COMA/ ALTERED LEVEL OF CONSCIOUSNESS
ALWAYS USE STANDARD PRECAUTIONS

INDICATION
GCS < 15, etiology unclear (consider AEIOU TIPS); sudden onset of weakness, paralysis, confusion, speech disturbances, headache

TREATMENT
- ALS RMC
- Position patient with head elevated 30 degrees or left lateral recumbent if vomiting
- If BG < 60 or immeasurable:
  - **Dextrose 10% 25GM/250ml:**
    - 125 ml bolus IV/IO over 10 minutes; recheck BG and repeat as needed
- If BG < 60 or immeasurable and unable to start IV:
  - **Glucagon 1 mg IM**
- Narcotic overdose:
  - **Narcan 0.4-4.0 mg/kg, IV/IO/IM/IN**
    - **For IN administration:** 2 mg (1 mg per nostril)
    - If respiratory depression persists, repeat as necessary. May need multiple doses.

SPECIAL CONSIDERATION
- Consider indication for C-spine precautions; consider diabetes-related complications
- If CVA suspected, see CVA/Stroke Policy N 4

DOCUMENTATION- ESSENTIAL ELEMENTS
- Past medical history (i.e., seizures, diabetes)
- Blood glucose level
- Dosage of medications, times administered
- Narcan administration by first responder, if known

RELATED POLICIES/ PROCEDURES
- Intranasal Medications Midazolam(Versed) and Narcan Procedure ALS PR 7
- CVA / Stroke Policy N4
SEIZURES
ALS
ALWAYS USE STANDARD PRECAUTIONS

INDICATION
- Recurring or continuous generalized seizures with ALOC

TREATMENT
- ALS RMC
- Treat hypoglycemia according to ALOC policy
- **Narcan** 2 mg IV/IM/SL/IN if opiate overdose is suspected and the patient is in respiratory failure or shock
- **Midazolam (Versed)**
  - IV/IO: 1 mg slowly; MR q 3 minutes until seizure stops or maximum dose 0.05 mg/kg.
  - IN: 5 mg (2.5 mg in each nostril)
  - IM: 0.1 mg/kg; MR x 1 in 10 minutes if still seizing.

SPECIAL CONSIDERATION
- Consider treatable etiologies (hypoglycemia, hypoxia, narcotic overdose, unusual odor of alcohol, signs of trauma, medic alert tag) prior to administering anti-seizure medications.
- Expect and manage excessive oral secretions, vomiting, and inadequate tidal volume.
- Treatment should be based on the severity and length of the seizure activity.
- Focal seizures without mental status changes may not require pre-hospital pharmacological intervention.
- Never administer **Midazolam (Versed)** rapid IVP/IO since cardiac and/or respiratory arrest may occur.

DOCUMENTATION- ESSENTIAL ELEMENTS
- Blood glucose level
- Number, description, duration of seizures
- Dosage of medications, times administered
- Narcan administration by first responder, if known

RELATED POLICIES/PROCEDURES
- Intranasal Medications Midazolam (Versed) & Narcan ALS PR 7
- ALOC N1
SYNCOPE
ALWAYS USE BODY SUBSTANCE ISOLATION PRECAUTIONS

INDICATION
- Episode of brief loss of consciousness, dizziness, often postural

CRITICAL INFORMATION
- Evaluate cardiac rhythm, precipitating factors, associated symptoms, medical history/medications. If abnormal vital signs or loss of consciousness, do not do postural vital signs.

TREATMENT
- ALS RMC
- Cardiac monitor - treat dysrhythmias per specific treatment guidelines
- 12-lead ECG if patient has medical history and/or presenting complaints consistent with acute coronary syndrome. If positive for STEMI, see 12-lead ECG Procedure.
- IV NS TKO or saline lock; 250-500 ml fluid challenge if hypotensive or tachycardic
- Treat hypoglycemia according to ALOC policy
CEREBROVASCULAR ACCIDENT (STROKE)
ALWAYS USE STANDARD PRECAUTIONS

INDICATION
Sudden onset of weakness/paralysis, speech or gait disturbance

TREATMENT
- ALS RMC
  - Secure IV access (antecubital preferred) if patient meets Early Stroke Notification criteria
  - Elevate head of bed 20-30% elevation or place in left lateral decubitus
- If last known well < 4.5 hours and blood glucose level > 60, provide Early Stroke Notification if any are true:
  - Abnormal Cincinnati Prehospital Stroke Scale (CPSS) score
  - Abnormal Visual Fields Assessment
  - Abnormal Cerebellar Assessment
  - Symptoms are most likely due to stroke and not a stroke mimic
- If the patient meets criteria for early notification
  - During radio report, provide patient identifying information – hospital medical record number if known and/or last name and DOB of patient
  - Rapidly transport to patient’s preferred Primary Stroke Center (PSC), as long as the estimated transport time is not > 15 minutes longer than the closest PSC.
    - Preferred PSC: patient’s preference or PSC with patient’s medical records
    - No preferred PSC: transport to the closest PSC
  - Notify family members/medical decision maker that their immediate presence at the hospital is critical for optimal care
  - Bring names and best phone numbers for the patient’s medical decision maker and whoever last saw the patient normal whenever possible
- If high suspicion of rapidly progressive intracranial bleed (sudden, witnessed onset of coma or rapidly deteriorating GCS especially in setting of severe headache) transport to Marin General Hospital

DOCUMENTATION - ESSENTIAL ELEMENTS
- Criteria for Early Stroke Notification
- Choose CVA as Primary Impression
- Name and contact information for patient family member/decision maker and/or those who had last seen the patient normal (e.g., skilled nursing personnel)
- Documentation of CPSS and hospital notification
- Time last known well (document in military time). If time last known to be well is unknown or indeterminate, document and report
- Blood glucose level
- Any LOC
- Any seizure activity
- GCS
- History of intracranial hemorrhage
- Serious head injury within 2 months
- Taking anticoagulant medications (e.g. Warfarin/ Coumadin, Pradaxa/Dabigatran, Xarelto/Rivaroxaban, Eliquis/Apixaban, Lovenox/Enoxaparin)
- Improving neurological deficit

RELATED POLICIES/PROCEDURES
- Destination Guidelines GPC 4
- Prehospital / Hospital Contact Policy 7001
- Ambulance Diversion Policy 5400
- Coma/ALOC N1
Cincinnati Pre-Hospital Stroke Scale (CPSS)

Facial Droop (the patient shows teeth or smiles)
___Normal: both sides of the face move equally
___Abnormal: Right side of the face does not move as well as the left
___Abnormal: Left side of the face does not move as well as the right

Arm Drift (the patient closes their eyes and extends both arms straight out for 10 seconds)
___Normal: both arms move the same, or both arms do not move at all
___Abnormal: Right arm either does not move, or drifts down compared to the left
___Abnormal: Left arm either does not move, or drifts down compared to the right

Speech (the patient repeats “The sky is blue in Cincinnati.” or another sentence)
___Normal: the patient says the correct words with no slurring of words
___Abnormal: the patient slurs words, says the wrong words, or is unable to speak

Visual Fields/Cerebellar Assessment

Visual Fields Assessment
___Normal: patient able to count fingers in all four visual field quadrants
___Abnormal: patient unable to correctly count fingers in one or more visual field quadrants

Cerebellar Assessment (finger-to-nose)
___Normal: patient able to move their index finger from their nose to the examiner’s finger
___Abnormal: Patient exhibits clumsy/unsteady movements or “overshoots”