SUBJECT: TREATMENT PROTOCOL --
ALTERED NEUROLOGIC FUNCTION (NON TRAUMATIC)

Date: 7/1/2016

BLS

- Ensure patent airway, O₂ and/or ventilate prn
- O₂ Saturation prn
- Spinal stabilization prn
- Secretion problems, position on affected side
- Do not allow patient to walk
- Restrain prn

**Hypoglycemia (suspected) or patient’s glucometer results read <60 mg/dL**
- If patient is awake and able to swallow give 3 oral glucose tabs or paste (15g total). Patient may eat or drink if able.
- If patient is unconscious, NPO

**CVA/Stroke:**
- For suspected stroke with major deficit with onset of symptoms known to be <6 h in duration, expedite transport.
- Bring witness, or obtain contact number, to help hospital personnel establish time of onset. Document and report the last time known normal
- Make initial notification early to confirm destination.
- Use the Prehospital Stroke Scale in the assessment of possible CVA patients (facial droop, arm drift and speech abnormalities).
- Only use supplemental O₂ to maintain O₂ saturation 94-98%

**Seizures:**
- Protect airway, and protect from injury
- Treat associated injuries

**Behavioral Emergencies (S-422 and S-142)**

ALS

- Monitor EKG
- Capnography SO prn
- IV/IO SO adjust prn
- Monitor blood glucose prn SO

**CVA:**
- 250ml fluid bolus IV/IO without rales SO to maintain BP >120, MR SO
- Large bore antecubital IV

**Symptomatic suspected opioids OD (with respiratory rate <12):**
(Use caution in opioid dependent pain management patients)
- Narcan 2mg IN/IM/IV SO. MR SO. titrate IV dose to effect, to drive the respiratory rate.
- If patient refuses transport, give additional Narcan 2mg IM SO

**Hypoglycemia:**
**Symptomatic patient with altered LOC or unresponsive to oral glucose agents:**
- D50 25Gm IV SO if BS <60 mg/dL
- If patient remains symptomatic and BS remains <60 mg/dL MR SO
- If no IV: Glucagon 1ml IM SO if BS < 60 mg/dL

**Hyperglycemia:**
**Symptomatic patient with diabetic history**
- 500ml fluid bolus IV/IO if BS > 350 or reads high SO x 1

**Seizures:**
For:
- A. Ongoing generalized seizure lasting >5" (includes seizure time prior to arrival of prehospital provider) SO
- B. Recurrent tonic-clonic seizures without lucid interval SO
- C. Eclamptic seizure of any duration SO

Give:
- Versed IN/IM/IV/IO SO to a max dose of 5mg (d/c if seizure stops) SO. MR x1 in 10" SO. Max 10mg total.

Document revised 7/1/2016
Approved:

[Signature]
EMS Medical Director