



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

#: BH-M-20
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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*.
3. Field management for non-traumatic altered consciousness is focused on hypoxia, hypovolemia (hypotension), hypoglycemia, and narcotic toxicity (situations that can be treated in the field). Realize there are many conditions that can result in altered level of consciousness. Some of the common causes not focused upon in this ALS Standing Orders are:
 1. Acute intracranial hemorrhage/subarachnoid bleed
 2. Medication reactions or toxicity
 3. Alcohol intoxication
 4. Acute Stroke
 5. Atypical seizure or seizure postictal state
 6. Carbon monoxide poisoning
 7. Encephalitis / meningitis
 8. Unrecognized trauma with intracranial hemorrhage or swelling
 9. Sepsis
 10. Electrolyte or endocrine disorders

If the cause for altered level of consciousness is not obvious, immediate ALS escort from the field is the best alternative.

4. Alcohol toxicity is a diagnosis of exclusion, or can only be determined when all other potential causes for altered consciousness are excluded.

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. Consider hypoglycemia with blood glucose analysis. Treat a blood glucose of 60 or less using an option listed below. If hypoglycemia is suspected and blood glucose is in the range of 60 to 80, treatment based on field impression is appropriate.
 - ▶ Oral glucose preparation, if airway reflexes are intact.
 - ▶ 10% Dextrose 250 mL (titrated for effect to improve consciousness).
 - ▶ 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 < 60, 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; or
 - 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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