**ALTERED LEVEL OF CONSCIOUSNESS**

### ADULT

#### BLS TREATMENT

**ABCs / ROUTINE MEDICAL CARE** - administer oxygen at appropriate flow rate. Be prepared to support ventilation with appropriate airway adjuncts.

If hypoglycemia is suspected in a conscious, known diabetic who is able to follow simple commands, give the patient 15 grams of prepared oral dextrose solution (may repeat in 10 minutes) or encourage drinking/eating a sugar-containing beverage or food.

**PROTOCOL PROCEDURE:** Flow of protocol presumes that condition is continuing. Consider etiology: shock, toxic exposure, insulin shock, seizure, or head trauma. If patient is in distress, immediate, rapid transport is preferred with treatment performed en route.

#### ACCREDITED EMT

EMT’s may carry a glucometer and prefilled Naloxone (Narcan) spray on emergency apparatus **ONLY** if they are on duty and working for a provider agency that has been approved by the Local EMS Agency (LEMSA) Medical Director.

**BLOOD SAMPLE/GLUCOSE LEVEL ASSESSMENT** – Obtain blood sample via finger stick. Rule out diabetic emergency. Consider confirming test results with second glucose check with blood from a different site (and different meter, if available) if reading is abnormal or the patient’s presentation doesn’t match the test results.

**HYPOGLYCEMIA (b.s.≤60 mg/dL)**

- **Glucose Dose** - 15Grams PO may repeat if no response and Dextrose is unavailable.
- **Naloxone (Narcan)**
  - Prefilled Single Dose Nasal Spray 4mg/0.1mL: Administer full dose in one nostril. If partial response in breathing or consciousness, repeat 4mg/0.1mL single dose administration in nostril opposite to first dose.
  - IN via MAD 2mg/2ml: 0.5mg (Max 1mL per nostril) repeat in 5 minutes if no response

#### ALS TREATMENT

**NORMAL SALINE** – establish an IV/IO.

**BLOOD SAMPLE/GLUCOSE LEVEL ASSESSMENT** – Obtain blood sample via venipuncture. Rule out diabetic emergency. Consider confirming test results with second glucose check with blood from a different site (and different meter, if available) if reading is abnormal or the patient’s presentation doesn’t match the test results.

For symptomatic HYPOGLYCEMIA (b.s.≤60 mg/dL)

- **DEXTROSE** - Administer 100cc of a 250cc bag of Dextrose 10% (10g), May repeat to a max of 50g. After each 10g (100cc) bolus check BG, LOC and patency of line.
- **GLUCAGON** - If no IV access, give 1mg IM/IN
Recheck blood glucose 5 minutes after administration of dextrose or glucagon.

For RESPIRATORY DEPRESSION

Naloxone (Narcan)

<table>
<thead>
<tr>
<th>Route</th>
<th>Dose</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>IV</td>
<td>0.5mg</td>
<td>in 1 minute increments slow IV push, titrated to effect (Max 2mg).</td>
</tr>
<tr>
<td>IN</td>
<td>0.5mg</td>
<td>May repeat in 5 minutes if no response (Max 1mL per nostril).</td>
</tr>
<tr>
<td>IM</td>
<td>1mg</td>
<td>if unable to establish IV. May repeat in 5 minutes if no response.</td>
</tr>
<tr>
<td>ET</td>
<td>1mg</td>
<td>diluted to 5-10 mL. May repeat in 5 minutes if no response</td>
</tr>
</tbody>
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*The goal of Naloxone (Narcan) administration is to improve respiratory drive, NOT to return patient to their full mental capacity.*

*If no response to normal doses or if patient is in extremis, administer 2mg IV/IM/IN/IO/ET q 5 minutes.

CONTACT BASE STATION
**ALTERED LEVEL OF CONSCIOUSNESS**

**PEDIATRIC**

**ABCs / ROUTINE MEDICAL CARE** - administer oxygen at appropriate flow rate. Be prepared to support ventilation with appropriate airway adjuncts.

