

Treatment Protocols**Date: 02/01/2021*****Altered Mental Status (Non-Traumatic) - Adult*****Policy #9030A****Adult BLS Standing Orders**

- **Universal Patient Protocol**
- Assess and control airway and breathing as needed per **Airway Policy**
- Apply pulse oximetry, blood pressure and ECG monitoring
- Apply EtCO₂ monitoring if ALS available
- Oxygen PRN
- Test glucose
- Gather history from patient, and if patient unable to provide history, ask bystanders, family or friends
- Bring family or friend to hospital if available for history
- Assess for traumatic injury. If present, go to **Trauma Protocol**
- If suspected stroke or TIA, go to **Stroke/TIA Protocol**
- If suspected poisoning, including opioid overdose, go to **Poisoning Protocol**
 - Bring pill or medication bottles to hospital if possible
- If suspected Sepsis/SIRS, use **Sepsis/SIRS Protocol**

HYPOGLYCEMIA, Glucose < 80 (adult)

- Administer glucose PO, If patient is alert, has a gag reflex, and can swallow:
 - Glucose paste on tongue depressor placed between cheek and gum
 - Granulated sugar dissolved in liquid

SEIZURE

- See **Seizure Protocol**

Adult LALS Standing Order Protocol

- Establish IV
- Insert supraglottic device PRN
- Begin NS bolus 500-1,000 mL IV PRN hypotension

HYPOGLYCEMIA, Glucose < 80 mg/dL

- Dextrose 50% - 25 gm IV if BS level < 80 mg/dL or unobtainable, may repeat once (1)
- Glucagon – 1 mg IM dosing if no IV and BS level low or unobtainable

Adult ALS Standing Order Protocol

- Monitor/ECG
- Apply EtCO₂ monitor
- Obtain 12 Lead EKG
- Insert ETT PRN per **Airway Policy**
- Establish IO - PRN
- Ondansetron – 4 mg IO/IV – for nausea/vomiting
- Begin NS bolus 500-1,000 mL IO PRN hypotension

HYPOGLYCEMIA, Glucose < 80 mg/dL

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Adult Base Hospital Orders

- Additional glucose dosing per BH

APPROVED:

Signature on File

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