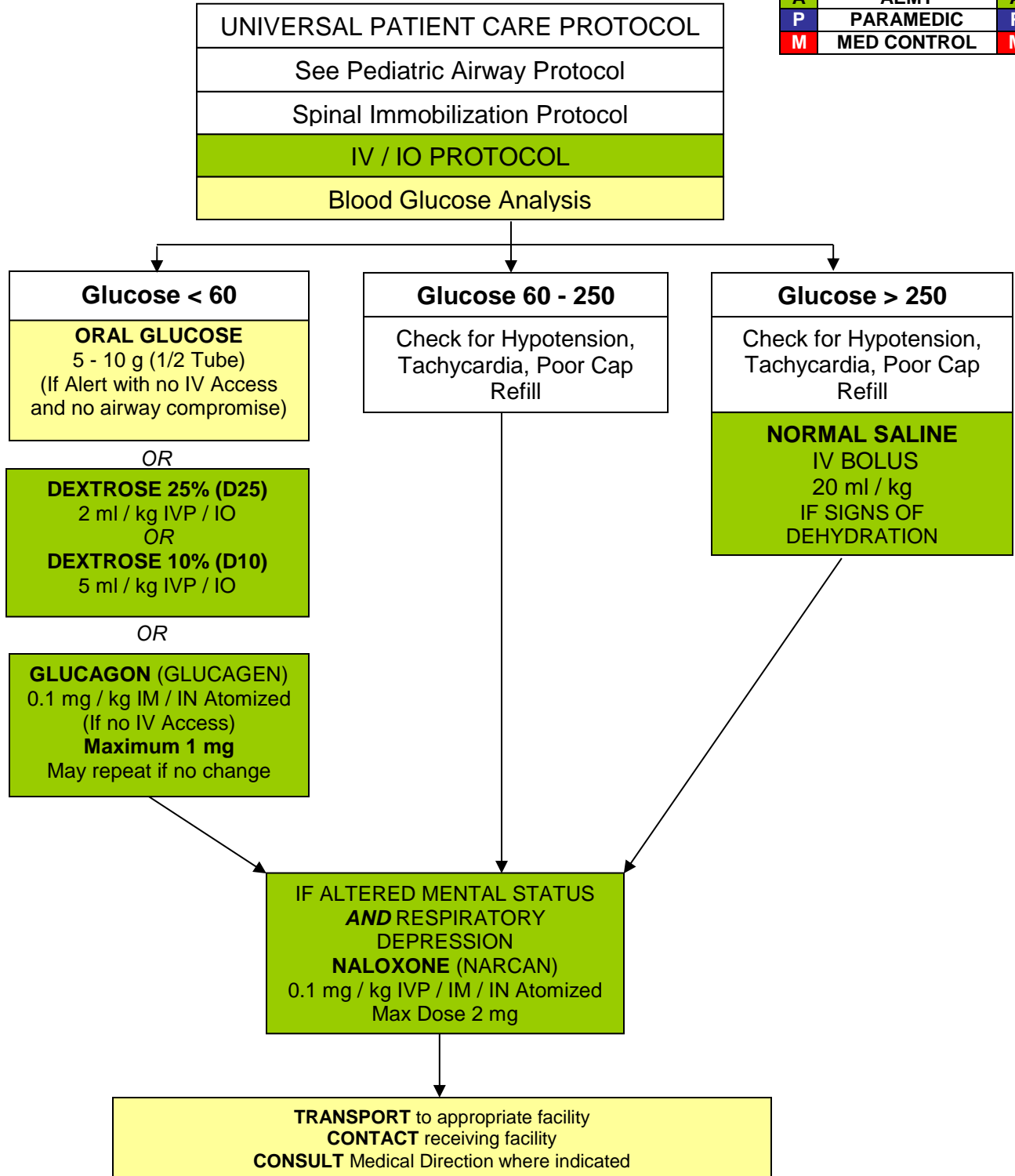




Section 10: Pediatric Medical Emergencies Protocols

PEDS MEDICAL EMERGENCIES: ALTERED LEVEL OF CONSCIOUSNESS

E	EMT	E
A	AEMT	A
P	PARAMEDIC	P
M	MED CONTROL	M





Section 10: Pediatric Medical Emergencies Protocols

PEDS MEDICAL EMERGENCIES: ALTERED LEVEL OF CONSCIOUSNESS-Cont.

PEARLS and KEY POINTS

HISTORY	SIGNS AND SYMPTOMS	DIFFERENTIAL DIAGNOSIS
<ul style="list-style-type: none">• Known diabetic, medic alert tag• Drugs, drug paraphernalia• Report of illicit drug use or toxic ingestion• Past medical history• Medications• History of trauma	<ul style="list-style-type: none">• Unresponsive• Decreased responsiveness• Inadequate respirations• Confusion• Agitation• Decreased mental status• Change in baseline mental status• Hypoglycemia (cool, diaphoretic skin)	<ul style="list-style-type: none">• Head trauma• CNS (stroke, tumor, seizure, infection)• Infection• Shock (septic, metabolic, traumatic)• Diabetes (hyper / hypoglycemia)• Toxicologic• Acidosis / alkalosis• Environmental exposure• Pulmonary (Hypoxia)• Electrolyte abnormality• Psychiatric disorder

- Protect the patient airway and support ABCs.
- Document the patient's initial Glasgow Coma Score.
- Narcan administration may cause acute opiate withdraw, which includes vomiting, agitation, or combative behavior. Be prepared for the possibility of combative behavior to ensure crew safety.
- Naloxone (Narcan) may wear off in as little as 20 minutes causing the patient to become more sedate and possibly hypoventilate. Prepare for repeat dosing if necessary.

ONLY A FEW CAUSES CAN BE TREATED IN THE FIELD. CARE SHOULD FOCUS ON MAINTAINING AIRWAY AND RAPID TRANSPORT