CENTRAL CALIFORNIA
EMERGENCY MEDICAL SERVICES
A Division of the Fresno County Department of Public Health

Manual	Policy
Emergency Medical Services Administrative Policies and Procedures	Number 510.13
Subject: Basic Life Support Treatment Protocols **ALTERED MENTAL STATUS AND SYNCOPE**	
References: Title 22, Division 9, Chapter 2 of the California Code of Regulations	Effective Fresno County: 01/15/82 Kings County: 04/10/89 Madera County: 06/15/85 Tulare County: 04/19/05

STANDING ORDERS	
1. Assessment	ABCs
2. Secure Airway	Protect with position, basic airway maneuvers, pharyngeal airway, assist respirations as needed, suction as needed.
3. Oxygen	High flow for altered mental status. Low flow for syncope. Refer to EMS Policy #510.04.
4. Naloxone (Ambulance providers and approved agencies only)	Intranasal (IN) - Administer 2 mg intranasally (1 mg per nostril) using mucosal atomizer device (MAD) if suspected narcotic intoxication and respiratory depression (rate 8 or less). This dose may be repeated in 5 minutes if respiratory depression persists. Respiration's should be supported with BVM until respiratory rate is greater than 8. Pediatric dose – 0.1 mg/kg intranasally, if less than 10 kg and less than 1 year old. <u>NOTE</u>: Give before oral glucose in suspected narcotic intoxication.
5. Glucose Monitoring (Ambulance providers and approved agencies only)	Fingerstick for blood glucose testing. Record value on PCR and GCS at time of fingerstick.
6. Oral Glucose	Oral Glucose - if altered mental status more severe than disorientation to time or date, and if blood glucose is less than 80. May repeat in 5 minutes if altered mental status persists and repeat fingerstick is less than 80. (See Special Considerations)
7. Transport	Minimize on scene time. Stat Transport or rendezvous with ALS ambulance if patient is unstable.
8. Contact Hospital	Per EMS Policy #510.02

Approved By		Revision
EMS Director	**Daniel J. Lynch** (Signature on File at EMS Agency)	**06/01/2018**
EMS Medical Director	**Jim Andrews, M.D.** (Signature on File at EMS Agency)	

SPECIAL CONSIDERATION AND PRIORITIES

1. Assessment – Airway, vital signs, mental status, pupils, needle tracks, head or spine trauma, pill bottles, ETOH, neuro deficits, focal seizure, postictal paralysis, and medications.

2. Always suspect head and/or spine trauma as a result of falls from syncope or seizures.

3. The EMT may also perform a fingerstick for blood glucose testing on a patient complaining of generalized weakness who presents with a diabetic history or is on diabetic medicine when family or acquaintance feels the patient is altered even if the patient is answering all questions appropriately. *This is based on EMT Judgement*. If a glucose monitor is performed and blood glucose is <u>80 or less</u>, treat per protocol (i.e., orange juice sweetened with sugar, regular soft drinks or candy, or oral glucose).

4. Oral Glucose - Consider oral glucose in all patients, no matter what the GCS. This can be applied by rubbing the oral glucose on the inside of the patient's cheeks.

5. Intranasal medication administration should be divided 50% to each nostril. However, the entire dose can be administered in one nostril if the other nostril is obstructed (i.e., NG tube, NPA, trauma).

6. Syncope/Near Syncope

   a. If suspected cause is shock/hypovolemia, transport immediately with therapy enroute and consider rendezvous with ALS ambulance.

   b. If suspected cause is cardiac dysrhythmia, request ALS response or rendezvous with an ALS ambulance.

7. Postural vital signs are rarely used in the field; they should <u>ONLY</u> be considered when transport decisions will be affected (e.g., Refusal of Medical Care or Transportation, EMT turnover).

8. Consider extensive differential diagnosis – AEIOUTIPS.

   "A" Alcohol
   "E" Epilepsy/Electrolytes
   "I" Insulin
   "O" Overdose
   "U" Uremia
   "T" Trauma/Tumor/Time
   "I" Infection
   "P" Psychiatric
   "S" Stroke/Shock/Hypertensive Encephalopathy