


Section: Pediatric Medical
Subject: ALTERED STATE OF CONSCIOUSNESS
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1. Basic ALS Treatments
2. Check blood glucose level
3. If blood glucose demonstrates hypoglycemia (<50 mg/dL):
 - a. **Oral dextrose** (patient who is awake with an adequate gag reflex)
 - i. Pt is <20 kg, administer 7.5 g PO (one-half tube)
 - ii. Pt is \geq 20 kg, administer 15 g PO (whole tube)
 1. May be repeated in 10 minutes if there is a partial response. Otherwise, proceed to IV/IO dextrose.
 - b. **Glucagon** (when unable to establish an IV):
 - i. 0.03 mg/kg up to a maximum of 1 mg IM.
 - c. **Intravenous dextrose:**
 - i. Patients <20 kg, administer 0.25 g/kg of **Dextrose 10% (D₁₀W)** IV/IO
 - ii. Patients \geq 20 kg, administer 0.25 g/kg of **Dextrose 25% (D₂₅W)** IV/IO
 - iii. Refer to **HCFR PEDIATRIC MEDICATION DOSAGES** protocol for mixing instructions.
 - iv. It is an acceptable approach to administer both glucagon and D₁₀W if you are not initially able to establish an IV, as having glucagon does not prevent you from giving D₁₀W later in the call.
4. If signs and symptoms of narcotic overdose are present:
 - a. **Naloxone:** 0.1 mg/kg IV, IM, ET or IN.
 - b. May be repeated twice, if inadequate response and narcotic OD is strongly suspected.
5. QA points:
 - a. The administration of **naloxone** should be limited to those patients exhibiting signs and symptoms consistent with opiate toxidrome.