

	<b>COUNTY OF SACRAMENTO</b> EMERGENCY MEDICAL SERVICES AGENCY	Document #	8061.18
	<u>PROGRAM DOCUMENT:</u> <b>Decreased Sensorium</b>	Draft Date:	10/26/94
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 EMS Medical Director

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 EMS Administrator

**Purpose:**

Emergency Medical Technician (EMT) and Paramedic treatment standards for patients exhibiting signs and symptoms of decreased sensorium.

**Authority:**

- A. California Health and Safety Code, Division 2.5
- B. California Code of Regulations, Title 22, Division 9

**Protocol:**

**Determine, if possible when patient was last observed normal.**

- A. **Suspected Hypoglycemia:** Suspected hypoglycemia with;
  - 1. Decreased responsiveness (Glasgow Coma Score < 14),
  - 2. History of diabetes.

**BLS TREATMENT**

**Supplemental O2** as necessary to maintain SpO2  $\geq$  94%. Use the lowest concentration and flow rate of O2 as possible.

**Airway adjuncts** as needed.

**Spinal immobilization** when indicated.

If patient is seizing, protect the patient from further injury.

**Oral Glucose:** Orange juice sweetened with sugar, regular soft drinks, candy, oral glucose paste or 50% dextrose only if the patient has a gag reflex. First have the patient swallow a test dose of water, and if tolerated, EMT may give glucose.

**Transport.**

**ALS TREATMENT**

**Initiate Intravenous (IV)** access with saline lock, or connect Normal Saline (NS) and titrate to a Systolic Blood Pressure (SBP) of 90-100 mmHg.

**Perform blood sugar determination\*.**

\* In the event of glucometer failure, administer 50% 10% Dextrose or Glucagon based on clinical

assessment.

~~50% Dextrose IV: 25gm~~ **10% Dextrose IV: 100 ml IV**-if blood sugar < 60 mg/dl, (may repeat x1 if blood sugar reads < 60 mg/dl).

- **If blood sugar remains < 60 mg/dl, give additional 10% Dextrose 150 ml IV.**

**Glucagon:**

1.0 unit Intramuscular (IM) if blood sugar < 60 mg/dl and IV access is unavailable or delay is anticipated.

~~50%~~ **10% Dextrose Interosseous (IO):**

Consider establishing IO access and administering 25 ~~50~~ **10** gm of ~~50~~ **10%** Dextrose if blood sugar < 60 mg/dl or decreased responsiveness continues for more than five (5) minutes after administration of Glucagon.

**Cardiac monitoring.**

- B. **Suspected Narcotic Overdose:** Inability to respond to simple commands, respiratory insufficiency or respiratory rate < 16.

**BLS TREATMENT**

**Supplemental O2** as necessary to maintain SpO2  $\geq$  94%. Use the lowest concentration and flow rate of O2 as possible.

**Airway adjuncts** as needed.

**Spinal immobilization** when indicated.

If patient is seizing, protect the patient from further injury.

**Transport.**

**ALS TREATMENT**

~~ADVANCED AIRWAY ADJUNCTS~~ as needed. (move down under BS check)

~~Consider~~ **Initiate IV access** with saline lock or connect NS, and titrate to a SBP of 90-100 mm Hg.

**Naloxone:**

Preferred routes are IV or Intranasal (IN). Can also be given IM when IV or IN is difficult or impossible. 1mg – 6mg IV push, IN or IM; titrated to adequate respiratory status. IN Naloxone should be given 1mg at a time.\* Do not administer if advanced airway is in place and patient is being adequately ventilated.

**Perform blood sugar** determination, if blood sugar < 60 mg/dl, go to hypoglycemia protocol.

**ADVANCED AIRWAY ADJUNCTS** as needed

**Cardiac monitoring.**

**Transport**

- C. **Seizures:** Active seizures, focal seizures with respiratory compromise or recurrent seizures without lucid interval.

### **BLS TREATMENT**

**Supplemental O2** as necessary to maintain SpO2  $\geq$  94%. Use the lowest concentration and flow rate of O2 as possible.

**Airway adjuncts** as needed.

**Spinal immobilization** when indicated.

**If patient is seizing**, protect the patient from further injury.

**Transport.**

### **ALS TREATMENT**

**ADVANCED AIRWAY ADJUNCTS** as needed.

**Initiate IV access** with saline lock or connect NS, and titrate to a SBP of 90-100 mm Hg.

**Perform blood sugar** determination, if blood sugar < 60 mg/dl, go to hypoglycemia protocol.

**Midazolam:**

IV - 0.1mg/Kg (max dose 6 mg) slow IV push, in 2 mg increments - titrate to seizure control. If IV access cannot be established Midazolam may be given IM - 0.1 mg/Kg (max dose 6 mg) in single IM injection (may be split into 2 sites if sufficient muscle mass is not present for a single injection site) – OR – IN.\*

**\*\*Diazepam:**

May substitute Diazepam when there is a recognized pervasive shortage of Midazolam. 5-10 mg IVP to control seizures. If no IV access, 10 mg IM. May repeat once. Max dose 20 mg.

**Cardiac Monitoring.**

**Transport.**

\*Intranasal medications are to be delivered through an atomization device with one-half the indicated dose administered in each nostril.

\*\*Diazepam may be used when Midazolam is not available or when using Diazepam from CHEMPACK supplies.

**Consider AEIOUTIPS:**

<b>Alcohol</b>	<b>Trauma</b>
<b>Epilepsy</b>	<b>Infection</b>
<b>Insulin</b>	<b>Psychiatric</b>
<b>Overdose</b>	<b>Stroke or Cardiovascular</b>
<b>Uremia</b>	