

POLICY: 555.31  
TITLE: Pediatric Altered Level of Consciousness

EFFECTIVE: 07/01/2024  
REVIEW: 07/2027  
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 a patient treatment standard for EMRs, EMTs, and Paramedics within their scope of practice.
- III. PROTOCOL  
Characterized by a Glasgow coma score of < 15, mental confusion, unresponsive.

**Provider Key: F = First Responder/EMR      E = EMT      O = EMT Local Optional SOP**  
**P = Paramedic                                      D = Base Hospital Physician Order Required**

	F	E	O	P	D
<b>ASSESSMENT</b>	X	X	X	X	
<b>BLS AIRWAY:</b> okay if airway patent. Support ventilations with appropriate airway adjuncts.	X	X	X	X	
<b>SUPRAGLOTTIC AIRWAY:</b> if GCS is < 8 and not rapidly improving, consider SGA.				X	
<b>PULSE OXIMETRY:</b> apply and monitor.		X	X	X	
<b>CAPNOGRAPHY:</b> apply and monitor if SGA has been placed.				X	
<b>OXYGEN:</b> if pulse oximetry < 94% or signs of respiratory distress or hypoperfusion.	X	X	X	X	
<b>ECG MONITOR:</b> lead placement may be delegated. Treat as indicated.				X	
<b>VASCULAR ACCESS:</b> IV/IO, rate as indicated.				X	
<b>TEST FOR GLUCOSE</b>		X	X	X	
<b>ORAL GLUCOSE:</b> consider if conscious with an intact gag reflex, if blood sugar < 70 mg/dL.		X	X	X	
<b>D10:</b> 2-4 mL/kg IV/IO if blood sugar < 70 mg/dL for age > 28 days old or 2 mL/kg IV/IO if blood sugar < 40 mg/dL age ≤ 28 days old. Recheck blood glucose 10 minutes post infusion and repeat as needed.				X	
<b>GLUCAGON:</b> If no IV/IO access and unable to tolerate oral glucose, give 0.05 mg/kg IM (max 1 mg) if blood glucose < 70 mg/dL. Recheck blood glucose 10 minutes post injection. If blood glucose remains < 70 mg/dL, repeat dose.				X	

	F	E	O	P	D
<b>CONSIDER</b>					
<b>NALOXONE:</b> one spray pre-packaged IN (typically 2 – 4 mg) for respiratory depression. If opioid overdose is suspected, may repeat every 2 – 3 minutes in alternating nostrils, to a total of 12 mg. Consider alternate cause of obtundation/respiratory depression if ineffective.		X	X	X	
<b>NALOXONE:</b> 0.1 mg/kg IN/IM/IV/IO if mental status and respiratory effort are depressed and the child is not a newborn and there is a suspicion of opioid overdose. Maximum single dose 2 mg. Repeat every 5 minutes if indicated.			X	X	
<b>CONSIDER CAUSES</b>					
555.41 PEDIATRIC NON-TRAUMATIC SHOCK and 555.82 PEDIATRIC TRAUMA AND TRAUMATIC SHOCK 555.51 PEDIATRIC POISONING 555.53 PEDIATRIC OVERDOSE Head Trauma – refer to 555.82 PEDIATRIC TRAUMA AND TRAUMATIC SHOCK					