

TREATMENT:

- A. Treat per Universal Patient Care protocol.
- B. Treat patient's clinical impression as follows:

Hypoglycemia

1. Determine capillary blood glucose level. *If < 80 mg/dl* treat with the following:
 - (A) If patient can protect airway administer **Oral Glucose 15 - 30 grams**.
 - (B) If patient is unable to protect airway start IV/IO or INT (Check patency) and administer **D10 100 ml IV/IO over 5 min** or **D50 12.5 - 25 grams slow IV/IO**. Repeat as necessary
 - (C) If unable to obtain IV, administer **Glucagon 1 mg IM**
 - (D) If the possibility of alcohol abuse, malnutrition or chemotherapy exists administer **Thiamine 100 mg IV/IO** prior to **Dextrose**.
2. Repeat blood glucose level after 5 - 10 min and repeat treatment if it remains low.

Hyperglycemia

1. Determine Capillary blood glucose level. *If > 400 mg/dl* treat with the following:
 - (A) Administer 250 - 500 ml IV fluid bolus
 - (B) Transport via ALS ambulance if blood glucose level > 400 mg/dl

Opiate Overdose

1. Administer **Naloxone 0.4 - 2.0 mg IV/IO/IM/IN**
2. If no improvement and opiate intoxication is still suspected, repeat q 3 - 5 min up to a total max dose of 8 mg

Combative Patient

1. Consider causes for behavior (seizure, stroke, poisoning)
2. Request police assistance.
3. Restrain the patient in a lateral recumbent position or supine.
 - (A) Consider chemical sedation.
 1. **Droperidol 5 mg IM or 2.5 mg IV/IO may repeat x 1**
 2. **Midazolam 5 mg IM or 2.5 mg IV/IO may repeat x 1**
4. Severe agitation:
 - (A) **If eminent risk to crew safety may move to Ketamine first. Chart RASS score.**
 - (B) Administer **Ketamine 2 mg/kg IM or 1 mg/kg IV/IO**, may repeat once at **1 mg/kg** for continued sedation at 5 minutes.
 - (C) Alternative for continued sedation **Midazolam 5 mg IM or 2.5 mg IV/IO**

PEDIATRIC PATIENTS:

Hypoglycemia

1. Infants < 10 kg (birth to 1 year) with *CBG < 40 mg/dl*:
 - (A) Administer **0.5 g/kg IV/IO of D10**. Repeat prn.
2. Children 10 kg – 35kg with *CBG < 60 mg/dl*:
 - (A) Administer **0.5 g/kg IV/IO of D10**. Repeat prn.

Opiate Overdose

1. Administer **Naloxone 0.1 mg/kg IV/IO/IM/IN** to a max of 4 mg.

NOTES & PRECAUTIONS:

- A. If patient is disoriented, think of medical causes.
- B. If patient is suicidal do not leave alone. Make sure patient is not carrying weapon or pills.
- C. All patients in restraints must be monitored closely.
- D. Observe for decreased LOC, focal neurological findings, and hypothermia.
- E. Look for Medical Alert tags.

Richmond Agitation Sedation Scale (RASS)

Score	Term	Description
+4	Combative	Overtly combative and violent; immediate danger to EMS
+3	Very agitated	Aggressive; verbally and physically uncooperative towards EMS
+2	Agitated	Frequent non-purposeful movement; agitated when touched or moved
+1	Restless	Anxious but movements not aggressive or dangerous to EMS or self
0	Alert and calm	
-1	Drowsy	Not fully alert, but has sustained awakening (eye opening/eye contact) to voice (≥ 10 seconds)
-2	Light Sedation	Briefly awakens with eye contact to voice (< 10 seconds)
-3	Moderate sedation	Movement or eye opening to voice (but no eye contact)
-4	Deep sedation	No response to voice but movement or eye opening to physical stimulation
-5	Unarousable	No response to voice or physical stimulation

PEDIATRIC DOSING:

Combative / Patient Restraint

Midazolam:

0.1 mg/kg **IV/IO** to a max single dose 2.5 mg or

0.2 mg/kg **IM/IN** to a max single dose of 5 mg*

Ketamine for RASS 3 or 4

2 mg/kg IM or 1 mg/kg IV/IO. May repeat once at 1 mg/kg IV/IO/IM for continued sedation at 5 minutes.