EMS Adult Protocols

<table>
<thead>
<tr>
<th>Protocol Title:</th>
<th>Altered Mental Status</th>
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<tbody>
<tr>
<td>Original Adoption Date:</td>
<td>8/2000</td>
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<tr>
<td>Date of Most Recent Update:</td>
<td>December 26, 2013</td>
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<tr>
<td>Medical Director</td>
<td>Chad Torstenson M.D.</td>
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Basic Treatment Guidelines:
Follow initial protocol for all patients.

Advanced Treatment Guidelines:
2. If blood sugar < 60 mg/dl, administer oral glucose if patient is able to swallow.
3. If blood sugar < 60 mg/dl, administer 50% DEXTROSE 25 G IV and observe for changes
4. If symptoms suggest hypoglycemia, administer 50% DEXTROSE 12.5 G IV even if BS > 60 mg/dl
5. If unknown history of events or history of drug abuse, administer 1-2 mg NALOXONE IV and observe for response. May repeat if necessary.
   - If no IV access consider NALOXONE IM or Intranasal (Atomizer) 1-2 mg.

Special Note:
- Do not release or enable a refusal on patients treated for hypoglycemia until their BS is > 60 mg/dl.
- If the Patient is Type 2 diabetic on oral medication and not on insulin, obtain blood glucose level and transport. If patient is persistent about refusal, utilize the Patient Refusal Procedural Guideline.
- Do not treat a suspected stroke/CVA patient’s hypoglycemia unless the blood glucose is <60 mg/dl.

*When using Mucosal Atomization Devices (MAD) for intranasal administration. Deliver half of the dose into each naris. For doses more than 1 milliliter use two separate syringes and MAD tips, this will insure accurate dosing to both nares. A single naris dose should not exceed 1 milliliter.