

APPROVED: Signature On File In EMS Office
Executive Director

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Medical Director

EFFECTIVE DATE 7/01/2011
SUPERSEDES: _____
REVISED: _____
REVIEW DATE: 7/01/2016
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ALTERED LEVEL OF CONSCIOUSNESS

- I. AUTHORITY: Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9
- II. PURPOSE: To serve as a patient treatment standard for EMTs and Paramedics within their scope of practice.
- III. PROTOCOL: Characterized by a Glasgow coma score less than 15, confusion or unconsciousness.

STANDING ORDERS

ASSESS	CAB
OXYGEN	Oxygen delivery as appropriate
MONITOR	Treat rhythm as appropriate.
IV/IO ACCESS	TKO. If systolic BP less than 90mmHg, give 250 ml fluid boluses to systolic BP 90-100. Reassess the patient after each bolus.
ACCUCHECK	Test for glucose.
DEXTROSE	25 gms IV/IO push – if blood glucose less than 60 mg/dl. May repeat once. Recheck blood glucose 5 minutes after each dose. Give oral glucose solutions to patients who are awake and have an intact gag reflex.
GLUCAGON	If no IV/IO access immediately available with blood glucose less than 60 mg/dl, give one (1) 4 unit IM. May repeat once. Recheck blood glucose in 5 minutes.
NALOXONE	2 mg IN (IV/IM) only if respiratory rate less than 10/minute or systolic BP less than 90mmHg AND narcotic overdose is suspected: pinpoint pupils, track marks, drug paraphernalia, and history of narcotic use. May repeat ONCE in 3 minutes if inadequate response Narcan must be administered before intubating a symptomatic narcotic overdose

BASE PHYSICIAN ORDERS

RELEASE-AT-SCENE	Competent adults with normal vital signs, blood sugar, and mental status 10 minutes after ALS intervention, may be released if a cause of their condition and its solution has been identified. Refer to Refusal of EMS Service Policy 570.35.
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