

COUNTY OF SAN DIEGO EMERGENCY MEDICAL SERVICES
 POLICY / PROCEDURE / PROTOCOL

Number S-123
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SUBJECT: TREATMENT PROTOCOL
 ALTERED NEUROLOGIC FUNCTION (NON-TRAUMATIC)

Date 07/01/2021

BLS

ALS

- Ensure patent airway
- O₂ saturation, O₂ and/or ventilate PRN
- Spinal motion restriction PRN
- Position on affected side, if difficulty managing secretions
- Do not allow patient to walk
- Restrain PRN
- Monitor blood glucose SO

Symptomatic suspected opioid OD with RR <12. Use with caution in opioid-dependent, pain-management patients.[Ⓢ]

- Naloxone 4 mg via nasal spray preloaded single-dose device. Administer full dose in one nostril

OR

- Naloxone 2 mg via atomizer and syringe. Administer 1 mg into each nostril.

EMTs may assist family or friend to medicate with patient's prescribed naloxone in **symptomatic suspected opioid OD**

Suspected hypoglycemia or patient's blood sugar is <60 mg/dL

- If patient is awake and able to manage oral secretions, give 3 oral glucose tabs or paste (15 gm total)
- Patient may eat or drink, if able
- If patient is unconscious, NPO

Stroke/TIA

- Treat per Stroke and Transient Ischemic Attack (S-144)
- Pediatric patients presenting with stroke symptoms should be transported to Rady Children's Hospital

Seizures

- Protect airway and protect from injury
- Treat associated injuries

- Monitor/EKG
- Capnography SO PRN
- IV/IO SO

Symptomatic suspected opioid OD with respiratory depression (RR<12, SpO₂<96%, or EtCO₂ ≥40 mmHg). Titrate slowly in opioid-dependent patients.

- Naloxone 2 mg IN/IM/IV SO, MR SO. Titrate IV dose to effect, **to drive the respiratory effort**
- If patient refuses transport, give additional naloxone 2 mg IM SO
- If patient refuses transport, consider dispensing Leave Behind Naloxone 4 mg nasal spray preloaded device with education for patient and household members SO

Symptomatic hypoglycemia with altered LOC or unresponsive to oral glucose agents

- D₅₀ 25 gm IV SO if BS <60 mg/dL
- If patient remains symptomatic and BS remains <60 mg/dL, MR SO
- If no IV, glucagon 1 mL IM SO if BS <60 mg/dL

Symptomatic hyperglycemia with diabetic history

- 500 mL fluid bolus IV/IO if BS ≥350 mg/dL or reads "high" SO x1, MR BHO

Status epilepticus (generalized, ongoing, and recurrent seizures without lucid interval)

- Patients ≥40 kg: midazolam 10 mg IM SO
- Patients <40 kg: midazolam 0.2 mg/kg IM SO

Partial seizure lasting ≥5 min (includes seizure time prior to arrival of prehospital provider)

- Midazolam 0.2 mg/kg IN/IM/IV/IO SO to max dose of 5 mg SO, MR x1 in 10 min SO. Max 10 mg total, d/c if seizure stops.

Eclamptic seizure of any duration

- Treat per Obstetrical Emergencies / Newborn Deliveries (S-133)

[Ⓢ] Per Title 22, Chapter 1.5, § 100019 public safety personnel may administer nasal naloxone when authorized by the County of San Diego EMS Medical Director