EMS System for Metropolitan Oklahoma City and Tulsa
2025 Medical Control Board Treatment Protocols

Approved 9/04/24, Effective 1/15/25, replaces all prior versions

6B - ALTERED MENTAL STATUS
ADULT & PEDIATRIC

EMERGENCY MEDICAL DISPATCHER
EMERGENCY MEDICAL RESPONDER
EMT
EMT-INTERMEDIATE 85
ADVANCED EMT
PARAMEDIC

TREATMENT PRIORITIES

1. Vital signs
2. O_2
3. Dextrose for hypoglycemia
4. Benzodiazepine for sustained, active seizure (refer to 6D Seizure if applicable)
5. BVM prior to administration of Naloxone

Evaluate differential diagnosis of AMS & treat per protocol(s):
- Hypoxemia (Shock)
- Head Injury
- Stroke
- Seizure
- Infection (Sepsis/ Meningitis)
- Medication/Alcohol
- Heat or Cold Illness

EMD

KEEP PATIENT FREE FROM INJURY HAZARDS
AVOID PLACING ANYTHING IN MOUTH
PLACE IN RECOVERY POSITION POST SEIZURE

EMR / EMT

GENERAL SUPPORTIVE CARE & OBTAIN VITAL SIGNS
O_2 VIA NC, NRB, OR BVM AS APPROPRIATE

TOXINS/DRUG OVERDOSE – SUSPECTED NARCOTIC/OPIATE
ADDRESS OXYGENATION AND VENTILATION (SPO2 GOAL ≥ 94%) BEFORE ADMINISTERING NALOXONE
APNEIC/AGONALLY BREATHING
ADULT: NALOXONE 2 mg IN, MAY REPEAT ONCE
PEDIATRIC: NALOXONE 0.5 mg IN, MAY REPEAT TO MAX OF 2 mg
INEFFECTIVE BREATHING ACTIVITY
ADULT & PEDIATRIC: NALOXONE 0.5 mg IN, MAY REPEAT TO MAX OF 2 mg
USE NALOXONE TO RESTORE EFFECTIVE BREATHING;
AVOID EXCESSIVE DOSING TO PREVENT WITHDRAWAL

DETERMINE BLOOD GLUCOSE
FOR PATIENT ABLE TO SWALLOW
ADULT & PEDIATRIC WEIGHT ≥25 kg HYPOGLYCEMIA CARE:
IF GLUCOSE <50 mg/dL, 1 tube ORAL GLUCOSE (15 grams) PO
PEDIATRIC WEIGHT <25kg HYPOGLYCEMIA CARE:
IF GLUCOSE <50 mg/dL, ½ tube ORAL GLUCOSE (7.5 grams) PO

APPLY CARDIAC MONITOR (if equipped)
EMT OR HIGHER LICENSE:
MEASURE END–TIDAL CO_2 & MONITOR WAVEFORM CAPNOGRAPHY
(if equipped, **Mandatory use if pt intubated)
PLACE SUPRAGLOTTIC AIRWAY IF INDICATED &
ONLY IF BVM VENTILATIONS INEFFECTIVE

EMT-I85 / AEMT

IV ACCESS
ADULT: IV NS TKO IF SYS BP ≥ 100 mmHg WITHOUT HYPOTENSIVE SYMPTOMS
ADULT: IV NS 250 mL BOLUS IF SYS BP <100 mmHg WITH HYPOTENSIVE SYMPTOMS & NO SIGNS OF PULMONARY EDEMA,
ADULT: REPEAT UP TO 2 LITERS NS IF SYS BP REMAINS < 100 mmHg WITH HYPOTENSIVE SYMPTOMS & NO SIGNS OF PULMONARY EDEMA
PEDIATRIC: IV NS TKO IF SYS BP ≥ (70 + 2x age in years) mmHg
PEDIATRIC: IV NS 20 mL/kg BOLUS IF SYS BP < (70 + 2x age in years) mmHg IF NO SIGNS OF PULMONARY EDEMA

HYPOGLYCEMIA (GLUCOSE <50 mg/dL) - **ADULT & PEDIATRIC**
D10 5 mL/kg IVPB WIDE OPEN UP TO 250 mL OR
D25 2 mL/kg IV/IO UP TO 100 mL (must be ≥ 1 year of age) OR D50 1 mL/kg IV/IO UP TO 50 mL (must be ≥ 25 kg)
IF NO VASCULAR ACCESS OBTAINED & IF IO SEEMS EXCESSIVE TO CLINICAL STATUS:
GLUCAGON: IF PT WT ≥25 kg, 1mg IM; <25 kg, 0.5 mg IM
ADULT & PEDIATRIC: REPEAT DETERMINATION OF BLOOD GLUCOSE POST-HYPOGLYCEMIA TREATMENT

ADULT: INTUBATE IF INDICATED; DO NOT INTUBATE PATIENTS WITH RAPIDLY REVERSIBLE ETIOLOGY (eg. HYPOGLYCEMIA, OPIATES)

ADVANCED EMT OR HIGHER LICENSE:
TOXINS/DRUG OVERDOSE – SUSPECTED NARCOTIC/OPIATE – APNEIC/AGONALLY BREATHING
ADULT: NALOXONE 2 mg IVP/IOP/IN, MAY REPEAT ONCE
PEDIATRIC: NALOXONE 0.5 mg IVP/IOP/IN, MAY REPEAT TO MAX OF 2 mg
TOXINS/DRUG OVERDOSE – SUSPECTED NARCOTIC/OPIATE – INEFFECTIVE BREATHING ACTIVITY
ADULT & PEDIATRIC: NALOXONE 0.5 mg IVP/IOP/IN, MAY REPEAT TO MAX OF 2 mg
USE NALOXONE TO RESTORE EFFECTIVE BREATHING; AVOID EXCESSIVE DOSING TO PREVENT WITHDRAWAL

PARAMEDIC

ADULT: MEDICATION-ASSISTED INTUBATION IF INDICATED
CONTINUOUS ASSESSMENT & TREATMENT OF SUSPECTED AMS ETIOLOGY PER APPLICABLE PROTOCOL(S)
CONSULT OLMC IF ABOVE TREATMENT INEFFECTIVE FOR HYPOGLYCEMIA OR NARCOTIC/OPIATE ETIOLOGY
CONSULT OLMC IF UNCERTAIN OF ETIOLOGY AND TREATMENT PLAN OF AMS