

POLICY: 554.31
TITLE: Altered Level of Consciousness

EFFECTIVE: 6/10/20
REVIEW: 6/2025
SUPERCEDES:

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

PAGE: 1 of 2

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 EMRs, EMTs, and Paramedics within their scope of practice.
- III. PROTOCOL
Characterized by a Glasgow Coma Score less than 15, confusion or unconsciousness or a change from baseline.

<u>EMR Standing Orders</u>	
<u>Patient Assessment</u>	Circulation, Airway and Breathing, asses vitals q 5 minutes and consider trauma mechanism
<u>Oxygen Administration</u>	Maintain airway and provide oxygen as appropriate
<u>Bleeding Control</u>	Direct pressure with appropriate bandage

<u>EMT Standing Orders</u>	
<u>Note</u>	Must perform items in EMR standing orders as appropriate
<u>Glucometer</u>	Check blood sugar
<u>Pulse oximetry</u>	Report initial reading to paramedic if applicable
<u>Glucose</u>	Oral glucose if patient can protect airway and has a gag reflex if blood sugar is <60mg/dl
<u>Naloxone</u>	2 mg IN/IM if mental status and respiratory effort are depressed. Must be a strong suspicion of opiate overdose. Max. single dose of 2 mg, may repeat once in 3 minutes if there was response to initial dose

<u>Paramedic Standing Orders</u>	
<u>Note</u>	Must perform items in EMR and EMT standing orders as appropriate
<u>Monitor</u>	Treat heart rhythm as appropriate
<u>Temp</u>	Consider sepsis for any altered patient with a fever
<u>IV/IO Access</u>	TKO. If systolic BP is < 90mmHg, give 250ml fluid boluses to systolic BP 90-100 or a max of 2 liters. Shall reassess vitals/patient after each bolus
<u>Dextrose</u>	For blood sugar <60mg/dl and signs of hypoglycemia are present: D50W 25gms IV/IO. Recheck blood sugar after 5 minutes
<u>Glucagon</u>	If no IV/IO access immediately available with blood glucose <60 mg/dl, give one (1) unit IM. May repeat once. Recheck blood glucose 5 minutes after each dose.
<u>Naloxone</u>	2 mg IV/IO/IN/IM if mental status and respiratory effort are depressed. Must be a strong suspicion of opiate overdose. Max single dose of 2 mg, may repeat once in 3 minutes if there was response to initial dose. Max of two doses total
<u>Base Physician Contact-</u>	
Competent adults with normal vital signs, blood sugar, and mental status 10 minutes after ALS intervention, may be released at scene if a cause of their condition and its solution has been identified. Refer to Refusal of EMS Service Policy 570.35.	

Clinical PEARLS

- High index of suspicion of sepsis in a non-traumatic altered patient
- Intravenous access is preferred over Intraosseous unless patient is unstable
- Move patient to a safe area if the situation warrants
- Consider D-10W 250ml drip if D50w is unavailable and BG <60. Continue D-10W until patient symptoms improves
- Secure airway with simplest technique, i.e. BLS airway unless unable to manage
- Naloxone- May use the prescribed grant administered aerosol 4mg doses if that's all that's available
- Naloxone must be administered prior to intubation if narcotic overdose is suspected