	COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY	Document #	9005.19
	PROGRAM DOCUMENT: **Pediatric** **Decreased Sensorium**	Draft Date:	04/25/95
		Effective:	05/01/18
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		Review:	09/01/19

EMS Medical Director

EMS Administrator

Purpose:

A. To serve as the treatment standard for EMT's and Paramedics in treating pediatric patients with a decreased sensorium.

Authority:

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

Protocol:

A. **Suspected Hypoglycemia:** suspect hypoglycemia with:
   1. Decreased responsiveness (Pediatric Glasgow Coma Score < 14)

   Or

   2. Decreased responsiveness with a history of diabetes.

BLS TREATMENT

Supplemental O2 as necessary to maintain SpO2 ≥ 94%. Use the lowest concentration and flow rate of O2 as possible.
Airway adjuncts as needed**.**
Spinal precautions when indicated.
If patient is seizing, protect the patient from further injury.
Perform blood sugar determination.
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, if tolerated, EMT-I may give ~~oral~~ glucose.
Transport.

ALS TREATMENT

Initiate Intravenous (IV) access with saline lock
If needed, attach Normal Saline (NS) and titrate to a minimal Systolic Blood Pressure (SBP) for patient's age.
25% **Dextrose**:
0.5 gm/Kg IV Push, to a maximum of 25 gm, if blood sugar < 60 mg/dl.Intraosseous (IO) if hypotensive.
Glucagon:
0.5 mg Intramuscular (IM) if blood sugar < 60 mg/dl.

B. **Suspected Narcotic Overdose:** Clinical findings may include pinpoint pupils, decreased sensorium, respiratory depression, respiratory insufficiency, bradycardia, or hypotension.

BLS TREATMENT

Supplemental O2 as necessary to maintain SpO2 ≥ 94%. Use the lowest concentration and flow rate of O2 as possible.
Airway adjuncts as needed.
Spinal precautions when indicated.
If patient is seizing, protect the patient from further injury.
Perform blood sugar determination.
Transport.

ALS TREATMENT

Airway adjuncts as needed.
Initiate IV access with saline lock;
If needed, attach Normal Saline (NS) and titrate to a minimal SBP for patient's age.
Perform blood sugar determination.
Naloxone:
0.1 mg/kg IV/IM/IN push (IM if unable to establish IV) titrate to adequate respiratory status, or a maximum of 2.0 mg. If no improvement, consider repeat doses two (2) times (total of three (3) doses), reassess after each dose.
Cardiac Monitoring.

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

BLS TREATMENT

Supplemental O2 as necessary to maintain SpO2 ≥ 94%. Use the lowest concentration and flow rate of O2 as possible.
Airway adjuncts as needed.
Spinal precautions when indicated.
If patient is seizing, protect the patient from further injury.
Consider undressing the patient as a cooling measure if the seizure appears to be febrile in origin.
Perform blood sugar determination

ALS TREATMENT

Airway adjuncts as needed.
Perform blood sugar determination, if blood sugar < 60 mg/dl, go to suspected hypoglycemia

protocol.
If seizure activity has stopped and the level of consciousness is improving or remaining constant: continue transport.
If seizures are continuing, initiate IV access with saline lock.
If needed, attach Normal Saline (NS) and titrate to a minimal SBP for patient's age.
Continuous seizures:
MIDAZOLAM:
IV- 0.1 mg/Kg (max dose 4 mg) slow IV push in 1 - 2 mg increments, titrate to seizure control-
OR-IM - 0.1 mg/kg (max dose 4 mg) IM OR-IN 0.2 mg/kg (max dose 6.0 mg)
**Diazepam
May substitute Diazepam when there is a SCEMSA recognized pervasive shortage of Midazolam. 0.1mg/kg IVP/IO to control seizures. If no IV access, 0.1mg/kg IM. May repeat once. Max dose 5 mg.
Cardiac Monitoring.

D. The majority of seizures are self-limited with resolution before medication administration. Administration of Midazolam should only be used for continuous seizing and:
   1. History of non-febrile seizures, or
   2. Respiratory compromise, or
   3. Emesis
E. Base Hospital Order: any other indication of seizure activity requiring medication administration.
   **Diazepam may be used when Midazolam is not available or when using Diazepam from CHEMPACK supplies.

Cross Reference: Pediatric parameters, PD# 9016
Pediatric Airway Management: PD# 8837