

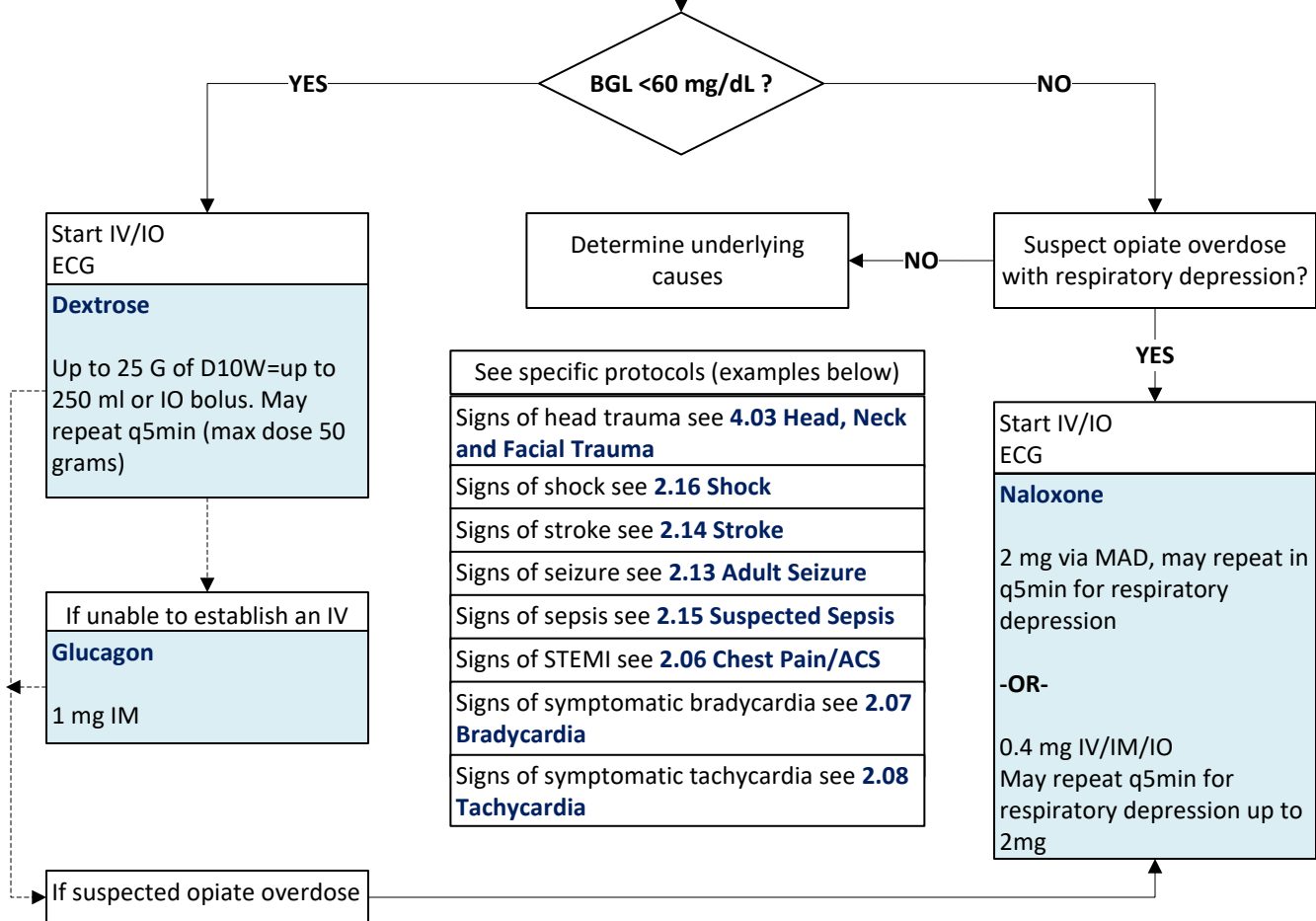
2.03 ALTERED MENTAL STATUS PUBLIC COMMENT JULY 2024

BLS – FAQ Link

- If BLS, request ALS resource
- Obtain history and findings
- Check blood glucose (If EMT has been trained)
- Administer **Glucose paste** or **Oral Glucose** to known diabetic patients with history of hypoglycemia. Patient must be conscious with intact gag reflex.
- If opiate overdose is suspected and respiratory depression are not responsive to BLS airway management: administer **Naloxone** IN (If EMT has been trained)