If hypoglycemia is suspected in a conscious, known diabetic who is able to follow simple commands, give the patient 15 grams of a prepared oral dextrose solution (may repeat in 10 minutes) or encourage drinking/eating a sugar-containing beverage or food.

**PROTOCOL PROCEDURE:** Flow of protocol presumes that condition is continuing. Consider etiology: shock, toxic exposure, insulin shock, seizure, or head trauma. If patient is in distress, immediate, rapid transport is preferred with treatment performed en route.

**ACREDITED EMT**

EMT’s may carry a glucometer and prefilled Narcan (Naloxone) on emergency apparatus ONLY if they are on duty and working for a provider agency that has been approved by the Local EMS Agency (LEMSA) Medical Director.

**BLOOD SAMPLE/GLUCOSE LEVEL ASSESSMENT** – Obtain blood sample via finger stick. Rule out diabetic emergency. Consider confirming test results with second glucose check with blood from a different site (and different meter, if available) if reading is abnormal or the patient’s presentation doesn’t match the test results.

Hypoglycemia in pediatrics is defined as:
- Neonate <1 month (b.s. ≤ 50mg/dL)
- Infant/child >1 month (b.s. ≤ 60mg/dL)

**Glucose Dose** – 15 Grams PO may repeat, if no response and IV Dextrose is not available.

**Naloxone (Narcan)**

Prefilled Single Dose Nasal Spray 4mg/0.1mL: Administer full dose in one nostril. If partial response in breathing or consciousness, repeat 4mg/0.1mL single dose administration in nostril opposite to first dose.

IN via MAD 2mg/2mL: 0.1mg/kg titrated to effect. (Max 2mg) May repeat initial dose if no response within 5 minutes.

**ALS TREATMENT**

**NORMAL SALINE** – establish an IV/IO

**BLOOD SAMPLE/GLUCOSE LEVEL ASSESSMENT** – Obtain blood sample via Venipuncture. Rule out diabetic emergency. Consider confirming test results with second glucose check with blood from a different site (and different meter, if available) if reading is abnormal or the patient’s presentation doesn’t match the test results.

For HYPOGLYCEMIA:

**DEXTROSE:**

Less than 1 month old: D10W

2mL/kg IV/IO may repeat every 5 minutes until b.s. is at a normal limit

Reference: Routine Medical Care, BLS Medication Administration, Optional Skills EMT, Benadryl, EpiPen & EpiPen Jr. Auto Injector, Epinephrine, Albuterol, Atrovent, Glucagon, Pulseless Arrest
### ALTERED LEVEL OF CONSCIOUSNESS

<table>
<thead>
<tr>
<th>Greater than 1 month old: D10W</th>
</tr>
</thead>
<tbody>
<tr>
<td>5mL/kg IV/IO may repeat every 5 minutes until b.s. is at a normal limit</td>
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<table>
<thead>
<tr>
<th>Glucagon</th>
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<tbody>
<tr>
<td>If no IV access, give 0.1mg/kg IM/IN (Max 1mg).</td>
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<tr>
<td>Recheck blood glucose 5 minutes after administration of dextrose or glucagon</td>
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</tbody>
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### For RESPIRATORY DEPRESSION

<table>
<thead>
<tr>
<th>NARCAN (NALOXONE)</th>
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<tr>
<td>0.1mg/kg IV/IN/IO/IM titrated to effect (Max 2mg). May repeat initial dose, if no response within 5 minutes.</td>
</tr>
<tr>
<td>Maximum IN dose of 1 mL per nostril; if no response to normal dose, contact base station). Avoid use in neonates.</td>
</tr>
</tbody>
</table>

Reference: Routine Medical Care, BLS Medication Administration, Optional Skills EMT, Benadryl, EpiPen & EpiPen Jr. Auto Injector, Epinephrine, Albuterol, Atrovent, Glucagon, Pulseless Arrest