavioral Emergencies Protocol. Remember the goal of naloxone administration is to improve respiratory status and vital signs. Fully awake patients are more likely to refuse further (potentially lifesaving) care and/or become combative.

- **Adult dose and pediatric dose for child greater than 4 kg (~8.5 pounds):** First two doses of naloxone: 0.4-2 mg via slow IVP/IO or 4 mg IN every 2-3 minutes as needed for respiratory compromise.

  *Note: The maximum IN volume is 4 mL. Further doses in a short timeframe will not be absorbed into the nasal mucosa and are ineffective. If it is known the patient already received 4 mL by law enforcement or other first responders, then administer additional doses via IVP/IO route.

Third and additional doses of naloxone: 0.4-2 mg via slow IVP/IO every 2-3 minutes. Maximum cumulative dose is 12 mg. If maximum dose is given and respirations do not improve, secure airway and transport.

- **For newborns < 4 kg:** Administer 0.1 mg/kg naloxone (Narcan) slow IVP. May repeat as needed to maximum dose of 2 mg. Can be administered IN, if unable to obtain IV access.
ALTERNED LEVEL OF CONSCIOUSNESS

- Assess and manage airway
- Maintain O2 SATS >95%
- Evaluate patient condition
  o Refer to stroke scale if stroke suspected
- Monitor vital signs
- Obtain medical history
- Determine blood sugar level
- If blood sugar less than 70: Administer oral glucose if patient is able to swallow.
- If blood sugar within normal limits (70-120) or elevated, transport
- If respirations impaired or narcotic overdose suspected
- Administer naloxone (Narcan)
  Adults: 4 mg (0.1 mL) in only. May repeat every 2-3 minutes if no improvement in respirations. Max cumulative dose 12 mg

- IV NS (run to maintain perfusion)
- Monitor ECG
- Determine blood sugar level
- If blood sugar less than 70: Administer dextrose
  Adults: D10 - 25G/250 mL IV
  D50 - 25G/50 mL IV (if D10 not available)
- If unable to start IV, administer glucagon (Glucagen)
  Adults: 1 mg IM
- If blood sugar greater than 400 mg/dL, administer normal saline fluid bolus
  Adults: 250 mL – 500 mL IV repeat as needed
- If respirations impaired or narcotic overdose suspected
- Administer naloxone (Narcan)
  Adults: IN - 4 mg (0.1 mL)
  IV - 0.4 – 2 mg slow push.
  May repeat every 2-3 minutes if no improvement in respirations.
  Max cumulative naloxone dose 12 mg
  Max cumulative in volume 4 mL
ALERTED LEVEL OF CONSCIOUSNESS

- Assess and manage airway
- Maintain O2 SATS >95%
- Evaluate patient condition
- Monitor vital signs
- Obtain medical history
- Determine blood sugar level
- If blood sugar less than 70: Administer oral glucose if patient is able to swallow.
- If respirations impaired or narcotic overdose suspected, administer naloxone (Narcan) pediatrics over 4 KG (8.5 lbs). Administer up to 4 mg / 0.1 ml intranasal may repeat dose once to improve respirations (maximum intranasal volume is 4 ml)

KEY

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Pediatrics over 4 KG (8.5 lbs)
- Glucose 10% (D10) IV - 1 ml/kg D50 IV
- IV NS (run to maintain perfusion)
- Monitor ECG
- Determine blood sugar level
- If blood sugar less than 70: Administer dextrose pediatrics: > 20kg - 5 ml/kg D10 IV
  - 1 ml/kg D50 IV
  - < 20kg - 5 ml/kg D10 IV (only)
- Neonates: 2-4 ml/kg D10 IV push (blood glucose level less than 40)
- If unable to start IV, administer glucagon (Glucagen) pediatrics: > 20 kg - 1 mg IM
  - < 20 kg - 0.5 mg IM

- If blood sugar greater than 400, administer normal saline fluid bolus pediatrics: 20 ml/kg IV repeat as needed

- If respirations impaired or narcotic overdose suspected, administer naloxone (Narcan) pediatrics over 4 KG (8.5 lbs)
  - IN - 4 mg (0.1 ML)
  - IV - 0.4 – 2 mg slow push.

  May repeat every 2-3 minutes if no improvement in respirations.
  - Max cumulative dose 12 mg
  - Max cumulative in volume 4 ml

PEDIATRICS < 4 KG:
- 0.1 mg/kg slow IV push or IN (max 2 mg)

If patient already received max in volume (4 ml) by law enforcement or other first responders
- Administer additional doses via IVP/IO route.