

WEST MICHIGAN REGIONAL PROTOCOL

CNS ILLNESS PROTOCOL

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Page: 1 of 1

Purpose: To provide a process for the assessment and management of the patient experiencing altered CNS symptoms. This protocol may be used in conjunction with the Altered Mental Status protocol.

- MB S P**
- I. Assessment Information**
- A. History:
1. Past Medical History: seizures, diabetes, cardiovascular disease, and medications.
 2. Current History: possible head or spinal trauma, onset and presentation of symptoms (i.e.: headache, seizure, altered LOC, focal deficit).
- B. Specific Objective Findings:
1. Level of consciousness, vital signs, pupils, temperature
 2. Motor function, sensation
 3. Medic Alert tags
 4. If signs of trauma, refer to the Trauma Protocol
- II. Management**
- A. Utilize universal precautions.
- B. Evaluate and maintain airway, provide for oxygenation and support ventilation as needed.
- C. Assess adequacy of perfusion:
1. Monitor and document level of consciousness
 2. Maintain patient in horizontal position (unless respiratory distress present, then elevate torso as needed).
 3. Monitor vital signs frequently.
- D. Transport
- E. Obtain vascular access.
- F. If cause of neurological deficit is unknown, refer to Altered Mental Status Protocol.
- G. Monitor EKG.
- S P**
M B S P
P

CONTACT MEDICAL CONTROL

- M B S P**
- III. Special Considerations**
- A. Consider all causes of neurological deficit, such as: hypoxia, trauma, CVA, hypoglycemia, hypothermia, hypotension, sepsis, drug intoxication and/or seizure.
- B. The value of a reliable history cannot be overlooked.

NOTE: If potential CVA symptoms have been present for less than 6 hours, expedite transport to hospital.

5/25/98
11/13/02

