

## **DECREASED LEVEL OF CONSCIOUSNESS & UNKNOWN MEDICALS**

**SIGNS & SYMPTOMS:**

1. GCS < 15; abnormal behavior
2. Traumatic injuries; needle tracks
3. Pupils: dilated, constricted, ≠, sluggish
4. Seizures; incontinence
5. Hypothermia, hyperthermia
6. Snoring respirations
7. Irregular/unstable vital signs; arrhythmias

**OBTAIN HISTORY OF:**

1. Scene factors: needles, pills, suicide notes, etc.
2. Recent illness or injury
3. Substance abuse
4. Toxic exposure
5. Onset and duration
6. Medic alert tags
7. PMH (esp. seizures, diabetes, CVA)  
/Meds/Allergies

**PRECAUTIONS:**

1. An altered or decreased LOC masks the signs of injury and illness. Any patient that is unconscious or has an altered mental status has the potential for a spinal injury.

**MEDICAL FIRST RESPONDER:**

1. If trauma cannot be ruled out, take spinal precautions while assessing and supporting ABCs. Insert oral or nasal airway as tolerated. Consider combitube if patient tolerates oral airway.
2. Assist ventilations on any patient with decreased LOC and respirations < 10 or > 30.
3. Administer high concentration supplemental oxygen.
4. Assess vital signs (BP, pulse, respirations) minimally every 10 min; more often if unstable.
5. Backboard patient with C-collar if patient complains of head, neck, or back pain, or if suggested by mechanism of injury, or if history is unreliable due to unconsciousness or altered mental status.

**BASIC LIFE SUPPORT:**

1. Initiate cardiac monitoring.
2. If hypoglycemia is suspected, perform blood glucose test and follow hypoglycemia procedure.
3. Immediately transport any patient with significant airway, breathing, circulatory, or neurological compromise.
4. If trauma can be ruled out, position patient in recovery position during transport.
5. Consider PASG if BP < 50.

**INTERMEDIATE TECH:**

1. Establish IV of NS TKO. Consider 250cc fluid bolus in any adult patient with systolic BP < 90.
2. Consider naloxone (narcan) for suspected narcotic overdose/toxicity.

**INTERMEDIATE & PARAMEDIC/RN:** In addition to above and as appropriate:

1. Monitor ECG rhythm for abnormalities.
2. Consider ET intubation in any patient with a GCS < 9.
3. Perform full ALS assessment to rule out problems.
4. Follow specific protocol for further problems when/if isolated.



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