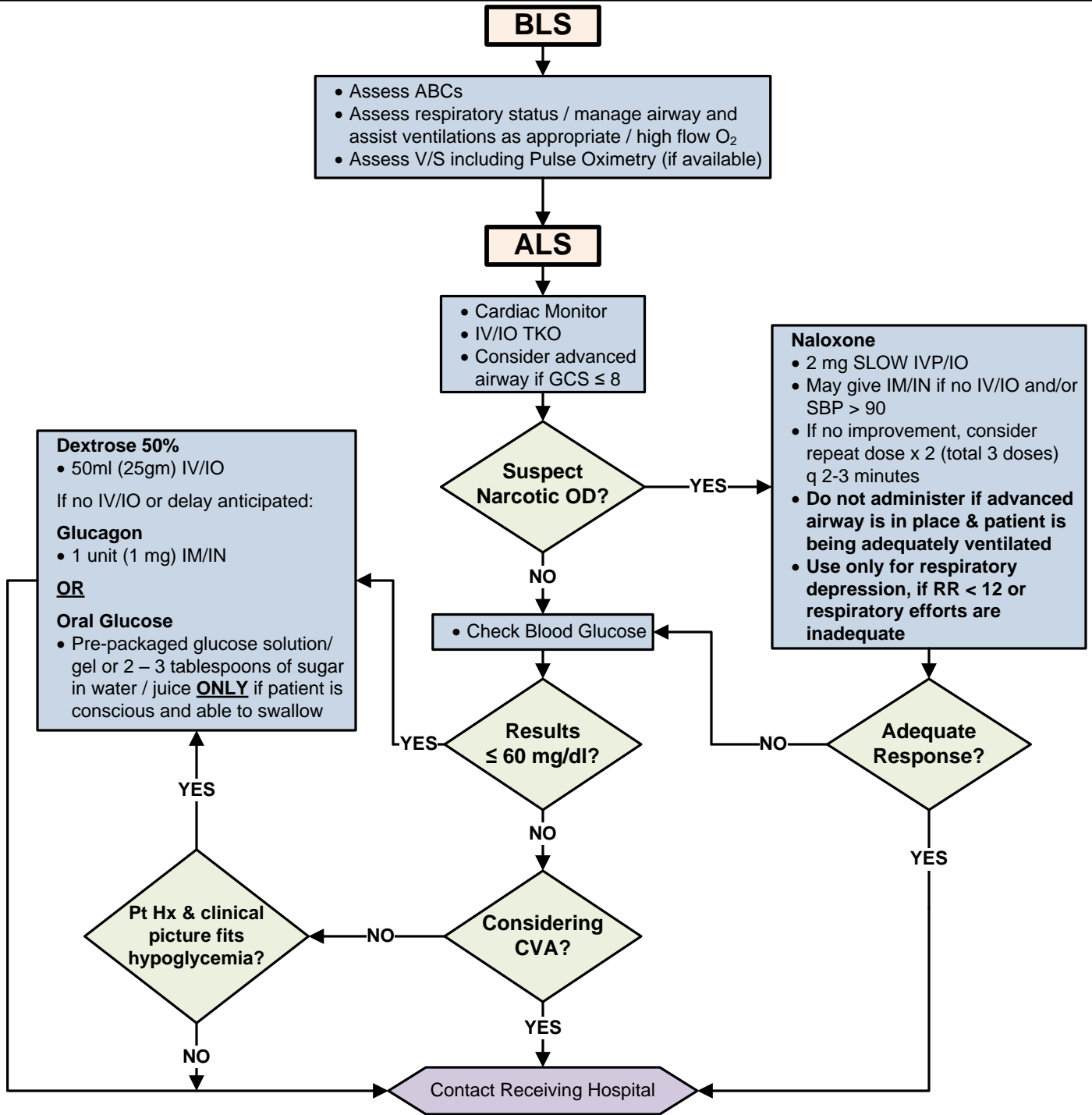




**SIERRA SACRAMENTO VALLEY EMS AGENCY
TREATMENT PROTOCOL – MEDICAL EMERGENCY**

**NEUROLOGICAL
REFERENCE NO. N-1**

SUBJECT: ALTERED LEVEL OF CONSCIOUSNESS



Effective Date: 06/01/2012
Next Review Date: 02/2015
Approved by:

Date last reviewed revised: 02/12
Page 1 of 1

SIGNATURE ON FILE
S-SV EMS Medical Director

SIGNATURE ON FILE
S-SV EMS Regional Executive Director