

EL DORADO COUNTY EMS AGENCY

PREHOSPITAL PROTOCOLS

Effective: July 1, 2015

Reviewed: July 2016, 2018

Revised: July 2019

Scope: BLS/ALS – Adult/Pediatric



EMS Agency Medical Director

ALTERED LEVEL OF CONSCIOUSNESS

ADULT

BLS TREATMENT

ABCs / ROUTINE MEDICAL CARE - administer oxygen at appropriate flow rate. Be prepared to support ventilation with appropriate airway adjuncts.

If hypoglycemia is suspected in a conscious, known diabetic who is able to follow simple commands, give the patient 15 grams of prepared oral dextrose solution (may repeat in 10 minutes) or encourage drinking/eating a sugar-containing beverage or food.

PROTOCOL PROCEDURE: *Flow of protocol presumes that condition is continuing. Consider etiology: shock, toxic exposure, insulin shock, seizure, or head trauma. If patient is in distress, immediate, rapid transport is preferred with treatment performed en route.*

ACCREDITED EMT

EMT's may carry a glucometer and prefilled Naloxone (Narcan) spray on emergency apparatus **ONLY** if they are on duty and working for a provider agency that has been approved by the Local EMS Agency (LEMSA) Medical Director.

BLOOD SAMPLE/GLUCOSE LEVEL ASSESSMENT – Obtain blood sample via finger stick. Rule out diabetic emergency. Consider confirming test results with second glucose check with blood from a different site (and different meter, if available) if reading is abnormal or the patient's presentation doesn't match the test results.

HYPOGLYCEMIA (b.s.≤60 mg/dL)-

Glucose Dose- 15Grams PO may repeat if no response and Dextrose is unavailable.

Naloxone (Narcan)

Prefilled Single Dose Nasal Spray 4mg/0.1mL: Administer full dose in one nostril. If partial response in breathing or consciousness, repeat 4mg/0.1mL single dose administration in nostril opposite to first dose.

IN via MAD 2mg/2ml: 0.5mg (Max 1 mL per nostril) repeat in 5 minutes if no response

ALS TREATMENT

NORMAL SALINE – establish an IV/IO.

BLOOD SAMPLE/GLUCOSE LEVEL ASSESSMENT – Obtain blood sample via venipuncture. Rule out diabetic emergency. Consider confirming test results with second glucose check with blood from a different site (and different meter, if available) if reading is abnormal or the patient's presentation doesn't match the test results.

For symptomatic HYPOGLYCEMIA (b.s.≤60 mg/dL)

DEXTROSE- Administer 100cc of a 250cc bag of Dextrose 10% (10g), May repeat to a max of 50g. After each 10g (100cc) bolus check BG, LOC and patency of line.

GLUCAGON- If no IV access, give 1mg IM/IN

Recheck blood glucose 5 minutes after administration of dextrose or glucagon.

For RESPIRATORY DEPRESSION

Naloxone (Narcan)

IV: 0.5mg in 1 minute increments slow IV push, titrated to effect (Max 2mg).

IN: 0.5mg May repeat in 5 minutes if no response (Max 1mL per nostril).

IM: 1mg if unable to establish IV. May repeat in 5 minutes if no response.

ET: 1mg diluted to 5-10 mL. May repeat in 5 minutes if no response

***The goal of Naloxone (Narcan) administration is to improve respiratory drive, NOT to return patient to their full mental capacity.**

***If no response to normal doses or if patient is in extremis, administer 2mg IV/IM/IN/IO/ET q 5 minutes.**

CONTACT BASE STATION

PEDIATRIC

ABCs / ROUTINE MEDICAL CARE - administer oxygen at appropriate flow rate. Be prepared to support ventilation with appropriate airway adjuncts.

If hypoglycemia is suspected in a conscious, known diabetic who is able to follow simple commands, give the patient 15 grams of a prepared oral dextrose solution (may repeat in 10 minutes) or encourage drinking/eating a sugar-containing beverage or food.

PROTOCOL PROCEDURE: Flow of protocol presumes that condition is continuing. Consider etiology: shock, toxic exposure, insulin shock, seizure, or head trauma. If patient is in distress, immediate, rapid transport is preferred with treatment performed en route.

ACCREDITED EMT

EMT's may carry a glucometer and prefilled Narcan(Naloxone) on emergency apparatus **ONLY** if they are on duty and working for a provider agency that has been approved by the Local EMS Agency (LEMSA) Medical Director.

BLOOD SAMPLE/GLUCOSE LEVEL ASSESSMENT – Obtain blood sample via finger stick. Rule out diabetic emergency. Consider confirming test results with second glucose check with blood from a different site (and different meter, if available) if reading is abnormal or the patient's presentation doesn't match the test results.

Hypoglycemia in pediatrics is defined as:

Neonate <1month (b.s. ≤ 50mg/dL)

Infant/child >1month (b.s. ≤ 60mg/dL)

Glucose Dose – 15 Grams PO may repeat, if no response and IV Dextrose is not available.

Naloxone (Narcan)

Prefilled Single Dose Nasal Spray 4mg/0.1mL: Administer full dose in one nostril. If partial response in breathing or consciousness, repeat 4mg/0.1mL single dose administration in nostril opposite to first dose.

IN via MAD 2mg/2ml: 0.1mg/kg titrated to effect. (Max 2mg) May repeat initial dose if no response within 5 minutes.

ALS TREATMENT

NORMAL SALINE – establish an IV/IO

BLOOD SAMPLE/GLUCOSE LEVEL ASSESSMENT – Obtain blood sample via Venipuncture. Rule out diabetic emergency. Consider confirming test results with second glucose check with blood from a different site (and different meter, if available) if reading is abnormal or the patient's presentation doesn't match the test results.

For HYPOGLYCEMIA:**DEXTROSE:**

Less than 1 month old: D10W

2mL/kg IV/IO may repeat every 5 minutes until b.s. is at a normal limit

Reference: Routine Medical Care, BLS Medication Administration, Optional Skills EMT, Benadryl, EpiPen & EpiPen Jr. Auto Injector, Epinephrine, Albuterol, Atrovent, Glucagon, Pulseless Arrest

Greater than 1 month old: D10W

5mL/kg IV/IO may repeat every 5 minutes until b.s. is at a normal limit

Glucagon – If no IV access, give 0.1mg/kg IM/IN (Max 1mg).

Recheck blood glucose 5 minutes after administration of dextrose or glucagon

For RESPIRATORY DEPRESSION

NARCAN (NALOXONE)- 0.1mg/kg IV/IN/IO/IM titrated to effect (Max 2mg). May repeat initial dose, if no response within 5 minutes.

Maximum IN dose of 1 mL per nostril; if no response to normal dose, contact base station). Avoid use in neonates.