

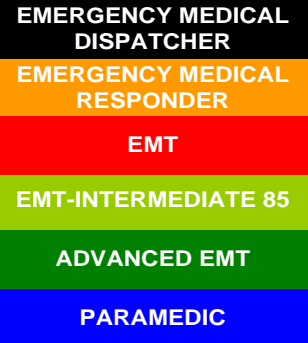


# EMS System for Metropolitan Oklahoma City and Tulsa 2019 Medical Control Board Treatment Protocols



Approved 9/12/18, Effective 1/15/19, replaces all prior versions

## 6B - ALTERED MENTAL STATUS ADULT & PEDIATRIC



**TREATMENT PRIORITIES**

- Vital signs
- O<sub>2</sub>
- Dextrose for hypoglycemia
- Benzodiazepine for sustained, active seizure (refer to 6D Seizure if applicable)

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
<p>GENERAL SUPPORTIVE CARE &amp; OBTAIN VITAL SIGNS O<sub>2</sub> VIA NC, NRB, OR BVM AS APPROPRIATE</p> <p><b>TOXINS/DRUG OVERDOSE – SUSPECTED NARCOTIC/OPIATE APNEIC/AGONALLY BREATHING</b>  <b>ADULT:</b> NALOXONE 2 mg IN, MAY REPEAT ONCE  <b>PEDIATRIC:</b> NALOXONE 0.5 mg IN, MAY REPEAT TO MAX OF 2 mg</p> <p><b>INEFFECTIVE BREATHING ACTIVITY</b>  <b>ADULT &amp; PEDIATRIC:</b> NALOXONE 0.5 mg IN, MAY REPEAT TO MAX OF 2 mg            USE NALOXONE TO RESTORE EFFECTIVE BREATHING;            AVOID EXCESSIVE DOSING TO PREVENT WITHDRAWAL</p> <p>DETERMINE BLOOD GLUCOSE FOR PATIENT ABLE TO SWALLOW  <b>ADULT &amp; PEDIATRIC WEIGHT ≥25 kg HYPOGLYCEMIA CARE:</b>            IF GLUCOSE &lt;50 mg/dL, 1 tube ORAL GLUCOSE (15 grams) PO  <b>PEDIATRIC WEIGHT &lt;25 kg HYPOGLYCEMIA CARE:</b>            IF GLUCOSE &lt;50 mg/dL, ½ tube ORAL GLUCOSE (7.5 grams) PO</p> <p>APPLY CARDIAC MONITOR (if equipped)  <b>EMT OR HIGHER LICENSE:</b>            MEASURE END-TIDAL CO<sub>2</sub> &amp; MONITOR WAVEFORM CAPNOGRAPHY (if equipped, **Mandatory use if pt intubated)            PLACE SUPRAGLOTTIC AIRWAY IF INDICATED &amp; ONLY IF BVM VENTILATIONS INEFFECTIVE</p>	

EMT-I85	AEMT
<p>IV ACCESS</p> <p><b>ADULT:</b> IV NS TKO IF SYS BP ≥ 100 mmHg WITHOUT HYPOTENSIVE SYMPTOMS  <b>ADULT:</b> IV NS 250 mL BOLUS IF SYS BP &lt;100 mmHg WITH HYPOTENSIVE SYMPTOMS &amp; NO SIGNS OF PULMONARY EDEMA,            REPEAT UP TO 2 LITERS NS IF SYS BP REMAINS &lt; 100 mmHg WITH HYPOTENSIVE SYMPTOMS &amp; NO SIGNS OF PULMONARY EDEMA  <b>PEDIATRIC:</b> IV NS TKO IF SYS BP ≥ (70 + 2x age in years) mmHg  <b>PEDIATRIC:</b> IV NS 20 mL/kg BOLUS IF SYS BP &lt; (70 + 2x age in years) mmHg IF NO SIGNS OF PULMONARY EDEMA</p> <p><b>ADULT &amp; PEDIATRIC WEIGHT ≥25 kg HYPOGLYCEMIA CARE:</b>            IF GLUCOSE &lt;50 mg/dL, D50 1 mL/kg IVP UP TO 50 mL OR D10 25 grams in 250 mL of NS IVPB WIDE OPEN UP TO 250 mL            GLUCAGON 1 mg IM IF NO VASCULAR ACCESS OBTAINED  <b>PEDIATRIC WEIGHT &lt;25 kg HYPOGLYCEMIA CARE:</b>            IF GLUCOSE &lt;50 mg/dL, D25 2 mL/kg IVP UP TO 50 mL OR D10 25 grams in 250 mL of NS IVPB WIDE OPEN UP TO 125 mL            GLUCAGON 0.5 mg IM IF NO VASCULAR ACCESS OBTAINED  <b>ADULT &amp; PEDIATRIC:</b> REPEAT DETERMINATION OF BLOOD GLUCOSE POST-DEXTROSE TREATMENT</p> <p><b>ADULT:</b> INTUBATE IF INDICATED; DO NOT INTUBATE PATIENTS WITH RAPIDLY REVERSIBLE ETIOLOGY (eg. HYPOGLYCEMIA, OPIATES)</p> <p><b>ADVANCED EMT OR HIGHER LICENSE:</b>  <b>TOXINS/DRUG OVERDOSE – SUSPECTED NARCOTIC/OPIATE – APNEIC/AGONALLY BREATHING</b>  <b>ADULT:</b> NALOXONE 2 mg IVP/IOP/IN, MAY REPEAT ONCE  <b>PEDIATRIC:</b> NALOXONE 0.5 mg IVP/IOP/IN, MAY REPEAT TO MAX OF 2 mg  <b>TOXINS/DRUG OVERDOSE – SUSPECTED NARCOTIC/OPIATE – INEFFECTIVE BREATHING ACTIVITY</b>  <b>ADULT &amp; PEDIATRIC:</b> 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</p>	

**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