

# Unconscious / Unresponsive Standing Order

Initiate immediate supportive care:

- Oxygen to keep SpO<sub>2</sub> Sat > 94%
- Finger Stick Blood Glucose
- Cardiac Monitor
- Assess temperature, if thermometer available

**I  
N  
C  
L**

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

- Unconscious / Unresponsive or Responsive only to painful stimuli

**E  
X  
C  
L  
U  
S  
I  
O  
N**

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

**O  
R  
D  
E  
R  
S**

**BLS CARE**

Prepare patient for transport:

- If FSBG < 70 mg/dl follow [Hypoglycemia S.O.](#)
- If hypoventilation, pinpoint pupils or evidence/history of drug use, give **Naloxone** (if permitted)
- Initiate IV NS TKO (if permitted)
- If hypotensive, give fluid bolus 20 ml/kg, may repeat once. Reassess hemodynamic and pulmonary status at 500 ml intervals.

Dosage range available for Naloxone:  
2 mg IN  
0.4 mg OR 2 mg IM auto injector

**O  
R  
D  
E  
R  
S**

**ALS CARE**

Prepare patient for transport:

- If FSBG < 70 mg/dl follow [Hypoglycemia S.O.](#)
- If hypoventilation, pinpoint pupils or evidence/history of drug use, give **Naloxone** 0.4 – 2 mg IV, IM or IN and titrate to effect.
- Initiate IV NS TKO
- 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 no improvement or patient condition deteriorates:

- Start appropriate resuscitation
- Contact medical direction authority immediately

**Special Note:** Patients resuscitated from opioid overdose who meet [Refusal S.O.](#) criteria may choose to forego transport.