

NOTICE OF PROTOCOL CHANGES!

NYS BLS and WREMAC ALS PROTOCOLS

To: All WREMAC EMS Providers

FROM: Brian Clemency DO, WREMAC Chair

DATE: June 10, 2014

RE: Altered Mental Status Protocol (BLS and ALS) and Morphine dosage (ALS) changes

At the June 2014 meeting of the State Emergency Medical Advisory Committee (SEMAC), changes to the BLS Altered Mental Status Protocol were adopted which affect all providers.

1. **The blood glucose threshold for hypoglycemia was changed to “less than 60 mg/dL” (<60 mg/dL) for all patients (Adult and Pediatric).** The change to 60 mg/dL applies to all patients regardless of patient age or chief complaint. To ensure consistency among BLS and ALS protocols, the WREMAC ALS protocols have been updated to reflect this change.
2. **The BLS Naloxone “exclusion criteria” has been replaced with a set of “relative contraindications”.** Providers may administer Naloxone to patients presenting with *relative contraindication(s)* on standing orders (without calling medical control) if the provider feels it is in the patient’s best interest.
3. **A pediatric Naloxone dosage has been added to the BLS Altered Mental Status Protocol.** Providers should administer 0.5mg/0.5ml in each nostril (half the adult dose) to pediatric patients with suspected opioid overdose.
4. **Morphine Sulfate dosage by EMT-CC and Paramedics:** At the May 2014 WREMAC meeting, it was clarified that Paramedics and EMT-CCs **should use weight-based dosing for Morphine Sulfate, up to 5mg per dose.** When Morphine Sulfate is indicated in the WREMAC Protocols, providers may give up to two doses (10mg total) on standing order.

The revised NYS BLS Altered Mental Status Protocol is attached to this notice. The on-line version of the WREMAC ALS protocols will be updated to reflect the aforementioned changes:
www.WREMAC.com

Please direct questions to your Medical Director or EMS Program Agency.

Altered Mental Status **(including, but not limited to hypoglycemia and opioid overdose)**

Note:

**Request Advanced Life Support if available.
Do NOT delay transport to the appropriate hospital.**

Note:

This protocol is for patients who are NOT alert (A), but who are responsive to verbal stimuli (V), responding to painful stimuli (P), or unresponsive (U).

- I. Assess the situation for potential or actual danger. If the scene/situation is not safe, retreat to a safe location, create a safe zone and obtain additional assistance from a police agency.

Note:

Emotionally disturbed patients must be presumed to have an underlying medical or traumatic condition causing the altered mental status.

Note:

**All suicidal or violent threats or gestures must be taken seriously. These patients should be in police custody if they pose a danger to themselves or others.
If the patient poses a danger to themselves and/or others, summon police for assistance.**

- II. Perform primary assessment. Assure that the patient's airway is open and that breathing and circulation are adequate. Suction as necessary.
- III. Administer high concentration oxygen. In children, humidified oxygen is preferred.
- IV. Obtain and record patient's vital signs, including determining the patient's level of consciousness. Assess and monitor the Glasgow Coma Scale.
- A. **If the patient is unresponsive (U) or responds only to painful stimuli (P), prepare for transport while continuing care.**

B. If the patient has a known history of diabetes controlled by medication, is conscious and is able drink without assistance, provide an oral glucose solution, fruit juice or non-diet soda by mouth, then transport, keeping the patient warm. If regionally approved to obtain blood glucose levels utilizing a glucometer, follow your regionally approved protocol.

C. If patient has a suspected opioid overdose:

- i. If patient does not respond to verbal stimuli, but either responds to painful stimuli or is unresponsive; and**
- ii.** Respirations less than 10/minute and signs of respiratory failure or respiratory arrest, refer to appropriate respiratory protocol.
- iii.** If regionally approved and available, obtain patient's blood glucose (BG) level.
 1. If BG is less than 60, in adult and pediatric patients, follow IV (B) above.
 2. If BG is more than 60 in adult and pediatric patients, proceed to next step.
- iv.** Administer naloxone (Narcan®) via a mucosal atomizer device (MAD).
 - 1. Relative contraindications:**
 - a.** Cardiopulmonary Arrest,
 - b.** Seizure activity during this incident,
 - c.** Evidence of nasal trauma, nasal obstruction and/or epistaxis.
 - 2.** Insert MAD into patient's left nostril and for;
 - a.** ADULT: inject 1mg/1ml.
 - b.** PEDIATRIC: inject 0.5mg/0.5ml.
 - 3.** Insert MAD into patient's right nostril and
 - a.** ADULT: inject 1mg/1ml.
 - b.** PEDIATRIC: inject 0.5mg/0.5ml
 - 4.** Initiate transport. After 5 minutes, if patient's respiratory rate is not greater than 10 breaths/minute, administer a second dose of naloxone following the same procedure as above and contact medical control

Altered Mental Status (opioid overdose), continued

- V. If underlying medical or traumatic condition causing an altered mental status is not apparent; the patient is fully conscious, alert (A) and able to communicate; and an emotional disturbance is suspected, proceed to the Behavioral Emergencies protocol.
- VI. Transport to the closest appropriate facility while re-evaluating vital signs every 5 minutes and reassess as necessary.
- VII. Record all patient care information, including the patient's medical history and all treatment provided, on a Prehospital Care Report (PCR).