



POLICY: 555.31
 TITLE: Pediatric Altered Level of Consciousness

EFFECTIVE: 6/10/20
 REVIEW: 6/2025
 SUPERCEDES:

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

PEDIATRIC ALTERED LEVEL OF CONSCIOUSNESS

- I. AUTHORITY: Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9
- II. PURPOSE: To serve as the treatment standard for EMRs, EMTs and Paramedics within their scope of practice.
- III. PROTOCOL: Characterize by a Glasgow Coma Score less than 15, mental confusion, unconsciousness, or a change from baseline.

<u>EMR Standing Orders</u>	
<u>Patient Assessment</u>	Circulation, Airway and Breathing, assess vitals q 5 minutes and consider trauma mechanism
<u>Oxygen Administration</u>	Provide oxygen if appropriate
<u>Bleeding control</u>	Direct pressure with appropriate bandage

<u>EMT Standing Orders</u>	
<u>Note</u>	Must perform items in EMR standing orders as appropriate
<u>Glucometer</u>	Check blood sugar
<u>Pulse oximetry</u>	Report initial reading to paramedic if applicable
<u>Glucose</u>	Oral glucose if patient can protect airway and has a gag reflex and blood sugar <60mg/dl with signs of hypoglycemia
<u>Naloxone</u>	0.1mg/kg IN/IM if mental status and respiratory effort are depressed and the child is not a newborn. There MUST be a strong suspicion of opiate overdose. Max. single dose of 2 mg, may repeat once in 3 minutes if there was response to initial dose

<u>Paramedic Standing Orders</u>	
<u>Note</u>	Must perform items in EMR and EMT standing orders as appropriate
<u>Monitor</u>	Treat heart rhythm as appropriate
<u>Temp</u>	Consider sepsis for any altered pediatric with a fever

<u>IV/IO Access</u>	Fluid as appropriate using Micro-Drip (60gtts/min) set. Use length-based assessment tape.
<u>Dextrose</u>	For blood sugar <60mg/dl: Less than <1 Year D10 5ml/kg IV/IO >1 year to 14 year D10 - 150mL IV/IO Recheck blood sugar after 5 minutes and repeat as necessary
<u>Glucagon</u>	For blood sugar < 60 mg/dl- 0.5 mg – less than 1 years 1.0 mg – 1 years or greater Recheck blood sugar after 5 minutes and repeat once as necessary
<u>Naloxone</u>	0.1mg/kg IV/IO/IN/IM if mental status and respiratory effort are depressed and the child is not a newborn. There MUST be a strong suspicion of opiate overdose. Max. single dose of 2 mg, may repeat once in 3 minutes if there was response to initial dose

Clinical PEARLS

- High index of suspicion of sepsis in a non-traumatic altered pediatric
- Intravenous access is preferred over Intraosseous unless patient is unstable
- Move patient to a safe area if the situation warrants
- If D10 not available, use D50 at 0.5g/kg and dilute with 5 ml/kg of normal saline as necessary.
- Secure airway with simplest technique, i.e. BLS airway unless unable to manage