# PEDIATRIC TREATMENT PROTOCOL - ALTERED NEUROLOGIC FUNCTION (NON-TRAUMATIC)

## BLS

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

### Hypoglycemia (suspected) or patient’s glucometer results, if available, read <60 mg/dL (Neonate <45 mg/dL):

- If patient is awake and has gag reflex, give oral glucose paste or 3 tablets (15 g).
- Patient may eat or drink if able.
- If patient is unconscious, NPO.

### Seizures:

- Protect airway, and protect from injury.
- Treat associated injuries.
- If febrile, remove excess clothing/covering.

## ALS

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

### Symptomatic ?opioid OD (excluding opioid dependent pain management patients):

- Naloxone per drug chart IN/IV/IM SO, MR SO

### Symptomatic ?opioids OD in opioid dependent pain management patients:

- Naloxone titrate per drug chart IV (dilute IV dose per drug chart) or IN/IM per drug chart SO, MR BHO

### Hypoglycemia:

#### Symptomatic patient unresponsive to oral glucose agents:

- D₁₀ per drug chart IV SO if BS <60 mg/dL (Neonate <45 mg/dL)
- If patient remains symptomatic and BS remains <60 mg/dL (Neonate <45 mg/dL) MR SO
- If no IV: Glucagon per drug chart IM SO if BS <60 mg/dL (Neonate <45 mg/dL)

### Seizures:

#### For:

- A. Ongoing generalized seizure lasting ≥5 minutes (includes seizure time prior to arrival of prehospital provider) SO
- B. Partial seizure with respiratory compromise SO
- C. Recurrent tonic-clonic seizures without lucid interval SO

#### GIVE:

- Versed per drug chart slow IV, (d/c if seizure stops) SO, MR x1 in 10 minutes SO

#### If no IV:

- Versed per drug chart IN/IM SO, MR x1 in 10 minutes SO