DRAFT-Version 1

ALS



Guidelines for EMS-Distributed Leave Behind Naloxone

- For opiate overdose who decline transport, (if available) consider distribution of leave behind naloxone:
- Patients presenting with any ONE are eligible for leave behind Naloxone:
 - Opioid overdose
 - History or physical exam with evidence of illicit drug use or paraphernalia
 - History or physical exam with prescription opioid use (prescribed or recreational)
 - Physical environment with illicit, multiple, or high-dose prescription present
- For patients who received bystander naloxone prior to EMS arrival, check EMS Agency label affixed to the and scan QR code


Effective: mm/dd/yy
Supersedes: mm/dd/yy

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BLS Treatment
<ul style="list-style-type: none">• Position of comfort.• NPO except as noted below.• Oxygen as indicated.• If BLS, request ALS resource• Obtain history and perform patient assessment• Check blood glucose (if EMT has been trained).•• If blood glucose is <60 mg/dl administer Glucose Paste or Oral Glucose to known diabetic patients with symptoms of hypoglycemia. Patient must be conscious and have an intact gag reflex.• If opiate overdose is suspected AND respiratory depression is present initiate BLS airway maneuvers and are not responsive to BLS airway management: administer Naloxone IN if EMT has been trained.
ALS Treatment
<ul style="list-style-type: none">• IV / IO of Normal Saline TKO.• Check blood glucose:<ul style="list-style-type: none">○ If blood glucose is <60 mg/dl, unmeasurable, or patient is a known diabetic: administer Dextrose. Up to 25 G of D10W = Up to 250ml IV or IO bolus. May repeat q5min based on patient response (max dose 50 grams)○ If blood glucose < 60 mg/dl and IV cannot be established: administer Glucagon. : 1 mg IM• If opiate overdose is suspected AND respiratory depression is present initiate BLS maneuvers and are not responsive to BLS airway management: administer Naloxone- IV/IM/IO: 0.4 mg, may repeat in 5 min for continued respiratory depression up to 2mg. IN: 2mg via MAD, may repeat in 5 min for continued respiratory depression. IN, IV or IM.
NOTES
<ul style="list-style-type: none">• For opiate overdose patients who decline transport, (if available) consider distribution of leave behind naloxone (See Appendix A)• For patients who received bystander naloxone prior to EMS arrival, check for an EMS Agency label affixed to the box and scan QR code in Appendix A• If suspected from poisoning and overdose see 2.10• Signs of head trauma see protocol 4.03 Head, Neck and Facial Trauma• Signs of shock see Protocol 2.16 Shock• Signs of stroke see Protocol 2.14 Stroke• Signs of seizure see Protocol 2.13 Adult Seizure• Signs of sepsis see Protocol 2.15 Suspected Sepsis• Signs of STEMI see Protocol 2.06 Chest Pain/ACS• Signs of symptomatic bradycardia see Protocol 2.07 Bradycardia• Signs of symptomatic tachycardia see Protocol 2.08 Tachycardia

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Appendix A – Guidelines for EMS-Distributed Leave Behind Naloxone

Patient Assessment
Patients presenting with any ONE of the following conditions are eligible for leave behind Naloxone <ul style="list-style-type: none">• Opioid overdose (requiring naloxone administration or supportive care and monitoring)• History or physical exam with evidence of illicit drug use or paraphernalia (e.g. history of intravenous drug use, track marks, needles present in belongings, etc.)• History or physical exam with prescription opioid use (prescribed or recreational)• Physical environment with illicit, multiple, or high-dose prescription opioids present
Distribution of Naloxone
<ul style="list-style-type: none">• Assess patient decision-making capacity• Offer leave behind naloxone with just-in-time training to patient and/or appropriate bystander(s)<ul style="list-style-type: none">• Perform teaching and direct recipient to visual aids on naloxone kit• Distribute naloxone kit• Register distribution with the EMS Agency by scanning the QR code on the EMS Agency label and following prompts• Record distribution in the narrative of the PCR
Successful Reversal
<ul style="list-style-type: none">• Should an EMS responder find a box of naloxone on scene with an EMS Agency logo or seal (see example), EMS responders shall register with the EMS Agency by scanning the QR code on the EMS Agency label and following prompts
Example of EMS Agency Label Affixed to Naloxone Kit:  Survey Link → Click Here ←