

EL DORADO COUNTY EMS AGENCY

PREHOSPITAL PROTOCOLS

Effective: July 1, 2015

Reviewed: July 2021

Revised: May 2022

Scope: BLS/ALS – Adult/Pediatric

see signature on file

EMS Agency Medical Director

ALTERED LEVEL OF CONSCIOUSNESS - ADULT

PROTOCOL PROCEDURE: Flow of protocol presumes that condition is continuing. Consider etiology: shock, toxic exposure, insulin shock, seizure, or head trauma. If patient is in distress, immediate, rapid transport is preferred with treatment performed en route.

Basic Life Support

EMT

ABCs / ROUTINE MEDICAL CARE –

- Assess airway and support ventilation with appropriate airway adjuncts as indicated.
- If head trauma suspected, consider c spine stabilization and/or backboard
- HP-CPR as indicated
- Apply oxygen if pulse oximetry <94% or signs of hypoperfusion or respiratory distress
- If hypoglycemia is suspected in a conscious, known diabetic who is able to follow simple commands, give the patient 15 g of prepared oral dextrose solution or encourage drinking/eating a sugar-containing beverage or food. Repeat as indicated q 10 minutes.
- If patient is able, perform and document stroke screen.

LOSOP

EMT working under Local Optional Scope

GLUCOSE LEVEL ASSESSMENT –

- Via finger stick. Consider confirming test results with second glucose check with blood from a different site (and different meter, if available) if the patient's presentation doesn't match the test results.

HYPOGLYCEMIA (blood glucose ≤ 60 mg/dL)-

- **Glucose Dose** -15 g PO. Repeat if ALOC does not resolve and ALS intervention is unavailable.

FOR RESPIRATORY DEPRESSION - RR < 12 breaths/minute:

Naloxone (Narcan) – 4mg/0.1mL (Prefilled Single Dose Nasal Spray): Administer full dose in one

nostril. If partial response in breathing or consciousness repeat 4mg/0.1mL single dose administration in opposite nostril.

Naloxone (Narcan) - 2mg/2mL (Nasal Atomizer): 1 mg (Max 1mL per nostril). Repeat in 5 minutes as indicated.

AIRWAY

BVM and SGA as indicated.

- Monitor SpO₂ and ETCO₂

Advanced Life Support

Paramedic

VASCULAR ACCESS – establish IV/IO, rate as indicated.

GLUCOSE LEVEL ASSESSMENT – Via venipuncture or finger stick. Consider confirming test results with second glucose check with blood from a different site (and different meter, if available) if the patient's presentation doesn't match the test results.

****Treat per GLYCEMIC EMERGENCY protocol as indicated.****

FOR RESPIRATORY DEPRESSION – RR <12 breaths/min

NALOXONE (Narcan)

0.5mg (IV) in 1 minute increments slow IV push, titrated to effect. Repeat prn (Max 2mg), or;

1mg (IN) may repeat in 5 minutes prn (Max 1mL per nostril), or;

1mg (IM) if unable to establish IV and IN contraindicated (i.e. nasal trauma). Repeat in 5 minutes prn

***The goal of Naloxone (Narcan) administration is to improve respiratory drive, NOT to return patient to their full mental capacity.**

***If inadequate response to normal doses or if suspect fentanyl use, or if patient is in extremis contact Base and administer 2mg IV/IM/IN/IO q 5 minutes.**

AIRWAY

- Intubate as indicated

- Monitor SpO₂ and ETCO₂

ALTERED LEVEL OF CONSCIOUSNESS - PEDIATRIC

PROTOCOL PROCEDURE: Flow of protocol presumes that condition is continuing. Consider etiology: shock, toxic exposure, insulin shock, seizure, or head trauma. If patient is in distress, immediate, rapid transport is preferred with treatment performed en route.

Basic Life Support

EMT

ABCs / ROUTINE MEDICAL CARE –

- Assess airway and support ventilation with appropriate airway adjuncts as indicated.
- HP-CPR as indicated
- Apply oxygen if pulse oximetry <94% or signs of hypoperfusion or respiratory distress
- If hypoglycemia is suspected in a conscious, known diabetic who is able to follow simple commands, give the patient 15 grams of a prepared oral dextrose solution (may repeat in 10 minutes) or encourage drinking/eating a sugar-containing beverage or food.

LOSOP

EMT working under Local Optional Scope

BLOOD SAMPLE/GLUCOSE LEVEL ASSESSMENT –

- Via finger stick. Consider confirming test results with second glucose check with blood from a different site (and different meter, if available) if patient's presentation doesn't match the test results.

Hypoglycemia in pediatrics is defined as:

Neonate <1month (blood glucose \leq 50mg/dL)
Infant/child >1month (blood glucose \leq 60mg/dL)

- **Glucose Dose** – 15 g PO. Repeat, if no response and ALS intervention is not available.

RESPIRATORY DEPRESSION - RR < 12 breaths/minute

- **Naloxone (Narcan)**
 - 4mg/0.1mL (Prefilled Single Dose Nasal Spray): Administer full dose in one nostril. If

partial response in breathing or consciousness, repeat 4mg/0.1 mL single dose administration in opposite nostril.

- 2mg/2ml (Nasal Atomizer): 0.1mg/kg titrated to effect. (Max 2mg) May repeat initial dose if no response within 5 minutes.

Advanced Life Support

Paramedic

NORMAL SALINE – establish an IV/IO

GLUCOSE LEVEL ASSESSMENT –

Via venipuncture. Consider confirming test results with second glucose check with blood from a different site (and different meter, if available) if patient's presentation doesn't match the test results.

****Treat per GLYCEMIC EMERGENCY protocol as indicated.****

For RESPIRATORY DEPRESSION – RR < 12 breaths/min

NARCAN (NALOXONE)- 0.1mg/kg IV/IN/IO/IM titrated to effect (Max 2mg). Repeat initial dose, if inadequate response within 5 minutes. Maximum of 1 mL (IN) per nostril; if no response to normal dose, **contact Base Hospital**

AIRWAY

- BVM and SGA as indicated.
- Monitor SpO2 and ETCO2