



ALTERED LEVEL OF CONSCIOUSNESS

Effective: 6/2026
Next Revision: 6/2029

(Signature On-file)
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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.

Basic Life Support

EMT

ABCs / ROUTINE MEDICAL CARE –

- Assess airway and support ventilation with appropriate airway adjuncts as indicated.
- If trauma is suspected, consider Spinal Motion Restriction and/or backboard
- HP-CPR as indicated
- Apply oxygen if pulse oximetry <94% or signs of hypoperfusion or respiratory distress
- If hypoglycemia is suspected in a conscious, known diabetic who is able to follow simple commands, give the patient 15 g of prepared oral dextrose solution or encourage drinking/eating a sugar-containing beverage. Repeat as indicated every 10 minutes.

If patient is able, perform and document stroke screen.

LOSOP

EMT working under Local Optional Scope

GLUCOSE LEVEL ASSESSMENT-

- Via finger stick. Consider confirming test results with second glucose check with blood from a different site (and different meter, if available) if the patient's presentation doesn't match the test results.

HYPOGLYCEMIA (blood glucose ≤ 60 mg/dL)-

- **Glucose Dose** -15 g PO. Repeat if ALOC does not resolve and ALS intervention is unavailable.

RESPIRATORY DEPRESSION - RR < 12 breaths/minute-

AIRWAY - BVM and SGA as indicated-

- Monitor SpO2 and ETCO2
- **Do not** administer Narcan if advanced airway is in place

Naloxone (Narcan) – 4mg/0.1mL (Prefilled Single Dose Nasal Spray): Administer full dose in one nostril. If partial response in breathing or consciousness repeat 4mg/0.1mL single dose administration in opposite nostril.

Naloxone (Narcan) - 2mg/2mL (Nasal Atomizer): 2mg (Max 1mL per nostril). Repeat in 3-5 minutes as indicated. Large doses may be required for Fentanyl overdoses.

Advanced Life Support

Paramedic

VASCULAR ACCESS – establish IV/IO, rate as indicated.

GLUCOSE LEVEL ASSESSMENT – Via venipuncture or finger stick. Consider confirming test results with second glucose check with blood from a different site (and different meter, if available) if the patient's presentation doesn't match the test results.

****Treat per GLYCEMIC EMERGENCY protocol as indicated.****

FOR RESPIRATORY DEPRESSION – RR <12 breaths/mi

NALOXONE (Narcan)

2mg (IV/IO) in 1 minute increments slow IV push, titrated to effect. Repeat in 2-3 minutes prn, or;

2mg (IN) may repeat in 2-3 minutes prn (Max 1mL per nostril), or;

2mg (IM) if unable to establish IV and IN is contraindicated (i.e. nasal trauma). Repeat in 5 minutes prn

***The goal of Naloxone (Narcan) administration is to improve respiratory drive, NOT to return patient to their full mental capacity.**

AIRWAY

- BVM and SGA as indicated.
- Monitor SpO2 and ETCO2

ALTERED LEVEL OF CONSCIOUSNESS - PEDIATRIC

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.

Basic Life Support

EMT

ABCs / ROUTINE MEDICAL CARE –

- Assess airway and support ventilation with appropriate airway adjuncts as indicated.
- HP-CPR as indicated
- Apply oxygen if pulse oximetry <94% or signs of hypoperfusion or respiratory distress
- 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.

LOSOP

EMT working under Local Optional Scope

BLOOD SAMPLE/GLUCOSE LEVEL ASSESSMENT –

- Via finger stick. Consider confirming test results with second glucose check with blood from a different site (and different meter, if available) if patient's presentation doesn't match the test results.

Hypoglycemia in pediatrics is defined as:

Neonate <1 month (blood glucose ≤ 50 mg/dL)
Infant/child >1 month (blood glucose ≤ 60 mg/dL)

- **Glucose Dose** – 15 g PO. Repeat, if no response and ALS intervention is not available.

RESPIRATORY DEPRESSION - RR < 12 breaths/minute

- **Naloxone (Narcan)**
 - 4mg/0.1mL (Prefilled Single Dose Nasal Spray): Administer full dose in one nostril. If partial response in breathing or consciousness, repeat 4mg/0.1mL single dose administration in opposite nostril.
 - 2mg/2mL (Nasal Atomizer): 0.1mg/kg titrated to effect. (Max 2mg per dose) May repeat initial dose if no response within 2-3 minutes.

Advanced Life Support

Paramedic

NORMAL SALINE – establish an IV/IO

GLUCOSE LEVEL ASSESSMENT –

Via venipuncture. Consider confirming test results with second glucose check with blood from a different site (and different meter, if available) if patient's presentation doesn't match the test results.

****Treat per GLYCEMIC EMERGENCY protocol as indicated.****

For RESPIRATORY DEPRESSION – RR < 12 breaths/min

NARCAN (NALOXONE)- 0.1mg/kg IV/IN/IO/IM titrated to effect (Max 2mg). Repeat dose every 2-3 minutes prn. **Contact Base Hospital if inadequate response after 3 doses.**

AIRWAY

- BVM and SGA as indicated.
- Monitor SpO2 and ETCO2