

POLICY: 555.31  
TITLE: Pediatric Altered Level of Consciousness

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

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

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

**EMR Standing Orders**

<b><u>Patient Assessment</u></b>	Circulation, Airway and Breathing, assess vitals q 5 minutes and consider trauma mechanism
<b><u>Oxygen Administration</u></b>	Provide oxygen if appropriate
<b><u>Bleeding control</u></b>	Direct pressure with appropriate bandage

**EMT Standing Orders**

<b><u>Note</u></b>	Must perform items in EMR standing orders as appropriate
<b><u>Glucometer</u></b>	Check blood sugar
<b><u>Pulse oximetry</u></b>	Report initial reading to paramedic if applicable
<b><u>Glucose</u></b>	Oral glucose if patient can protect airway and has a gag reflex and blood sugar <60mg/dl with signs of hypoglycemia
<b><u>Naloxone</u></b>	0.1mg/kg IN/IM if mental status and respiratory effort are depressed and the child is not a newborn. There 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

**Paramedic Standing Orders**

<b><u>Note</u></b>	Must perform items in EMR and EMT standing orders as appropriate
<b><u>Monitor</u></b>	Treat heart rhythm as appropriate
<b><u>Temp</u></b>	Consider sepsis for any altered pediatric with a fever

<u>IV/IO Access</u>	Fluid as appropriate using Micro-Drip (60gtts/min) set. Use Broselow tape for reference
<u>Dextrose</u>	For blood sugar <60mg/dl: D50W 1mg/kg IV/IO for patients over 2 years of age or D25W 2mg/kg IV/IO for patients under 2 years of age. May repeat once
<u>Glucagon</u>	<b><u>0.05 mg/kg IM if blood glucose &lt;60mg/dl and IV/IO access is not immediately available. May repeat once. Recheck blood glucose in 5 minutes.</u></b>
<u>Naloxone</u>	0.1mg/kg IV/IO/IN/IM if mental status and respiratory effort are depressed and the child is not a newborn. There 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

### **Clinical PEARLS**

- High index of suspicion of sepsis in a non-traumatic altered pediatric
- Intravenous access is preferred over Intraosseous unless patient is unstable
- Move patient to a safe area if the situation warrants
- Consider D-10W 4-6ml/kg drip if D25w and D50w is unavailable
- Secure airway with simplest technique, i.e. BLS airway unless unable to manage