

**PEDIATRIC COMA/ALTERED LEVEL OF CONSCIOUSNESS**



1. Establish and secure patient’s airway. Consider obstructed airway and/or inadequate ventilation as a cause of ALOC.
2. Take spinal precautions.
3. Administer **O<sub>2</sub>** at 8-15 LPM by mask or blow-by.
4. Assist ventilation, as needed, at age appropriate respiratory rate. Consider orotracheal intubation, if unable to maintain airway.
5. Consider causes of coma, AEIOU-TIPS. (See Table 5.1)

**Table 5.1 AEIOU – Tips**

<b>A</b>	Alcohol, Acidosis	<b>T</b>	Trauma
<b>E</b>	Epilepsy	<b>I</b>	Insulin
<b>I</b>	Infection	<b>P</b>	Psychosis
<b>O</b>	Overdose/Poisoning	<b>S</b>	Stroke
<b>U</b>	Uremia		

6. Transport patient ASAP.
7. Establish IV/IO Access.
8. Administer NS at TKO rate.
9. If signs of shock present, administer 20 ml/kg NS fluid challenge as rapidly as possible. Repeat once to achieve minimum BP for age and clinical improvement (capillary refill < 2 seconds, stronger pulses, warmer extremities, improving LOC).
10. Perform a **blood glucose test**. If capillary blood glucose level is < 60, obtain blood sample and administer **50% dextrose** at 1 ml/kg IV/IO push. If patient < 1 year, dilute 1:1 with NS.

11. If blood glucose level is  $< 60$  and you are unable to establish IV/IO access, administer **glucagon** at 0.05 mg/kg IM, up to a maximum dose of 1 mg.
12. Administer **naloxone (Narcan®)** at 0.1 mg/kg MAD/IV/IO/IM,\* up to a maximum dose of 2 mg.

---

\*This drug may be administered via the endotracheal tube, if an IV cannot be established. The ET dose is double the IV dose.