

Altered Mental Status/Syncope (Unknown Etiology)

Legend	
	EMR
	EMT
	Intermediate
	Paramedic
	Medical Control



 EMR	<ol style="list-style-type: none"> 1. Oxygen: titrate to SpO2 of 94-99% 2. Be prepared to support the patient's respirations with a BVM if necessary. Consider airway adjunct 3. Go to STROKE SMO if stroke suspected 4. If Glucometer available, check blood glucose level. If <60mg/dL, or if < 80mg/dL with signs and symptoms of hypoglycemia, or if glucometer is unavailable, administer Oral Glucose 15g. Pt. must be able to maintain their own airway, conscious, and have an intact gag reflex. 5. If suspected drug overdose give Narcan 2-4mg IN (1 mg/mL per nostril). Assess for pinpoint pupils. 6. Reassess and reassure the patient. 	 EMR
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 EMT	<ol style="list-style-type: none"> 1. Continue EMR care. 2. Apply cardiac monitor and obtain 12-lead EKG if indicated by chief complaint, transmit to receiving facility (if equipped also it is beyond the scope of the EMT to monitor, interpret 12-leads or cardiac rhythms). 3. Repeat blood glucose check – if < 60mg/dL, or if < 80mg/dL with signs and symptoms of hypoglycemia administer Glucagon 1mg IM. 4. If narcotic overdose suspected, administer Narcan 2-4mg IN. May repeat in 10 min if no response. 5. Initiate ALS intercept, if indicated, and began transport as soon as possible. 6. Contact receiving hospital as soon as possible 	 EMT
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 I P	<ol style="list-style-type: none"> 1. Continue EMT care. 2. Obtain an EKG and transmit to receiving facility. 3. Initiate IV/IO (no IO if suspected hypoglycemia). 4. If blood sugar reads HI or is above 300mg/dL give IV bolus of 20mL/kg, may repeat if lung sounds are clear. 5. Give Dextrose 10% 5mL/kg (whole 250mL bag for any patient over 50kg) IV if blood sugar is < 60mg/dL or 60-80mg/dL and patient is symptomatic. Glucagon: 1 mg IM if unable to establish IV. 6. Recheck blood sugar in 5 minutes – repeat Dextrose or Glucagon if BS still < 60mg/dL. 7. Give Narcan: 2-4mg IV/IM/IN if no response to Dextrose within 2 minutes. May repeat in 10 min if no response. 8. Consider ALS intercept should the situation warrant additional medication. 9. Contact receiving hospital as soon as possible or Medical Control if necessary. 	 I P
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Look for Medic Alert tags. Consider C-spine injury and follow C-spine precautions as necessary. Be prepared for vomiting after Narcan administration. No intercept is required if patient becomes alert & oriented unless they have a condition that warrants advanced assistance. Vitals shall be recorded every 5 minutes.