

Treatment Protocols***Altered Mental Status (Non-Traumatic) – Pediatric*****Date: 07/01/2025****Policy #9030P****Pediatric BLS Standing Orders**

- **Universal Patient Protocol**
- Assess and control airway and breathing as needed per **Airway Policy**
- Apply pulse oximetry, blood pressure monitoring
- Oxygen PRN
- Continuous Capnography
- **Test glucose**
- Gather history from patient, and if patient unable to provide history, ask bystanders, family or friends
- Bring family or friend to hospital if available for history
- Assess for traumatic injury. If present, go to **Trauma Protocol**
- If suspected stroke or TIA, go to **Stroke Protocol**
- If suspected poisoning, including opioid overdose, go to **Poisoning Protocol**
 - If possible, bring the medication or pill bottles to the hospital
- If suspected Sepsis/SIRS, use **SIRS Protocol**
- For hypotension, use **Shock Protocol**

HYPOGLYCEMIA, Glucose < 60 mg/dL (adult), 60 mg/dL (child), or 45 mg/dL (neonate)

- Administer glucose PO, if patient is alert, has a gag reflex, and can swallow:
 - Glucose paste on tongue depressor placed between cheek and gum
 - Granulated sugar dissolved in liquid

SEIZURE

- See **Seizure Protocol**

Pediatric LALS Standing Orders

- Establish IV PRN
- Continuous Capnography
- 10-20 mL/kg NS IV bolus; titrated to age-appropriate systolic BP MR x1
- Glucose monitoring

HYPOGLYCEMIA (< 60 mg/dL adult, <60 mg/dL in children, <45 mg/dL in neonates)

- Dextrose 10% - IV per dosing chart, MR x1
- Glucagon – IM per dosing chart if no IV and BS level low or unobtainable
- Repeat glucose testing following intervention

Pediatric ALS Standing Orders

- Monitor/EKG
- Obtain 12 Lead EKG
- Continuous capnography
- Establish IV/IO PRN
- Glucose monitoring
- Intervene as appropriate per **Airway Policy**
- 10-20 mL/kg NS IV bolus; titrated to age-appropriate systolic BP MR x1

Treatment Protocols***Altered Mental Status (Non-Traumatic) – Pediatric*****Date: 07/01/2025****Policy #9030P****HYPOGLYCEMIA (< 60 mg/dL adult, <60 mg/dL in children, <45 mg/dL in neonates)**

- Dextrose 10% - IV per dosing chart, MR x 1 PRN for persistent hypoglycemia
- Glucagon – IM per dosing chart if no IV and BS level low or unobtainable x1
- Repeat glucose testing following intervention
- Ondansetron 0.1 mg/kg, max 4 mg - IV/IO/IM/ODT PRN MR x1

Pediatric Base Hospital Orders

- Additional glucose dosing per BH

Notes

- Dextrose 50% should not be used in pediatric patients.
- During times of dextrose shortage, up to two (2) types of dextrose solution can be carried in each unit: D10 and one other concentration. D10 is the only currently approved dextrose solution for pediatric patients.
- Liver patients will not necessarily respond well to glucagon administration and may require multiple dextrose administrations.

APPROVED:

SIGNATURE ON FILE – 07/01/25

Katherine Staats, M.D. FACEP

EMS Medical Director