

UNCONSCIOUS / UNRESPONSIVE STANDING ORDER

Initiate immediate supportive care:

- Oxygen to keep O₂ Sat > 90%
- Finger Stick Blood Glucose
- Cardiac Monitor
- Assess temperature, if thermometer available

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Use standing order on patients 16 years of age and older with these symptoms:

- Unconscious / Unresponsive or Responsive only to painful stimuli

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Standing order **should not** be used on patients with these symptoms:

- Age < 16 years
- Cardiac dysrhythmias where resuscitative measures might be considered
- Suspected traumatic cause of Altered Mental Status (AMS)
- Patients who are significantly Hypothermic or Hyperthermic

Patient has mixed symptoms
or
does not meet inclusion criteria

Contact
medical
direction
authority

If patient meets inclusion criteria

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Prepare patient for ALS transport:

- Initiate IV N/S TKO *should medications or fluid bolus be indicated*
- If FSBG < 70 mg/dl, give D50 - 25 grams IVP and Thiamine 100 mg IVP (if available in suspected alcoholics).
- If patient condition improves after D50 administration, follow [Hypoglycemia S.O.](#)
- If FSBG >400 mg/dl or hypotensive, give fluid bolus 20 ml/kg, may repeat once. Reassess hemodynamic and pulmonary status at 500 ml intervals.
- If hypoventilation, pinpoint pupils or evidence/history of drug use, give Naloxone 0.5 – 2.0 mg IV, IM or IN and titrate to effect.

If patient condition improves,
no medical direction needed,
unless requesting refusal.

If no improvement or patient condition deteriorates:

- Start appropriate resuscitation
- Contact medical direction authority immediately.