

**ALTERED LEVEL OF
CONSCIOUSNESS**
(coma, stroke, unconsciousness,
non-traumatic)

I. General Considerations

- A. Provide the basic ABCs:
 - 1. Provide and maintain an adequate airway; adequate ventilation is of prime importance.
 - 2. Anticipate and avoid aspiration.
 - B. Take steps to correct hypoxia as soon as possible.
 - C. Hypoglycemia may present as abnormal neurological findings or coma.
 - D. Naloxone (Narcan®) is useful in reversing narcotic-induced mental status changes and is a benign drug best administered slowly until there is improvement in the respiratory pattern. Full consciousness is not the goal.
 - E. Naloxone (Narcan®) may cause withdrawal symptoms in chemically dependent persons. Personal protection for the health care team is emphasized. Despite this consideration, it should still be used where respiratory depression and pinpoint pupils are present.
 - F. Mental status may fluctuate and may deteriorate. Close observation and monitoring are required. Be prepared to manage a deteriorating patient.
 - G. Assume spinal injury if trauma cannot be excluded.
 - H. Do not delay transport unnecessarily.
 - I. If several people have similar complaints, suspect an environmental cause.
 - J. If possible, obtain and report blood pressures in both arms.
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II. History

Perform a focused history and physical exam with particular attention to:

- A. When was the patient last completely well?
 - B. Determine the onset, progression and duration of symptoms.
 - C. What signs and symptoms were present before the change in level of consciousness (e.g., headaches, seizures, confusion, trouble breathing, fever/chills?)
 - D. Obtain a past medical history, including alcohol abuse, diabetes, epilepsy, hypertension.
 - E. What medications has the patient been, or is the patient supposed to be, taking (including over the counter medications)?
 - F. Is there a history of head trauma?
 - G. Has the patient noted any chest pain, dyspnea or irregular heartbeat?
 - H. Has the patient been incontinent?
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III. Physical Examination

- A. Perform an initial assessment.
- B. Perform a focused history and physical exam with particular attention to:
 - 1. Skin
 - (a) Is the patient sweaty?
 - (b) Is the skin hot or cold?
 - (c) What is the skin color?
 - 2. Assess patient from head to toe for injuries:
 - (a) Is there any bruising?
 - (b) Is there any evidence of head or neck trauma?
- C. Assess the level of consciousness.

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- D. Assess the patient's neurological condition.
 - 1. Check pupils for size, symmetry, reactivity.
 - 2. Assess motor function. Is the patient moving all four extremities? Is there equal grip strength? Is there posturing?
 - 3. Is sensation to touch intact in all four extremities?
 - 4. What is the last thing the patient can recall?
 - E. Are there signs of trauma which might have caused altered mental status/coma (e.g., head trauma, hematomas, Raccoon eyes, Battle's sign)?
 - F. Are there other injuries, e.g., hip or wrist injury from a fall?
 - G. Is there an unusual breath odor, e.g., alcohol, fruity/acetone)?
 - H. Is there evidence of chemical use, e.g., needle tracks, runny nose?
 - I. Inspect the surroundings
 - 1. Check for pill bottles, syringes, etc. (bring them with the patient).
 - 2. Note any odor in the house, unvented heaters, etc. (carbon monoxide is odorless).
 - J. At the discretion of local medical direction, a specific prehospital stroke assessment may be made.
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IV. Treatment

{If acute arrhythmia/dysrhythmia, follow appropriate **arrhythmia/dysrhythmia protocols**.}

{If shock is present, follow **hypotension protocol**.}

{If trauma noted, follow appropriate protocol where indicated.}

{If the patient has diabetes, follow **diabetic emergencies protocol**.}

Basic

- A. Establish an airway, maintain as indicated, suction as needed; assist ventilations as indicated.
- B. Administer high concentration oxygen.
- C. Transport the patient in the coma/recovery position (if trauma is suspected, transport supine with cervical collar and backboard).

Intermediate

- D. If the patient is **in respiratory arrest**, perform advanced airway management.
- E. Secure IV access. Obtain blood specimen for glucose determination at the hospital if the receiving hospital desires it.
- F. Perform capillary blood glucose determination.
- G. *If patient's blood glucose level is <80 mg/dl, administer dextrose 50% 25 gm IV in a secure vein for an adult (standing order for paramedics) or 0.5 - 1 gm/kg for a child.*
- H. *Unless patient responded to dextrose administration, contact medical direction for an order to administer 2 mg of naloxone intravenously or intranasally to an adult (standing order for paramedics), 0.01 mg/kg for a child.*
- I. **▲ Administer thiamine 100 mg IV if dextrose is to be administered.**
- J. **▲ If IV access cannot be secured and the patient's blood glucose level is <80 mg/dl, administer 1 mg glucagon IM.**

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ALTERED CONSCIOUSNESS 3 OF 3

Paramedic

- K. Secure advanced airway if indicated.
- L. Assess and monitor cardiac rhythm; treat arrhythmias/dysrhythmias per applicable protocol.