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## MEDICAL DIRECTIVE

### Critical Care Outreach Team (CCOT) – Change in Central Nervous System (CNS) Status

Approved by/Date: Medical Advisory Committee – October 27, 2015

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#### Authorizing physician(s)

Intensivists who are part of the Critical Care Physician Section

#### Authorized to who

CCOT Responders (RRTs and RNs) that have the knowledge, skill and judgment and who have successfully attained certification by a course of self-study supplied by the Intensivist – Educators appointed by the Authorizing Physicians, participated in Didactic and Simulation education, completed orientation with Critical Care Outreach Team, and have successfully passed examinations.

#### Patient Description / Population

Adult Patients over 18. Patients who present with signs and symptoms of an acute neurological condition or change, including but not restricted to focal weakness, dizziness, aphasia, decreasing levels of consciousness or having active seizures.

#### Medical Directive Description/Physician's Order

1. Manage the airway including support of oxygenation and ventilation
2. Initiate monitoring including cardiac, blood pressure and pulse oximetry
3. Vital signs including temperature q 5 – 30 min and PRN
4. If postictal, place patient in recovery position
5. Oxygen therapy as required to maintain oxygen saturation above 92%; COPD 88-92%
6. Review patient history and diagnosis
7. Stat Blood Work (CBC, electrolytes, glucose, urea, creatinine, Magnesium, Phosphorus, Corrected calcium, INR, APTT)
8. Glucose test (point of care test)
9. If a blood glucose measurement of 4 mmol/L or less follow Lakeridge Health's Hypoglycemia Protocol
10. Stat POC or i-STAT ABG or VBG (pH, pO<sub>2</sub> and pCO<sub>2</sub>)
11. 12-lead EKG
12. Urine screen (dip stick)
13. Insert a large (18 if possible) gauge IV
14. Intraosseous access may be attained when it is a very unstable, life threatening

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Originating Committee: Critical Care – June 18, 2015

Medical Advisory Committee: October 27, 2015

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situation and when IV access has not been successful after 2 attempts or 90 seconds of searching for a suitable vein

15. Naloxone (Narcan) 0.4mg IM / IV may be given if the patient remains unconscious and received any opiates within past 24 hours, and no alternate explanation is obvious for the acute change in level of consciousness. May start with Narcan 0.2mg IM/IV if patient on chronic opiate treatment
16. If an overdose of narcotics is suspected additional doses of Naloxone (Narcan) 0.4 mg IM /IV may be given q 3 minutes to maximum dose of 2 mg
17. Activate Code Stroke response if directed by MRP or CCOT physician

#### **Specific conditions/circumstances that must be met before the Directive can be implemented:**

- The patient must have acute symptoms of weakness, dizziness, decreasing levels of consciousness or actively seizing.
- Each intervention will be explained to the patient and/or family when possible.

#### **Contraindications to the implementation of the Directive**

- Patient refuses therapy.
- Patient is not capable of cooperating with the procedures.

#### **Identify relevant Delegated Control Act or Added Skill associated with this Directive**

Administering a substance by injection or inhalation.

Performing a procedure below the dermis:

- Certification in the use of Point of Care Glucose meter testing
- IV Insertion Certification
- IO Insertion Certification

#### **Documentation requirements**

- Implementation of the Medical Directive must be documented on the chart under physician orders.
- Response to medications administered must be documented in the CCOT note.

#### **Review/Evaluation Process (how often/by who)**

Every 2 years by Medical Department - Emergency Medicine and Critical Care Council.



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### Related Documents

ORNGE Medical Directives and Standing Orders. Altered Level of Consciousness-Seizure Medical Directive. Dec. 2009. Pg. 15-16.

ORNGE Medical Directives and Standing Orders. Altered Level of Consciousness-Hypoglycemic Emergencies Medical Directive. April. 2010. Pg. 13-14.

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Hamilton Health Sciences Corporation. Critical Care Response Team: Care of the Patient with Altered Level of Consciousness Medical Directive. Ontario. Canada. 2003.

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