



**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 low for age. Use with caution in opioid-dependent, pain-management patients[Ⓞ]

Patients <35 kg (77 lbs)

- Ventilate PRN
- Call for ALS

Patients ≥35 kg

- 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 (<45 mg/dL for neonates)

- 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 Adult 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
- If febrile, remove excess clothing/covering

- Monitor/ECG
- Capnography
- IV[Ⓐ]

Symptomatic suspected opioid OD with respiratory depression (RR low for age, SpO₂<96%, or EtCO₂ ≥40 mmHg)

- Naloxone per drug chart IN/IV/IM, MR[Ⓐ]
- For opioid-dependent patients, dilute and titrate slowly per drug chart.

Symptomatic hypoglycemia with altered LOC or unresponsive to oral glucose agents

- D₁₀ per drug chart IV if BS <60 mg/dL (<45 mg/dL for neonate)
- If patient remains symptomatic and BS remains <60 mg/dL (<45 mg/dL for neonate), MR
- If no IV, glucagon per drug chart IM if BS <60 mg/dL (<45 mg/dL for neonate)[Ⓐ]

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 IM/IN per drug chart, MR x1 in 5 min

If vascular access present

- Midazolam slow IV/IO per drug chart, MR x1 in 5 min

Eclamptic seizure

- Treat seizure per Adult 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.