



**ALTERED NEUROLOGIC FUNCTION  
(NON-TRAUMATIC)**

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**BLS**

**ALS**

- Ensure patent airway
- O<sub>2</sub> saturation, O<sub>2</sub> and/or ventilate PRN
- Spinal motion restriction PRN
- Position on affected side if difficulty managing secretions
- Do not allow patient to walk
- Restrain PRN
- Monitor blood glucose

**Symptomatic suspected opioid OD with RR <12. Use with caution in opioid-dependent, pain-management patients<sup>ⓐ</sup>**

- Naloxone 4 mg via nasal spray preloaded single-dose device. Administer full dose in one nostril
- OR**
- Naloxone 2 mg via atomizer and syringe. Administer 1 mg into each nostril

EMTs may assist family or friend to medicate with patient's prescribed naloxone in **symptomatic suspected opioid OD**

**Suspected hypoglycemia or patient's blood sugar is <60 mg/dL**

- If patient is awake and able to manage oral secretions, give 3 oral glucose tabs or paste (15 gm total)
- Patient may eat or drink, if able
- If patient is unconscious, NPO

**Stroke/TIA**

- Treat per Stroke and Transient Ischemic Attack (S-144)
- Pediatric patients presenting with stroke symptoms should be transported to Rady Children's Hospital

**Seizures**

- Protect airway and protect from injury
- Treat associated injuries

- Monitor/EKG
- Capnography PRN
- IV/IO <sup>Ⓐ</sup>

**Symptomatic suspected opioid OD with respiratory depression (RR<12, SpO<sub>2</sub><96%, or EtCO<sub>2</sub>≥40 mmHg). Titrate slowly in opioid-dependent patients**

- Naloxone 2 mg IN/IM/IV, MR <sup>Ⓐ</sup>. Titrate IV dose to effect, to drive the respiratory effort
- OR**
- Naloxone 4 mg via nasal spray preloaded single-dose device. Administer full dose in one nostril, MR <sup>Ⓐ</sup>
- If patient refuses transport, give additional naloxone 2 mg IM <sup>Ⓐ</sup>
- OR**
- Naloxone 4 mg via nasal spray preloaded single-dose device. Administer full dose in one nostril, MR <sup>Ⓐ</sup>

**Symptomatic hypoglycemia with altered LOC or unresponsive to oral glucose agents**

- Dextrose 25 gm IV if BS <60 mg/dL <sup>Ⓐ</sup>
- If patient remains symptomatic and BS remains <60 mg/dL, MR <sup>Ⓐ</sup>
- If no IV, glucagon 1 mL IM if BS <60 mg/dL <sup>Ⓐ</sup>

**Symptomatic hyperglycemia with diabetic history**

- 500 mL fluid bolus IV/IO if BS ≥350 mg/dL or reads "high", if no rales MR x1 <sup>Ⓐ</sup>

**Status epilepticus (generalized, ongoing, and recurrent seizures without lucid interval)**

- Patients ≥40 kg: midazolam 10 mg IM
- Patients <40 kg: midazolam 0.2 mg/kg IM

**If vascular access present**

- Midazolam 0.2 mg/kg IV/IO to max dose of 5 mg, MR x1 in 10 min. Max 10 mg total, d/c if seizure stops

**Partial seizure lasting ≥5 min (includes seizure time prior to arrival of prehospital provider)**

- Midazolam 0.2 mg/kg IN/IM/IV/IO to max dose of 5 mg, MR x1 in 10 min. Max 10 mg total, d/c if seizure stops

**Eclamptic seizure of any duration**

- Treat per Obstetrical Emergencies / Newborn Deliveries (S-133)

<sup>ⓐ</sup> Per Title 22, Chapter 1.5, § 100019 public safety personnel may administer nasal naloxone when authorized by the County of San Diego EMS Medical Director