

APPROVED: SIGNATURE ON FILE IN EMS OFFICE  
Executive Director  
  
SIGNATURE ON FILE IN EMS OFFICE  
Medical Director

EFFECTIVE DATE 01/01/2004  
SUPERSEDES: \_\_\_\_\_  
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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 the treatment standard for EMT-Is and EMT-Ps in treating patients.
- III. PROTOCOL:

Characterized by a Glasgow coma score less than 15, confusion or unconsciousness.

**STANDING ORDERS**

	<b><u>* Naloxone must be administered before intubating a symptomatic narcotic overdose</u></b>
<b>ABC's</b>	
<b>OXYGEN</b>	Oxygen delivery as appropriate
<b>MONITOR</b>	Treat rhythm as appropriate.
<b>IV/IO ACCESS</b>	TKO. If systolic BP less than 90, give 250 ml fluid boluses to systolic BP 90-100. Reassess the patient after each bolus.
<b><u>TEST FOR GLUCOSE</u></b>	<b><u>DRAW BLOOD SAMPLE: Test for glucose Finger Stick.</u></b>
<b>DEXTROSE</b>	25 gms IV push – if blood glucose less than 75 mg/dl. May repeat once. Recheck blood glucose in 5 minutes.
<b>GLUCAGON</b>	1 unit IM – if no IV access immediately available and blood glucose less than 75 mg/dl. May repeat once. Recheck blood glucose in 5 minutes.
<b>NALOXONE</b>	2 mg SQ/IM/IV/ET only if respiratory rate less than 10/minute or systolic BP <u>less than</u> <90 AND narcotic overdose is suspected (e.g. pinpoint pupils, track marks, drug paraphernalia, history of narcotic use, etc.). May repeat twice in 3 minute intervals SQ/IM/IV/ET if respiratory rate less than 10/minute persists or reoccurs.
<b>BASE PHYSICIAN ORDERS</b>	
<b>RELEASE-AT-SCENE</b>	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.