


Section: **Adult Medical**  
Subject: **ALTERED STATE OF CONSCIOUSNESS**  
Section #: **340.02**  
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1. Basis ALS Treatment
2. ALS Treatment
  - a. **D<sub>50</sub>W** (for known hypoglycemia  $\leq 60$  mg/dl)
    - i. 12.5 grams IV (over 1 to 2 mins)
    - ii. May be repeated one (1) time
  - b. **Oral dextrose** (only if the patient has an adequate gag reflex)
    - i. 25 to 30 grams PO
    - ii. May be repeated as necessary every five minutes to raise blood glucose level to  $\geq 90$  mg/dl
  - c. **Glucagon** (when unable to establish an IV)
    - i. 1.0 mg IM only once
  - d. **Naloxone** (when narcotic toxidrome is suspected)
    - i. 0.5 mg IV, IM, SC or IN
    - ii. Repeat q2 minutes as needed (titrated to desired effect)
3. QA points:
  - a. The administration of **naloxone** should be limited to those patients exhibiting signs and symptoms consistent with the opiate toxidrome. To do otherwise may be expending resources when a more viable treatment may be otherwise instituted.
  - b. **Naloxone** has been shown to reliably reverse the effects of *opiates only* and NOT cocaine, ethanol, ecstasy, or any other non-opiate substance.
  - c. Consider the patient's possible use of sleep medications such as Ambien®, Lunesta®, Sonata®, to account for the alteration in mental status. These will present with the sedative-hypnotic toxidrome.