



## POLICY ADULT M5 ALOC - SYNCOPE

Effective Date : May 16,2011

Last Review Date: October 3, 2011

Next Review Date: May 2021

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**Authority:** Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9

### **DEFINITION:**

Characterized by a Glasgow Coma Score of < 15, confusion, unconsciousness

### **BLS TREATMENT:**

**OXYGEN:** as appropriate, goal to maintain SPO2 at least 94%, Assist ventilations as necessary.

**VITALS:** assess vitals

**BLOOD SUGAR CHECK:** test blood sugar

**ORAL GLUCOSE:** 1 unit dose – if blood glucose < 60 mg/dl with history of diabetes and patient can swallow. Recheck blood sugar after 3-5 minutes and repeat as necessary.

**NALOXONE:** 2mg IN (intranasal – 1 mg per nare) for respiratory depression if narcotic overdose is suspected (e.g. pin point pupils, track marks, drug paraphernalia, history of narcotic use, etc.) or administer **FULL DOSE** of pre-packaged Naloxone spray in one nare. Repeat once after 3-5 minutes if no response.

### **ALS TREATMENT:**

**MONITOR:** 12 lead for any syncope or near syncopal episode, treat rhythm as appropriate

**BLOOD SUGAR CHECK:** test blood sugar

**IV ACCESS:** rate as appropriate, if patient has a systolic BP < 90 administer 250 ml fluid boluses to systolic BP > 90. Reassess patient after each bolus.

**DEXTROSE:** D10 150 ml (15 gms) to 250 ml (25 gms) IV infusion titrated to desired effect or 25 gms D50 IV push. Recheck blood sugar after 3-5 minutes and repeat as necessary.

**GLUCAGON:** 1 mg IM if no IV access, recheck blood sugar after 3-5 minutes, may repeat once

**NALOXONE:** 2mg IN (intranasal – 1 mg per nare) for respiratory depression if narcotic overdose is suspected (e.g. pin point pupils, track marks, drug paraphernalia, history of narcotic use, etc.) Repeat IN after 3-5 minutes if no response.

If no response after 2 – 2 mg IN doses, give 1 mg IV/IM titrated to increased respiratory effort or until a total of 10 mg of naloxone has been given.

**AIRWAY MANAGEMENT:** Secure airway with oral intubation or approved supraglottic airway device as necessary.

**Synthetic narcotics (Fentanyl or Carfentanyl) may require higher doses to restore respiratory effort. Naloxone must be administered before securing airway and IN (intranasal) is the preferred route.**