Mountain Counties
EMERGENCY MEDICAL SERVICES AGENCY

POLICIES AND PROCEDURES

POLICY: 555.31
TITLE: Pediatric Altered Level of Consciousness

EFFECTIVE: ~~02/01/2026~~DRAFT
REVIEW: ~~02/2028~~DRAFT
SUPERCEDES:

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

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, AEMT~~'~~s, and Paramedics within their scope of practice.

III. PROTOCOL
Characterized by a Glasgow ~~coma~~Coma S~~s~~core of < 15, mental confusion, unresponsive.

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

	F	E	O	A	P	D
ASSESSMENT	X	X	X	X	X	
BLS AIRWAY: okay if airway patent. Support ventilations with appropriate airway adjuncts.	X	X	X	X	X	
ADVANCED BLS AIRWAY: if GCS is < 8 and not rapidly improving, consider SGA.			X	X	X	
PULSE OXIMETRY: apply and monitor.		X	X	X	X	
CAPNOGRAPHY: apply and monitor if SGA has been placed.					X	
OXYGEN: if pulse oximetry < 94% or signs of respiratory distress or hypoperfusion.	X	X	X	X	X	
ECG MONITOR: lead placement may be delegated. Treat as indicated.					X	
VASCULAR ACCESS: IV/IO, rate as indicated.				X	X	
TEST FOR GLUCOSE		X	X	X	X	
ORAL GLUCOSE: consider if conscious with an intact gag reflex, if blood sugar < 70 mg/dL.		X	X	X	X	
D10: 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	X	
GLUCAGON: 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	X	

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	F	E	O	A	P	D
CONSIDER						
NALOXONE: 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	X	
NALOXONE: 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	X	
CONSIDER CAUSES						
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						

Age	HR	RR	BP	Temp (C)	Temp (F)
Premie	120-170	40-70	55-75/35-45	36-38	96.8-100.4
0-3 months	100-160	35-60	65-85/45-55	36-38	96.8-100.4
3-6 months	90-120	30-45	70-90/50-65	36-38	96.8-100.4
6-12 months	80-120	25-40	80-100/55-65	36-38	96.8-100.4
1-3 years	70-110	20-30	90-105/55-70	36-38	96.8-100.4
3-6 years	65-110	20-25	90-110/60-75	36-38	96.8-100.4
6-12 years	65-100	14-22	90-120/60-75	36-38	96.8-100.4
12+	55-100	12-20	100-135/65-85	36-38	96.8-100.4

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