

**REGION I EMERGENCY MEDICAL SERVICES
STANDING MEDICAL ORDERS
EMT – Basic**

SMO: Alcohol Related Emergencies

Overview: Alcohol effects nearly every organ system in the body producing neurological disorders, nutritional deficiencies, fluid and electrolyte imbalances, gastrointestinal disorders, cardiac and immune suppression.

INFORMATION NEEDED

- Amount of alcohol ingested. Possibility of any other drugs involved.
- Any other drugs involved
- Medical history: trauma, tranquilizers, anticonvulsants, diabetes, other medical problems

OBJECTIVE FINDINGS

- Altered mental status
- Unsteady gait
- May encounter behavioral problems

TREATMENT

- RMC
- Protect airway. Anticipate the possibility of respiratory arrest, seizures and/or vomiting.
- O2 at 100% by NRB mask if patient producing adequate volume or BVM if inadequate ventilatory effort (volume) noted. Consider the use of a NPA. Use an OPA with caution due to risk of vomiting.
- Obtain glucose check:
 - If <60 give **Glucagon 1mg IM.**
- Follow appropriate SOP for:
 - Seizures
 - Respiratory/ cardiac arrest
 - Hypoglycemia

Documentation of adherence to protocol:

- Airway patency documented. If not patent, airway therapy documented (i.e. intubation).
- Oxygenation status documented. Oxygenation therapy documented.
- Glucose check documented.
- Medications given.
- Reassessment documented if therapy undertaken.
- Other medical problems encountered.

PRECAUTIONS AND COMMENTS

- Remember that there are several conditions which can mimic intoxication. Assess carefully for:
 - Hypoglycemia
 - Hypoxia
 - Head injury
 - Behavioral emergency
- Be alert that chronic alcoholism may precipitate susceptibility to bleeding problems.

7/04

Reviewed:

Revised:

EMS/ Region1 SMOs

**REGION I EMERGENCY MEDICAL SERVICES
STANDING MEDICAL ORDERS
EMT – Paramedic**

SMO: Alcohol Related Emergencies

Overview: Alcohol affects nearly every organ system in the body producing neurological disorders, nutritional deficiencies, fluid and electrolyte imbalances, gastrointestinal disorders, cardiac and immune suppression.

INFORMATION NEEDED

- Amount of alcohol ingested. Possibility of any other drugs involved.
- Medical history: trauma, tranquilizers, anticonvulsants, diabetes, other medical problems

OBJECTIVE FINDINGS

- Altered mental status
- Unsteady gait
- May encounter behavioral problems

TREATMENT

- RMC
- Protect airway. Anticipate the possibility of respiratory arrest, seizures and/or vomiting.
- O2 at 100% by NRB mask if patient producing adequate volume or BVM if inadequate ventilatory effort (volume) noted. Consider the use of a NPA. Use an OPA with caution due to risk of vomiting.
- Intubate if GCS \leq 8.
- Obtain IV access
- If there is impending respiratory arrest and narcotic use is suspected and patient is unable to protect airway, consider **Narcan 2 mg IVP**.
- Obtain glucose check:
 - If < 60 give **50cc D50 IVP**.
 - If unable to obtain IV access give **Glucagon 1mg IM**.
- Follow appropriate SOP for:
 - Seizures
 - Respiratory/ cardiac arrest
 - Hypoglycemia

Documentation of adherence to protocol:

- Airway patency documented. If not patent, airway therapy documented (i.e. intubation).
- Oxygenation status documented. Oxygenation therapy documented.
- IV access.
- Glucose check documented.
- Medications given.
- Reassessment documented if therapy undertaken.
- Other medical problems encountered.

7/04

Reviewed:

Revised:

EMS/ Region1 SMOs

PRECAUTIONS AND COMMENTS

- Remember that there are several conditions which can mimic intoxication. Assess carefully for:
 - Hypoglycemia
 - Hypoxia
 - Head injury
 - Behavioral emergency
- Be alert that chronic alcoholism may precipitate susceptibility to bleeding problems.
- Use of Narcan can unmask other illicit drugs such as PCP which may cause the patient to become violent. Closely monitor for behavioral changes. Priority is to protect self and other Providers.

7/04

Reviewed:

Revised:

EMS/ Region1 SMOs