THE REGIONAL EMERGENCY MEDICAL SERVICES COUNCIL OF NEW YORK CITY, INC.

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NYC REMAC

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Title:	BLS (EMT) Glucometry - MANDATORY		
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The Regional Emergency Medical Advisory Committee (REMAC) of New York City is responsible to develop, approve and implement prehospital treatment and transport protocols for use within the five boroughs of the City of New York. The Regional Emergency Medical Advisory Committee (REMAC) of New York City operates under the auspices of Article Thirty of the New York State Public Health Law.

In August 2017, NYC REMAC revised BLS Protocols to include finger sticks to obtain blood glucose level via Glucometer as an option for EMTs. As of December 2017, the use of glucometers was made mandatory. *If your agency is not able to meet this mandate, please contact the offices of the Regional EMS Council to obtain additional time for implementation.*

The Regional EMS Council of NYC has created a Glucometry Training Program. Use this link to access the Training PPT: https://nycremsco.adobeconnect.com/glucometry/

Attached to this advisory are the following revised protocols:

- NYC REMAC BLS Protocol 411:Altered Mental Status Protocol
- NYC REMAC BLS Protocol 412: Stroke (Cerebrovascular Accident)
- NYC REMAC BLS Protocol 413: Seizures

Refer to REMAC Advisory 2017-10 BLS Glucometry and Pulse-Oximetry UPDATED, for additional information.

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ALTERED MENTAL STATUS

NOTE: **Emotionally disturbed patients must be presumed to have an underlying medical or traumatic condition causing an altered mental status.**

Assess such patients for an underlying medical or traumatic condition causing an altered mental status and treat as necessary.

1. Assess the situation for potential or actual danger and establish a safe zone, if necessary.

NOTE: **All suicidal or violent threats or gestures must be taken seriously. These patients should be in police custody if they pose a danger to themselves and/or others.**

2. If an underlying medical or traumatic condition causing an altered mental status is not apparent; the patient is fully conscious, alert, and able to communicate; and an emotional disturbance is suspected, see Protocol #430.

3. Monitor the airway.

4. Administer oxygen.

NOTE: **IF OVERDOSE IS SUSPECTED, USE HIGH FLOW OXYGEN.**

5. Request Advanced Life Support assistance, if appropriate.

6. If an overdose is strongly suspected, and the patient's respiratory rate is less than 10/minute, administer intra-nasal (IN) Naloxone, via:

a. Mucosal Atomizer Device (MAD):

i. **ADULT** patient: 1mg/ml in each nostril. Total of 2 mg/2ml

ii. **PEDIATRIC** patient: 0.5 mg/0.5 ml in each nostril. Total of 1 mg/1 ml.

OR

b. **Narcan® Nasal Spray**

i. **Adult AND Pediatric patients:** 4 mg/0.1ml in ONE nostril. If, after 2- 3 minutes if there is no or minimal response, repeat administration of 4mg/0.1ml with a second device into OTHER nostril.

Relative Contraindications:

- Cardiopulmonary Arrest,
- Active seizure,

- Evidence of nasal trauma, nasal obstruction and/or epistaxis.

7. Initiate transport.

8. If after 5 minutes, the patient's respiratory rate is not greater than 10 breaths/minute, administer a repeat dose of naloxone, following the same procedure described in #6.

NOTE: A GLUCOMETER ~~(IF AVAILABLE)~~ SHOULD BE USED TO DOCUMENT BLOOD GLUCOSE LEVEL PRIOR TO ADMINISTRATION OF GLUCOSE, FRUIT JUICE OR SODA.

IF THE GLUCOMETER READING IS ABOVE 60 MG/DL, WITHHOLD TREATMENT FOR HYPOGLYCEMIA.

DIABETIC PATIENTS WITH A BLOOD GLUCOSE LEVEL READING BETWEEN 60-80 MAY STILL BE EXPERIENCING HYPOGLYCEMIA, AND IF THEY DISPLAY SUCH SIGNS AND SYMPTOMS SHOULD BE TREATED ACCORDINGLY.

9. If the patient is conscious, can swallow, and can drink without assistance, provide a glucose solution, fruit juice, or non-diet soda by mouth.

   a. Do **not** give oral solutions to unconscious patients.

   b. Do **not** give oral solutions to patients with head injuries.

10. Transport.

11. Assess and monitor the Glasgow Coma score. (See Appendix E.)

    a. Do **not** delay transport.

Mandatory Quality Assurance Component

For every administration of intra-nasal (IN) Naloxone), the ACR/PCR documentation must be reviewed by the service medical director who is responsible for forwarding ACR/PCR data electronically to the NY REMAC via an online survey tool for system-wide QA purposes. Patient specific identifiers are omitted. This QA component is effective immediately. For the purposes of patient confidentiality, email mdiglio@nycremsco.org for directions on how to submit data electronically.

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STROKE (CEREBROVASCULAR ACCIDENT)

1. Monitor the airway.
2. Administer oxygen.
3. Place the patient in a head-elevated (Semi-Fowler's) or left lateral recumbent (recovery) position as necessary to maintain the airway.

   NOTE: A GLUCOMETER ~~(IF AVAILABLE)~~ SHOULD BE USED TO DOCUMENT BLOOD GLUCOSE LEVEL PRIOR TO ADMINISTRATION OF GLUCOSE, FRUIT JUICE OR SODA.

   IF THE GLUCOMETER READING IS ABOVE 60 MG/DL, TREATMENT FOR HYPOGLYCEMIA SHOULD BE WITHHELD.

   IF GLUCOSE IS BELOW 60, REFER TO PROTOCOL 411 AMS.

4. Assess for Stroke Patient Criteria. (See Appendix R.)
   a. Do **not** delay transport.
5. Transport.

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SEIZURES

1. Protect the patient from injury.
2. Monitor the airway.
3. Do **not** force anything into the patient's mouth.
4. Attempt to position the patient to maintain airway patency.
5. Avoid unnecessary or excessive restraint.
6. Administer oxygen.
7. Monitor breathing for adequacy.

   NOTE: A GLUCOMETER ~~(IF AVAILABLE)~~ SHOULD BE USED TO DOCUMENT BLOOD GLUCOSE LEVEL PRIOR TO ADMINISTRATION OF GLUCOSE, FRUIT JUICE OR SODA.

   IF THE GLUCOMETER READING IS ABOVE 60 MG/DL, WITHHOLD TREATMENT FOR HYPOGLYCEMIA.

   IF THE GLUCOMETER READING IS ABOVE 60 MG/DL, TREATMENT FOR HYPOGLYCEMIA SHOULD BE WITHHELD. IF GLUCOSE IS BELOW 60, REFER TO PROTOCOL 411 AMS.

8. Request Advanced Life Support assistance for ongoing seizures at time of patient contact.
9. Treat all injuries as appropriate.
10. Transport.