



**Base Hospital Contact: Required for persistent ALOC of unclear etiology ① ②**

1. Assess airway and initiate basic and/or advanced airway maneuvers prn (*MCG 1302*)
2. Administer **Oxygen** prn (*MCG 1302*)
3. Initiate cardiac monitoring (*MCG 1308*)  
Perform 12-lead ECG if cardiac dysrhythmia detected and treat in conjunction with *TP 1212-P, Cardiac Dysrhythmia - Bradycardia* or *TP 1213-P, Cardiac Dysrhythmia - Tachycardia*
4. Establish vascular access (*MCG 1375*)
5. Check blood glucose  
If < 60mg/dL or > 250mg/dL, treat in conjunction with *TP 1203-P, Diabetic Emergencies*
6. For poor perfusion (*MCG 1355*):  
**Normal Saline 20mL/kg IV/IO rapid infusion** per *MCG 1309*  
  
For patients with persistent poor perfusion, treat in conjunction with *TP 1207-P, Shock/Hypotension*
7. Assess for signs of trauma  
If traumatic injury suspected, treat in conjunction with *TP 1244-P, Traumatic Injury*
8. Perform neurological exam  
If stroke or stroke mimic suspected **CONTACT BASE** and transport to PMC
9. For suspected drug overdose or alcohol intoxication, treat in conjunction with  
*TP 1241-P, Overdose/Poisoning/Ingestion* ③
10. For suspected carbon monoxide exposure, treat in conjunction with  
*TP 1238-P, Carbon Monoxide Exposure*
11. **CONTACT BASE** if the etiology of the ALOC remains unclear



**SPECIAL CONSIDERATIONS**

- ① Once the cause for ALOC is determined, switch to the more specific protocol. Consider the following differential using the mnemonic AEIOU-TIPS:
  - A** – Alcohol, abuse, atypical migraine
  - E** – Epilepsy, electrolytes
  - I** – Insulin (hypoglycemia)
  - O** – Oxygen, overdose
  - U** – Uremia (kidney failure)
  - T** – Trauma, tumor
  - I** – Infection
  - P** – Psych, poisoning
  - S** – Seizure, Subarachnoid hemorrhage, Sepsis
  
- ② EMS Personnel are mandated reporters of child abuse and neglect, and a report should be made when suspected as per [Ref. 822](#). Communicate suspicion for child abuse and/or neglect to accepting ED staff when home suggests children could be at risk for harm (e.g., unkempt home, evidence of drug or alcohol abuse, unsafe living conditions, known or suspected domestic violence), when the history does not match with the severity of physical findings (e.g., child posturing after a roll off the couch), when patterned injury or burns or noted (e.g., circular burns as from a cigarette, whip marks on the skin, burns of both hands or feet), or when child reports physical or sexual abuse. Children < 3 years of age and those with developmental delay are at increased risk of abuse. This must also be accompanied by notification to the Department of Children and Family Services (DCFS).
  
- ③ Consider narcotic overdose for patients with hypoventilation (bradypnea), and pinpoint pupils, drug paraphernalia, or strong suspicion of narcotic use.