Effective: 30 Nov 2012

NEUROLOGIC EMERGENCIES N-1 – COMA/HYPOGLYCEMIA/ALTERED LEVEL OF CONSCIOUSNESS

- ABCs:
- Determine which cause of AMS best fits the patient's s/s and history;
- Identify and document neurologic deficits and any signs of traumatic injuries;
- EARLY CONTACT OF RECEIVING HOSPITAL.
- Consider left lateral decubitus position;
- OXYGEN THERAPY as needed;
- Cardiac monitor;
- Rapid transport if appropriate;
- IV NS TKO;
- Complete blood glucose check and treat hypoglycemia.

(e.g. Blood sugar of less than or equal to 60.)

Oral glucose if patient Administer Dextrose 50%, Is patient alert and has a gag reflex and is 50ml IVP: verbal? diabetic reliant upon Persistent glucose less oral hypoglycemic or than or equal to 60, insulin shots: consider Dextrose 50%; CONSIDER: 25 - 50 ml IVP: Persistent glucose less If unable to establish IV, than or equal to 60, give GLUCAGON 1mg IM. consider Dextrose 50%; 25 – 50ml IVP; may repeat dose; If respiratory rate is less than If unable to establish or equal to eight administer IV, give GLUCAGON NALOXONE 0.5 mg Intra 1mg IM. Nasal, IM, or IV; may repeat Repeat blood sugar 0.5 mg in 1 minute up to a total of 2mg.

Disrupted Communications

In the event of a "disrupted communications" situation, the paramedic in Solano County may utilize all portions of this treatment protocol needed to stabilize an immediate patient without Base Hospital Contact.