Airway / Breathing

Circulation / Shock

Cardiac

Medical

Trauma

PEATRIC PROTOCOL

ALTERED LEVEL OF CONSCIOUSNESS

3-5 kg	6-7 kg	8-9 kg	10-11 kg	12-14 kg	15-18 kg	19-23 kg	24-29 kg	30-36 kg
6-11 lbs	13-15 lbs	18-20 lbs	22-24 lbs	26-31 lbs	33-37 lbs	42-51 lbs	53-64 lbs	66-81 lbs
18-24 in	24-26 in	26-29 in	29-33 in	33-38 in	38-43 in	43-48 in	48-52 in	52-57 in

UNIVERSAL PATIENT CARE PROTOCOL

Consider SPINAL MOTION RESTRICTION PROCEDURE

AIRWAY PROTOCOL

DIAGNOSTIC EKG PROCEDURE

1ST Contact to EKG and Transmission < 10 Min

OXYGEN / PULSE OXIMETRY PROCEDURE

CAPNOGRAPHY PROCEDURE

BLOOD GLUCOSE PROCEDURE

IV / IO PROCEDURE

Identify Treatable Causes
Treat Per Specific Protocol

- Seizure – Treat per Seizure Protocols
- Hypoxia – Treat per Airway / Breathing Protocols
- Anaphylaxis / Allergic Reaction Protocol
- 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	• Unresponsive • Decreased responsiveness • Inadequate respirations • Confusion • Agitation • Decreased mental status • Change in baseline mental status • Hypoglycemia (cool, diaphoretic skin)	• Head trauma • CNS (stroke, tumor, seizure, infection) • Infection • Shock (septic, metabolic, traumatic) • Diabetes (hyper / hypoglycemia) • Toxicologic • 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. • Low glucose (< 60), normal glucose (60 - 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 (Narcan) administration may cause the patient to go into acute opiate withdrawal, which includes vomiting, agitation, and / or combative behavior. Always be prepared for combative behavior. Naloxone (Narcan) may wear off in as little as 20 minutes causing the patient to become more sedate and possibly hypo ventilate. **Repeat dosing may be necessary**. All A&O 4 patients having received Naloxone (Narcan) should be transported. If patient refuses transport, contact Online Medical Control before release.

ONLY A FEW CAUSES CAN BE TREATED IN THE FIELD. CARE SHOULD FOCUS ON MAINTAINING AIRWAY AND RAPID TRANSPORT