



**ALTERED NEUROLOGIC FUNCTION
(NON-TRAUMATIC)**

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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

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/ECG
- Capnography
- IV/IO[Ⓐ]

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, MR[Ⓐ]. Titrate IV dose to effect, **to drive the respiratory effort**
- OR**
- Naloxone 4 mg via nasal spray preloaded single-dose device. Administer full dose in one nostril, MR[Ⓐ]
- If patient refuses transport, give additional naloxone 2 mg IM[Ⓐ]
- OR**
- Naloxone 4 mg via nasal spray preloaded single-dose device. Administer full dose in one nostril, MR[Ⓐ]

Symptomatic hypoglycemia with altered LOC or unresponsive to oral glucose agents

- D₁₀ 25 gm IV if BS <60 mg/dL[Ⓐ]
- If patient remains symptomatic and BS remains <60 mg/dL, MR[Ⓐ]
- If no IV, glucagon 1 mL IM if BS <60 mg/dL[Ⓐ]

Symptomatic hyperglycemia

- 500 mL fluid bolus IV/IO if BS ≥350 mg/dL or reads "high," if no rales MR x1[Ⓐ]

Status epilepticus (actively seizing ≥5 min or ≥2 seizures without lucid interval)¹

- IM midazolam is the first line route of administration if an IV not already established
- Midazolam 10 mg IM/IN, MR x1 in 5 min

If vascular access present

- Midazolam 5 mg slow IV/IO, MR x1 in 5 min

Eclamptic seizure

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

[Ⓞ] Per Title 22, Division 9, Chapter 2.3, § 100027.03 public safety personnel may administer nasal naloxone when authorized by the County of San Diego EMS Medical Director

¹ Includes seizure time prior to arrival of EMS clinicians.