



# Portage County EMS Patient Care Guidelines



## Altered Level of Consciousness (ALOC)

### Note:

- Consider reversible causes of ALOC: hypoglycemia, hypoxia, narcotic overdose
- Other causes of ALOC include: Hypovolemia, shock, sepsis, head injury, drug or alcohol intoxication or withdrawal, toxic exposures, syncope, seizures, arrhythmias

Priorities	Assessment Findings
Chief Complaint	“Confused”, “Unresponsive”, “Not acting themselves”
LOPQRST	Determine onset and duration. Triggering events (e.g. trauma)
AS/PN	Headache, weakness, slurred speech, aphasia, incontinence
AMPL	Medication consistent with possible causes. (e.g. Alzheimer’s, CVA, diabetes, seizures)
Initial Exam	Check ABC’s and correct any immediate life threats
Detailed Focused Exam	<b>Vitals:</b> BP, HR, RR, Temp, SpO <sub>2</sub> <b>General Appearance:</b> Unresponsive, pale, diaphoretic? Signs of trauma? <b>HEENT:</b> PERRL? Pupils constricted or dilated? <b>Lungs:</b> Wheezes, rales or rhonchi? Signs of respiratory distress or hypoventilation? <b>Heart:</b> Rate and rhythm? Signs of hypoperfusion? <b>Neuro:</b> Unresponsive? Focal deficits (CVA)?
Data	Blood glucose, SpO <sub>2</sub> , SpCO, ETCO <sub>2</sub>
Goals of Therapy	Restore normal mental status, Maintain ABC’s
Monitoring	Cardiac monitoring, repeat vitals, capnography

### EMERGENCY MEDICAL RESPONDER

- Routine Medical Care
- Administer oxygen 2 – 4 LPM per nasal cannula if SpO<sub>2</sub> < 94%. Increase flow and consider non-rebreather mask to keep SpO<sub>2</sub> > 94%
- Consider assisting ventilations with bag-valve-mask with high-flow oxygen
- Consider oropharyngeal airway or nasopharyngeal airway
- Consider non-visualized airway
- Check blood glucose level. If < 60 mg/dl:
  - If conscious and able to protect own airway, administer 30 grams (1 tube) of **oral glucose** (PEDS 15 – 30 grams) or a juice if available
- Recheck blood glucose 10 minutes after glucose administration

*Give a status report to the ambulance crew by radio ASAP.*

### EMERGENCY MEDICAL TECHNICIAN

- Check blood glucose level
- If blood glucose level is < 60 mg/dl and the patient is unconscious or unable to protect own airway:
  - Administer **glucagon** 1 mg IM (PEDS < 5 years, 0.5 mg)
- Recheck blood glucose 10 minutes after glucagon administration

*Give a status report to the ambulance crew by radio ASAP.*

## ADVANCED EMERGENCY MEDICAL TECHNICIAN

- May withhold glucagon IM administration if able to establish IV or IO
- IV normal saline @ KVO. Consider IO if unable to establish IV and patient is critical
- If SBP < 100 mmHg, initiate a fluid bolus of 500 ml normal saline
- If blood glucose level is < 60 mg/dl and the patient is unconscious or unable to protect own airway:
  - o Administer **dextrose 50% (D50)** 25 gm (50 ml) IV/IO[1] (PEDS < 2 years: Administer **D25**; NEWBORN: Administer **D10** 1 gm/kg)[2]
- If blood glucose level is > 250 mg/dl, administer 1 L NS bolus
- If suspected medication or toxic overdose, refer to *Toxic Exposure/Overdose Guidelines*.

Contact Medical Control for the following:

- Additional fluid orders
- Additional dextrose dose orders

## INTERMEDIATE

- Consider rectal administration of oral glucose if unable to establish an IV (before placing IO in a known diabetic).

Contact Medical Control for the following:

- Additional orders

## PARAMEDIC

- Consider rapid sequence intubation. See *RSI/RSA procedure*. [3]

Contact Medical Control for the following:

- Additional orders

## FOOTNOTES:

[1] In the event of a D50 medication shortage, administer 250 ml of D10

[2] To prepare D25, discard 25 ml of fluid from a D50 amp and draw 25 ml of NS into the amp. To prepare D10, discard 40 ml of fluid from a D50 amp and draw 40 ml of NS into the amp.

[3] RSI/RSA requires 2 paramedics at the patient's side

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Electronically Signed

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