Airway / Breathing

Circulation / Shock

Cardiac

Medical

Trauma

ADULT PROTOCOL

ALTERED LEVEL OF CONSCIOUSNESS

UNIVERSAL PATIENT CARE PROTOCOL

Consider SPINAL MOTION RESTRICTION

AIRWAY PROTOCOL

DIAGNOSTIC EKG PROCEDURE

1ST Contact to EKG and Transmission < 10 Min

OXYGEN / PULSE OXIMETRY PROCEDURE

CAPNOGRAPHY PROCEDURE

BLOOD GLUCOSE PROCEDURE

IV PROCEDURE

Identify Treatable Causes
Treat Per Specific Protocol

- Seizure – Treat per Seizure Protocol
- Hypoxia – Treat per Airway / Breathing Protocols
- Anaphylaxis / Allergic Reaction
- Sepsis – Treat per Septic Shock Protocol
- Hypotension – Treat per Specific Shock Protocols
- Arrhythmia – Treat per Correct Arrhythmia Protocol
- Psychiatric – Treat per Behavioral Emergencies
- Hypo / Hyperglycemia – Treat per Diabetic Protocol
- Hypo / Hyperthermia – Treat per Specific Protocol
- Stroke CVA / TIA – Treat per Stroke Protocol
- Overdose – Treat per Toxic Ingestion Protocol
- Head Trauma – Treat per Head Trauma Protocol

EMT Intervention	AEMT Intervention	PARAMEDIC Intervention	Online Medical Control

ALTERED LEVEL OF CONSCIOUSNESS

HISTORY	SIGNS AND SYMPTOMS	DIFFERENTIAL DIAGNOSIS
• Known diabetic, medic alert tag • Drugs, drug paraphernalia • Report of illicit drug use or toxic ingestion • Past medical history • Medications • History of trauma	• Decreased mental status • Change in baseline mental status • Bizarre behavior • Hypoglycemia (cool, diaphoretic skin) • Hyperglycemia (warm, dry skin; fruity breath; Kussmaul resps; signs of dehydration)	• Head trauma • CNS (stroke, tumor, seizure, infection) • Cardiac (MI, CHF) • Infection • Thyroid (hyper / hypo) • Shock (septic, metabolic, traumatic) • Diabetes (hyper / hypoglycemia) • Toxicological incident • Acidosis / alkalosis • Environmental exposure • Pulmonary (hypoxia) • Electrolyte abnormality • Psychiatric disorder

KEY POINTS
• Exam: Mental Status, HEENT, Skin, Heart, Lungs, Abdomen, Back, Extremities, Neuro • Be aware of AMS as potential sign of an environmental toxin or Haz-Mat exposure and protect personal safety. • It is safer to assume hypoglycemia than hyperglycemia if doubt exists. • Do not let alcohol confuse the clinical picture. Alcoholics frequently develop hypoglycemia and need Thiamine before glucose. • Low glucose (< 70), normal glucose (70 - 120), high glucose (> 250). • Consider restraints if necessary for patient's and / or personnel's protection per the restraint procedure. • Protect the patient airway and support ABCs. • Document the patient's Glasgow coma score pre-and post-treatment. • Signs and symptoms of narcotic overdose include respiratory depression and altered mental status. • Naloxone administration may cause the patient to go into acute opiate withdraw, which includes vomiting, agitation, and / or combative behavior. Always be prepared for combative behavior. • Naloxone may wear off in as little as 20 minutes causing the patient to become more sedate and possibly hypoventilate. All A&O 4 patients having received Naloxone should be transported. If patient refuses transport, contact Online Medical Control before release.