ALTERED LEVEL OF CONSCIOUSNESS

Basic EMT

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 or positive-pressure ventilations

B. Evaluate the patient’s general appearance, relevant history of condition and determine
   OPQRSTI and SAMPLE.

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 80 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 80.
   2. Blood sugar within normal limits (80 -120) or elevated, transport.

F. Transport IMMEDIATELY unless ALS unit is en route and has an ETA if 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.

   1. **Adult dose and pediatric dose for child greater than 4 kg (~8.5 pounds):**
      Administer up to 2 mg naloxone (Narcan) IN (intranasal) ONLY. May repeat dose
      one time in 2-3 minutes if there is no improvement in respirations.

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 80

   - **Adult dose** – 50 ml of D50 IVP or 250 ml of D10 IV. May be repeated in
     10 minutes if blood sugar remains less than 80. If unable to obtain IV
     access, administer 1 mg Glucagon IM or IN.
   - **Pediatric dose for child weighing more than 50 pounds** – administer 1
     ml/kg D50 IVP or 5 ml/kg D10 IV. May repeat in 10 minutes if blood
     remains less than 80. 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 50 pounds** – administer 2 ml/kg D25 IVP. (Dilute D50 1:1 with normal saline to get D25) or 5 ml/kg D10 IV. May repeat in 10 minutes if blood sugar remains less than 80. If unable to obtain IV access and the child weighs less than 20kg (44 pounds), administer 0.5 mg Glucagon IM or IN.

• **Newborn** 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 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.

• **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 2 mg IN every 2-3 minutes as needed for respiratory compromise.

  *Note: The maximum IN volume is 4mL (two doses). 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 4mg/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, as needed for respiratory compromise.

• **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.
ALTERED LEVEL OF CONSCIOUSNESS

- Assess and manage airway
- Maintain O2 SATS >95%
- Evaluate patient condition
  - Refer to stroke scale if stroke suspected
- Monitor vital signs
- Obtain medical history
- Determine blood sugar level
- If blood sugar less than 80: administer oral glucose if patient is able to swallow.
- If blood sugar within normal limits (80-120) or elevated, transport
- If respirations impaired or narcotic overdose suspected
- Administer naloxone (narcan) adults: 2 mg in only. May repeat dose once to improve respirations (maximum intranasal volume is 4 ml)

- IV NS (run to maintain perfusion)
- Monitor ECG
- Determine blood sugar level
- If blood sugar less than 80: administer dextrose
  - Adults: D50 - 25G/50 mL IV
  - D10 - 25G/250 mL IV
- If unable to start IV administer glucagon (glucagen)
  - Adults: 1 mg IM
- If blood sugar greater than 400 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: 0.4 – 2 mg slow IV push. May repeat dose as needed. Administer 2mg intranasal if unable to establish IV (maximum intranasal volume is 4 ml)

KEY
- Basic EMT
- Advanced EMT
- Paramedic
- Med Control
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 80: 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 2 mg intranasal may repeat dose once to improve respirations
  (maximum intranasal volume is 4 ml)

IV NS (run to maintain perfusion)
- Monitor ECG
- Determine blood sugar level
- If blood sugar less than 80: administer dextrose pediatrics: > 50 lbs 1 ml/kg D50 IV
  < 50 lbs 2 ml/kg D25 IV

  5 ml/kg D10 IV can be administered regardless of weight

Newborn: 2-4 ml/kg D10 IV push
- (blood glucose level less than 40)
  - If unable to start IV administer glucagon (glucagen) pediatrics: > 44 lbs 1 mg IM
    < 44 lbs 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)
    0.4 mg slow IV push may repeat dose as needed.
    Administer 2 mg intranasal if unable to establish IV
    (maximum intranasal volume is 4 ml)
    pediatrics < 4 kg:
    0.1 mg/kg slow IV push or IN (max 2 mg)

KEY
- Basic EMT
- Advanced EMT
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If patient already received 4 mg/ml intranasal by law enforcement or other first responders:
administer additional doses via IV/P/IO route.