

APPROVED: Signature On File In EMS Office
Executive Director

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Medical Director

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SUPERSEDES: _____
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PAGE: 1 of 1

PEDIATRIC 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 the treatment standard for EMTs and Paramedics within their scope of practice.
- III. PROTOCOL: Characterize by a Glasgow Coma Score less than 15, mental confusion, unconsciousness.

STANDING ORDERS

ASSESS	CAB
OXYGEN	Oxygen delivery as appropriate.
MONITOR	Treat rhythm as appropriate.
ACCUCHECK	Test for glucose.
IV/IO ACCESS	TKO with microdrip tubing and volume control chamber
DEXTROSE	If blood glucose less than 60mg/dl: D50W 1 ml/kg IV for patient over 2 years or D25W 2 ml/kg IV for patients under 2 years. May repeat once. Give oral glucose to patients who are awake and have an intact gag reflex. Recheck blood glucose in 5 minutes.
GLUCAGON	0.05 mg/kg IM if blood glucose less than 60mg/dl and IV/IO access is not immediately available. May repeat once. Recheck blood glucose in 5 minutes.
CONSIDER CAUSE	<ul style="list-style-type: none">• Shock - refer to Non-Traumatic Shock Protocol 555.41• Toxic Exposure - refer to Protocols 555.51, and 555.52.• Head Trauma - refer to Head-Neck-Facial Trauma Protocols 555.84
NALOXONE	0.1 mg/kg IV/IO/-IM, if mental status and respiratory effort are depressed, the child is not a newborn and there is a strong suspicion of opiate overdose. Maximum single dose 2 mg. May repeat once in 3 minutes if partial response to treatment.