

## ***Altered Level of Consciousness (ALOC) (102)***

<b>Adults</b>	<b>Pediatrics (13 years and under)</b>
<b>Public Safety First Aid Procedures: Only</b>	<b>Public Safety First Aid Procedures: Only</b>
<ul style="list-style-type: none"> <li>Suspected Narcotic OD with respiratory depression or altered level of consciousness <b>with</b> respiratory depression? (RESPIRATIONS &lt;8) Give Naloxone 2 mg Intranasal 1 mg per nare <b>OR</b> give entire single dose Narcan Nasal Spray.</li> <li>Request EMS transport and continually monitor patient's airway and respirations until hand off to a higher level of care in accordance with the scene control policy</li> </ul>	<ul style="list-style-type: none"> <li>Suspected Narcotic OD with respiratory depression or Altered level of consciousness <b>with</b> respiratory depression? If greater than 8 years old, give Naloxone 2 mg Intranasal 1 mg per nare <b>OR</b> give entire single dose Narcan Nasal Spray.</li> <li>Request EMS transport and continually monitor patient's airway and respirations until hand off to a higher level of care in accordance with the scene control policy</li> </ul>
<b>BLS Procedures: EMT's and Paramedics start here</b>	<b>BLS Procedures: EMT's and Paramedics start here</b>
<ul style="list-style-type: none"> <li>Complete Primary Survey/ABC</li> <li>Give oxygen only if SpO2&lt;94% or if in respiratory distress</li> <li>Check Glucose if hypoglycemia enter <a href="#">Diabetic Emergency Protocol (112)</a></li> <li>Monitor Airway and Suction as Needed</li> <li>Prepare for Rapid Transport or ALS Handoff</li> <li>Suspected overdose enter <a href="#">Poisoning/Ingestion/Overdose Protocol (118)</a></li> <li>Signs of head injury? If yes, enter <a href="#">Head/Eye/Ear Trauma Protocol (113)</a></li> <li>Is patient possibly postictal? If yes, enter <a href="#">Seizure Activity Protocol (121)</a></li> <li>Is patient complaining of stroke signs or symptoms? If yes, enter <a href="#">Acute Stroke/CVA Protocol (122)</a></li> </ul>	<ul style="list-style-type: none"> <li>Complete Primary Survey/ABC</li> <li>Give Oxygen only if SpO2&lt;94% or if in respiratory distress</li> <li>Check Glucose if hypoglycemia enter <a href="#">Diabetic Emergency Protocol (112)</a></li> <li>Monitor Airway and Suction as Needed</li> <li>Prepare for Rapid Transport or ALS Handoff</li> <li>Suspected overdose enter <a href="#">Poisoning/Ingestion/Overdose Protocol (118)</a></li> <li>Signs of head injury? If yes, enter <a href="#">Head/Eye/Ear Trauma Protocol (113)</a></li> <li>Is patient possibly postictal? If yes, enter <a href="#">Seizure Activity Protocol (121)</a></li> <li>Is patient complaining of stroke signs or symptoms? If yes, enter <a href="#">Acute Stroke/CVA Protocol (122)</a></li> </ul>
<b>ALS Prior to Base Hospital Contact: Paramedic only</b>	<b>ALS Prior to Base Hospital Contact: Paramedic only</b>
<ul style="list-style-type: none"> <li>Advanced Airway/Ventilation</li> <li>Attach ECG/SpO2</li> <li>Establish IV/IO</li> </ul>	<ul style="list-style-type: none"> <li>Supraglottic Airway/Ventilation</li> <li>Attach ECG/SpO2</li> <li>Establish IV/IO</li> </ul>
<b>Base Hospital Contact Required</b>	<b>Base Hospital Contact Required</b>

102 ALTERED LEVEL OF CONSCIOUSNESS

***Altered Level of Consciousness (ALOC) (102)***

**Special Considerations**

1. If the patient is presenting with an altered mental status, blood sugar between 60 and 80mg/dL, and has a history of diabetes, only after all other causes of altered mentation have been ruled out or signs and symptoms of hypoglycemia are present, refer to [Diabetic Emergency Protocol \(112\)](#).
2. If treatment is unsuccessful, re-assessment of the patient is indicated with examination of factors leading to the event.
3. If possibility of seizure exists, refer to seizure activity protocol.
4. If ALOC is suspected due to oral ingestion or overdose, refer to poisoning, ingestion, overdose protocol.