



2.03 ALTERED MENTAL STATUS – EMSAC June 2022

BLS Treatment
<ul style="list-style-type: none">• Position of comfort.• NPO except as noted below.• Oxygen as indicated.• Check blood glucose (if EMT has been trained).• Administer Glucose Paste or Oral Glucose to known diabetic patients with symptoms of hypoglycemia. Patient must be conscious and have an intact gag reflex.• If opiate overdose is suspected AND respiratory depression are not responsive to BLS airway management: administer Naloxone IN if EMT has been trained.
ALS Treatment
<ul style="list-style-type: none">• IV / IO of Normal Saline TKO.• Check blood glucose:<ul style="list-style-type: none">○ If blood glucose is <60 mg/dl, unmeasurable, or patient is a known diabetic: administer Dextrose.○ If blood glucose < 60 mg/dl and IV cannot be established: administer Glucagon.• If opiate overdose is suspected AND respiratory depression are not responsive to BLS airway management: administer Naloxone IN, IV or IM.
NOTES
<ul style="list-style-type: none">• For opiate overdose patients who decline transport, consider distribution of leave behind naloxone (See Appendix A)• For patients who received bystander naloxone prior to EMS arrival, check for an EMS Agency label affixed to the box and scan QR code in Appendix A

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Appendix A – Guidelines for EMS-Distributed Leave Behind Naloxone

Patient Assessment
<p>Patients presenting with any ONE of the following conditions are eligible for leave behind Naloxone</p> <ul style="list-style-type: none">• Opioid overdose (requiring naloxone administration or supportive care and monitoring)• History or physical exam with evidence of illicit drug use or paraphernalia (e.g. history of intravenous drug use, track marks, needles present in belongings, etc.)• History or physical exam with prescription opioid use (prescribed or recreational)• Physical environment with illicit, multiple, or high-dose prescription opioids present
Distribution of Naloxone
<ul style="list-style-type: none">• Assess patient decision-making capacity• Offer leave behind naloxone with just-in-time training to patient and/or appropriate bystander(s)<ul style="list-style-type: none">• Perform teaching and direct recipient to visual aids on naloxone kit• Distribute naloxone kit• Register distribution with the EMS Agency by scanning the QR code on the EMS Agency label and following prompts• Record distribution in the narrative of the PCR• Contact the Base Hospital if patient is requesting to AMA (and no second paramedic available or physician consultation is desired)
Successful Reversal
<ul style="list-style-type: none">• Should an EMS responder find a box of naloxone on scene with an EMS Agency logo or seal (see example), EMS responders shall register with the EMS Agency by scanning the QR code on the EMS Agency label and following prompts
<p>Example of EMS Agency Label Affixed to Naloxone Kit:</p> <div></div>
<p>Survey Link → Click Here ←</p>