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

<table>
<thead>
<tr>
<th>BLS</th>
<th>ALS</th>
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<tbody>
<tr>
<td>• Ensure patent airway, O₂ and/or ventilate prn</td>
<td>• Monitor EKG</td>
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<tr>
<td>• O₂ Saturation prn</td>
<td>• Capnography SO prn</td>
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<td>• Spinal stabilization prn</td>
<td>• IV/IO SO adjust prn</td>
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<tr>
<td>• Secretion problems, position on affected side</td>
<td>• Monitor blood glucose prn SO</td>
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<tr>
<td>• Do not allow patient to walk</td>
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<tr>
<td>• Restrain prn</td>
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<tr>
<td>• Monitor blood glucose prn (if trained and available)</td>
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Symptomatic suspected opioids OD (with respiratory rate <12)\(^*\):
(Use caution in opioid dependent pain management patients)

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

OR

- Naloxone assemble 2 mg syringe and atomizer★
- Administer 1 mg (1 ml) into each nostril★

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 (15 g total). Patient may eat or drink, if able.
- If patient is unconscious, NPO

CVA/Stroke:
See S-144 Stroke/Transient Ischemic Attack for details.

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

Behavioral Emergencies (S-422 and S-142)

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

Symptomatic suspected opioids OD (with respiratory rate <12):
(Use caution in opioid dependent pain management patients)

- Naloxone 2 mg IN/IM/IV SO, MR SO, titrate IV dose to effect, to drive the respiratory rate.
- If patient refuses transport, give additional Naloxone 2 mg IM SO

Hypoglycemia:
Symptomatic patient 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

Hyperglycemia:
Symptomatic patient with diabetic history

- 500 ml fluid bolus IV/IO if BS >350 or reads high SO, x1

Seizures:
For:
- Ongoing generalized seizure lasting ≥5 minutes (includes seizure time prior to arrival of prehospital provider) SO
- Recurrent tonic-clonic seizures without lucid interval SO
- Eclamptic seizure of any duration SO

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

Note: EMTs not yet trained in naloxone IN administration may assist family or friend to medicate with patient’s prescribed naloxone for symptomatic suspected opioid overdose

Note: EMTs are authorized to administer one dose of naloxone. If a patient refuses transport or if additional doses are required initiate 911

★ Per Title 22, Chapter 1.5, Section 100019, public safety personnel may administer IN naloxone when authorized by the County of San Diego EMS Medical Director.