



County of Santa Cruz

HEALTH SERVICES AGENCY

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EMERGENCY MEDICAL
SERVICES PROGRAM

Protocol No. N1-P
Reviewed 4/1/2013

Emergency Medical Services Program

Approved

Medical Director

Subject: **ALTERED LEVEL OF CONSCIOUSNESS**

I. BLS Treatment Protocol:

- A. Treat life threats. (See Policy 4000).
- B. Spinal precautions as indicated.
- C. If unconscious, place a dime size amount of glucose paste under the tongue.
- D. If pt can swallow on command, administer glucose paste or let patient self-administer glucose product.
- E. Prepare for transport / transfer of care.

II. ALS Treatment Protocol:

- A. Treat life threats. (See Policy 4000).
- B. Do BG Chem and if less than 70 mg/dl treat as needed.
- C. If conscious, consider giving glucose PO.
- D. Unconscious/unable to take oral dextrose, Dextrose 10% 5 ml/kg up to 250 ml IV. Titrate to level of consciousness. Recheck patency of IV line frequently. Following initial infusion, check level of consciousness and BG Chem. If BG Chem <70 and the patient still has altered mentation, consider repeating Dextrose 10% 5 ml/kg up to 250 ml.
- E. If no IV can be established and patient presents with altered mentation, give Glucagon if greater than 30 days old:
If child < 20kg, give 0.5 unit (=0.5mg) IM
If child > 20kg give 1 unit (=1mg) IM
- F. Administer Narcan 0.01mg IVP/IM/IN with a minimum of 0.1 mg to a maximum of 0.5 mg total first dose IV/IN/IM. Narcan dose may be repeated in 3-5 minutes as indicated to a total of 2 mg. Titrate dose to respiratory effect. If more than 2 mg via any route is needed to support respirations, contact Base Station for additional dosing.
- G. Transport.
- H. Repeat BG Chem, treat as needed.
- I. Contact Base Station.

Notes:

- If the patient's history of present illness/clinical presentation suggests acute hypoglycemia, give sugar even if the blood sugar reading is in the "low normal" range (70-80mg/dl).

- Mental status improvement following treatment for hypoglycemia may lag behind improved glucose levels.
- Oral glucose is the preferred treatment for hypoglycemia when the patient is able to take medication orally.
- Insulin pumps administered very small quantities of insulin at any one time. Insulin pumps should not be discontinued when treating hypoglycemia.
- Glucagon often causes nausea and vomiting.
- Glucagon may take 10 – 15 minutes or longer to increase glucose levels. Wait at least 15 minutes to recheck glucose before considering additional therapy.
- Transport of hypoglycemia patients is strongly urged in those patients who developed hypoglycemia secondary to oral diabetic medication. Acute hypoglycemia can occur with renal failure, starvation, alcohol intoxication, sepsis, aspirin overdoses, sulfa drug ingestion or following bariatric surgery.
- IN = Intranasal
- Rapid IV administration of high doses of Narcan has been correlated with an increased incidence of severe withdrawal reactions. Patients also tend to awaken with more violent behavior when large IV doses are administered rapidly.