

**PEORIA AREA EMS SYSTEM  
PEDIATRIC PREHOSPITAL CARE MANUAL**

**Pediatric Altered Level of  
Consciousness Protocol**

The EMS Professional needs to consider *all causes* of a child's altered level of consciousness. A good assessment is paramount to identify life-threatening injuries. Focus should also be on causes for the event and the child's past medical history.

**First Responder Care**

First Responder Care should be focused on assessing the situation and initiating routine patient care to assure that the patient has a patent airway, is breathing and has a perfusing pulse as well as beginning treatment for shock.

1. Render initial care in accordance with the *Routine Pediatric Care Protocol*.
2. **Oxygen:** 10-15 L/min via non-rebreather mask or 4-6 L/min via nasal cannula if the patient cannot tolerate a mask.

**BLS Care**

BLS Care should be directed at conducting a thorough patient assessment, initiating routine patient care to assure that the patient has a patent airway, is breathing and has a perfusing pulse as well as beginning treatment for shock and preparing the patient for or providing transport.

1. Render initial care in accordance with the *Routine Pediatric Care Protocol*.
2. **Oxygen:** 15 L/min via non-rebreather mask or 6 L/min via nasal cannula if the patient does not tolerate a mask.
3. Perform **blood glucose level test**.
4. **Oral Glucose:** 15g PO if the patient's blood sugar is < 60mg/dL, the patient is alert to verbal stimuli, is able to sit in an upright position, has good airway control and has an intact gag reflex.
5. Perform a 2<sup>nd</sup> **blood glucose level test** to re-evaluate blood sugar 5 minutes after administration of Oral Glucose. If blood sugar remains <60mg/dL, administer a 2<sup>nd</sup> dose of Oral Glucose (15g).

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**BLS Care (continued)**

6. Initiate ALS intercept if needed and transport as soon as possible.
7. Contact the receiving hospital as soon as possible.

**ILS Care**

ILS Care should be directed at continuing or establishing care, conducting a thorough patient assessment, stabilizing the patient's perfusion and preparing for or providing patient transport.

1. Render initial care in accordance with the *Routine Pediatric Care Protocol*.
2. **Oxygen:** 10-15 L/min via non-rebreather mask or 4-6 L/min via nasal cannula if the patient does not tolerate a mask.
3. Perform **blood glucose level test**.
4. **Dextrose:** if blood sugar is < 60mg/dL:
  - a) 0-1 month: **D10:** 2mL/kg IV
  - b) 1 month – 2 years: **D25:** 2mL/kg IV
  - c) >2 years: **D50:** 2mL/kg IV
5. Perform a 2<sup>nd</sup> **blood glucose level test** to re-evaluate blood sugar 5 minutes after administration of Dextrose or Glucagon. Repeat dose of Dextrose if BS is still < 60mg/dL.
6. **Glucagon:** 1mg IM if the patient's blood sugar is < 60mg/dL and unable to establish an IV.
7. **Narcan:** 0.1mg/kg IV/IM (**Max single dose: 2mg**) if suspected narcotic overdose.
8. Initiate ALS intercept if needed and transport as soon as possible.
9. **Contact Medical Control** as soon as possible.

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**ALS Care**

ALS Care should be directed at continuing or establishing care, conducting a thorough patient assessment, stabilizing the patient's perfusion and preparing for or providing patient transport.

1. Render initial care in accordance with the *Routine Pediatric Care Protocol*.
2. **Oxygen:** 10-15 L/min via non-rebreather mask or 4-6 L/min via nasal cannula if the patient does not tolerate a mask.
3. Perform **blood glucose level test**.
4. **Dextrose:** if blood sugar is < 60mg/dL:
  - d) 0-1 month: **D10:** 2mL/kg IV
  - e) 1 month – 2 years: **D25:** 2mL/kg IV
  - f) >2 years: **D50:** 2mL/kg IV
5. **Glucagon:** 1mg IM if the patient's blood sugar is < 60mg/dL and unable to establish an IV.
6. Perform a 2<sup>nd</sup> **blood glucose level test** to re-evaluate blood sugar 5 minutes after administration of Dextrose or Glucagon. Repeat dose of Dextrose if BS is still < 60mg/dL.
7. **Narcan:** 0.1mg/kg IV/IM (**Max single dose: 2mg**) if suspected narcotic overdose.
8. **Contact Medical Control** if needed. Medical Control contact is not required if the patient becomes alert & oriented and has no other complaints.

**Critical Thinking Elements**

- **ALOC in a child can range from trauma to a systemic infection (sepsis). A good medical history might provide clues as to the reason for the ALOC.**
- **Accidental overdose/ingestion of medications can be a cause of the ALOC.**