



| ALTERED NEUROLOGICAL FUNCTION | | | | | | | | | | | | | | | | | | | | | |
|---|---|------------|--------------|---------------|-------------|---------------|--------------|------------|------------|--|---|-------------|------------|--------------|---------------|-------------|---------------|--------------|------------|------------|--|
| ADULT | PEDIATRIC – (14 years and under) | | | | | | | | | | | | | | | | | | | | |
| BLS Procedures | | | | | | | | | | | | | | | | | | | | | |
| <ul style="list-style-type: none">Administer oxygen as indicated<ul style="list-style-type: none">Refer to Policy 533-02 Airway ManagementSuspected stroke:<ul style="list-style-type: none">Refer to Policy 533-21: StrokeDetermine Blood Glucose Level (BGL)<ul style="list-style-type: none">If BGL < 60 and patient is awake and able to swallow with a gag reflex intact: Oral Glucose<ul style="list-style-type: none">PO – 15gSuspected overdose:<ul style="list-style-type: none">Refer to Policy 533-16: Poisoning/Overdose | <ul style="list-style-type: none">Administer oxygen as indicated<ul style="list-style-type: none">Refer to Policy 533-02 Airway ManagementSuspected stroke:<ul style="list-style-type: none">Refer to Policy 533-21: StrokeDetermine Blood Glucose Level (BGL)<ul style="list-style-type: none">If BGL < 60 and patient is awake and able to swallow with a gag reflex intact: Oral Glucose<ul style="list-style-type: none">PO – 15gSuspected overdose:<ul style="list-style-type: none">Refer to Policy 533-16: Poisoning/Overdose | | | | | | | | | | | | | | | | | | | | |
| Expanded Scope | | | | | | | | | | | | | | | | | | | | | |
| Same as BLS | Same as BLS | | | | | | | | | | | | | | | | | | | | |
| ALS Prior to Base Hospital Contact | | | | | | | | | | | | | | | | | | | | | |
| <ul style="list-style-type: none">Vascular AccessCardiac monitorDetermine Blood Glucose Level (BGL) <p><i>If BGL <60 and oral glucose contraindicated:</i> D10W<ul style="list-style-type: none">IV/IO – 25g (250mL)Glucagon (if no IV access available)<ul style="list-style-type: none">IM – 1mg</p> <p>Repeat BGL 5 mins after D10W or 10 mins after Glucagon administration. If BGL remains <60: D10W<ul style="list-style-type: none">IV/IO – 25g (250mL)</p> | <ul style="list-style-type: none">Vascular AccessCardiac monitorDetermine Blood Glucose Level (BGL) <p><i>If BGL <60 and oral glucose contraindicated:</i> D10W<ul style="list-style-type: none">IV/IO – 0.5g/kg (5mL/kg)Max dose 25g (250mL)Glucagon (if no IV access available)<ul style="list-style-type: none">IM – 0.1mg/kgMax dose 1mg</p> <p>Repeat BGL 5 mins after D10W or 10 mins after Glucagon administration. If BGL remains <60: D10W<ul style="list-style-type: none">IV/IO – 0.5g/kg (5mL/kg)Max dose 25g (250mL)</p> | | | | | | | | | | | | | | | | | | | | |
| Base Hospital Physician Orders Only | | | | | | | | | | | | | | | | | | | | | |
| Consult with ED Physician for further treatment measures | Consult with ED Physician for further treatment measures | | | | | | | | | | | | | | | | | | | | |
| Additional Information | | | | | | | | | | | | | | | | | | | | | |
| <ul style="list-style-type: none">Certain oral hypoglycemic agents (e.g. sulfonylureas) and long-acting insulin preparations have a long duration of action, sometimes up to 72 hoursPatients on these medications who would like to decline transport <u>must</u> be warned about the risk of hypoglycemia for up to 3 days, and may occur during sleep, resulting in death.If the patient continues to refuse care, every effort must be made to have the patient speak to the BH Physician prior to leaving the sceneConsider AEIOU-TIPS: <table><tr><td>A – Alcohol</td><td>T – Trauma</td></tr><tr><td>E – Epilepsy</td><td>I – Infection</td></tr><tr><td>I – Insulin</td><td>P – Psychosis</td></tr><tr><td>O – Overdose</td><td>S – Stroke</td></tr><tr><td>U – Uremia</td><td></td></tr></table> | A – Alcohol | T – Trauma | E – Epilepsy | I – Infection | I – Insulin | P – Psychosis | O – Overdose | S – Stroke | U – Uremia | | <ul style="list-style-type: none">Certain oral hypoglycemic agents (e.g. sulfonylureas) and long-acting insulin preparations have a long duration of action, sometimes up to 72 hoursPatients on these medications who would like to decline transport <u>must</u> be warned about the risk of hypoglycemia for up to 3 days, and may occur during sleep, resulting in death.If the patient continues to refuse care, every effort must be made to have the patient speak to the BH Physician prior to leaving the sceneConsider AEIOU-TIPS: <table><tr><td>A – Alcohol</td><td>T – Trauma</td></tr><tr><td>E – Epilepsy</td><td>I – Infection</td></tr><tr><td>I – Insulin</td><td>P – Psychosis</td></tr><tr><td>O – Overdose</td><td>S – Stroke</td></tr><tr><td>U – Uremia</td><td></td></tr></table> | A – Alcohol | T – Trauma | E – Epilepsy | I – Infection | I – Insulin | P – Psychosis | O – Overdose | S – Stroke | U – Uremia | |
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