ALS Altered Level of Consciousness (ALOC)

AUTHORITY: Division 2.5, Health and Safety Code, Sections 1797.220 & 1798 et seq.

PROCEDURE:

I. Perform routine ALS/BLS medical care as directed in EMS Policy No. 5502, Routine BLS Care and EMS Policy No. 5701, Routine ALS Care.

II. Obtain a complete patient history including current medications.

III. Identify and document neurological deficits.

IV. Consider indications for spinal immobilization precautions, per EMS Agency Policy No. 5506, BLS Spinal Immobilization 5115 Cervical Spine Immobilization.

V. Consider potential causes (hypoglycemia, stroke, neurological injury, syncope, overdose, and sepsis).

VI. Treatment:

A. Establish IV/IO of normal saline and administer a 10ml/kg bolus if signs of shock are present (maximum infusion of 2 liters).

B. Check blood glucose.
   1. Glucose paste may be administered if the patient is a known diabetic, can hold head upright, can self administer medication, and has an intact gag reflex.
   2. If blood sugar is less than 60 mg/dl, administer either Dextrose 50% 25 Gms IVP; or Dextrose 10% 50 ml IV/IO bolus, repeated every minute until GCS is 15. Maximum dose of Dextrose 10% is 10 ml/kg.

C. If narcotic overdose is suspected, administer Naloxone 0.4mg-2mg IV titrated to achieve effective respirations (maximum dose 4 mg).

D. If unable to obtain IV access, may administer Naloxone 2 mg IM or Intranasally (1mg in each nares using approved atomizer attached to syringe).

E. Treat rhythm disturbances as appropriate.

F. Transport immediately if progressive neurologic deficit is evident or unable to maintain effective airway.