



ORANGE COUNTY EMERGENCY MEDICAL SERVICES
BASE HOSPITAL TREATMENT GUIDELINES
ALTERED LEVEL OF CONSCIOUSNESS, NON-TRAUMATIC (ADULT/ADOLESCENT)

#: BH-M-20
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Org. Date: 12/2006
Date: 04/01/17

BASE GUIDELINES

1. Determine ALS Standing Order treatments/procedures rendered prior to base hospital contact. Use ALS standing order as guidelines for treatments/procedures not initiated prior to base hospital contact.
2. If patient becomes pulseless, treat according to *BH-C-10/SO-C-10 Cardiopulmonary Arrest – Adult/Adolescent Non-Traumatic*.

ALS STANDING ORDER

1. Protect airway; Intubate as required to protect airway and ventilate.
2. Determine if patient meets Stroke-Neurology Receiving Center criteria.
3. Cardiac monitor and document rhythm with rhythm strip.
4. Pulse oximetry, if oxygen saturation less than 95%:
 - ▶ *Provide high-flow Oxygen by mask or nasal cannula at 6 l/min flow rate as tolerated.*
5. For hypotension or signs of poor perfusion and lungs clear to auscultation (no evidence CHF):
 - ▶ *Establish IV access*
 - ▶ *Infuse 250 mL Normal Saline, may repeat up to maximum 1 liter to maintain adequate perfusion.*
6. Blood glucose analysis, if blood glucose less than 80, administer one of:
 - ▶ *Oral glucose preparation, if tolerated and airway reflexes are intact.*
 - ▶ *10% Dextrose 250 mL IV*
 - ▶ *Glucagon 1 mg IM if unable to establish IV.*

Note: IO access may be used for dextrose administration when patient is unconscious with blood glucose < 80, unable to establish IV and there is no response to IM glucagon.
7. If respiratory depression (respiratory rate approximately 12/minute or less), give:
 - ▶ *Naloxone (Narcan™):*
 - *0.8, 1 or 2 mg IN or IM, every 3 minutes as needed; or*
 - *0.4-1 mg IV, every 3 minutes as needed.*
 - *4 mg/0.1 mL preloaded nasal spray IN*
8. Reassess and document response to each treatment.
9. ALS escort to nearest ERC or contact Base Hospital as needed.

Approved:

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