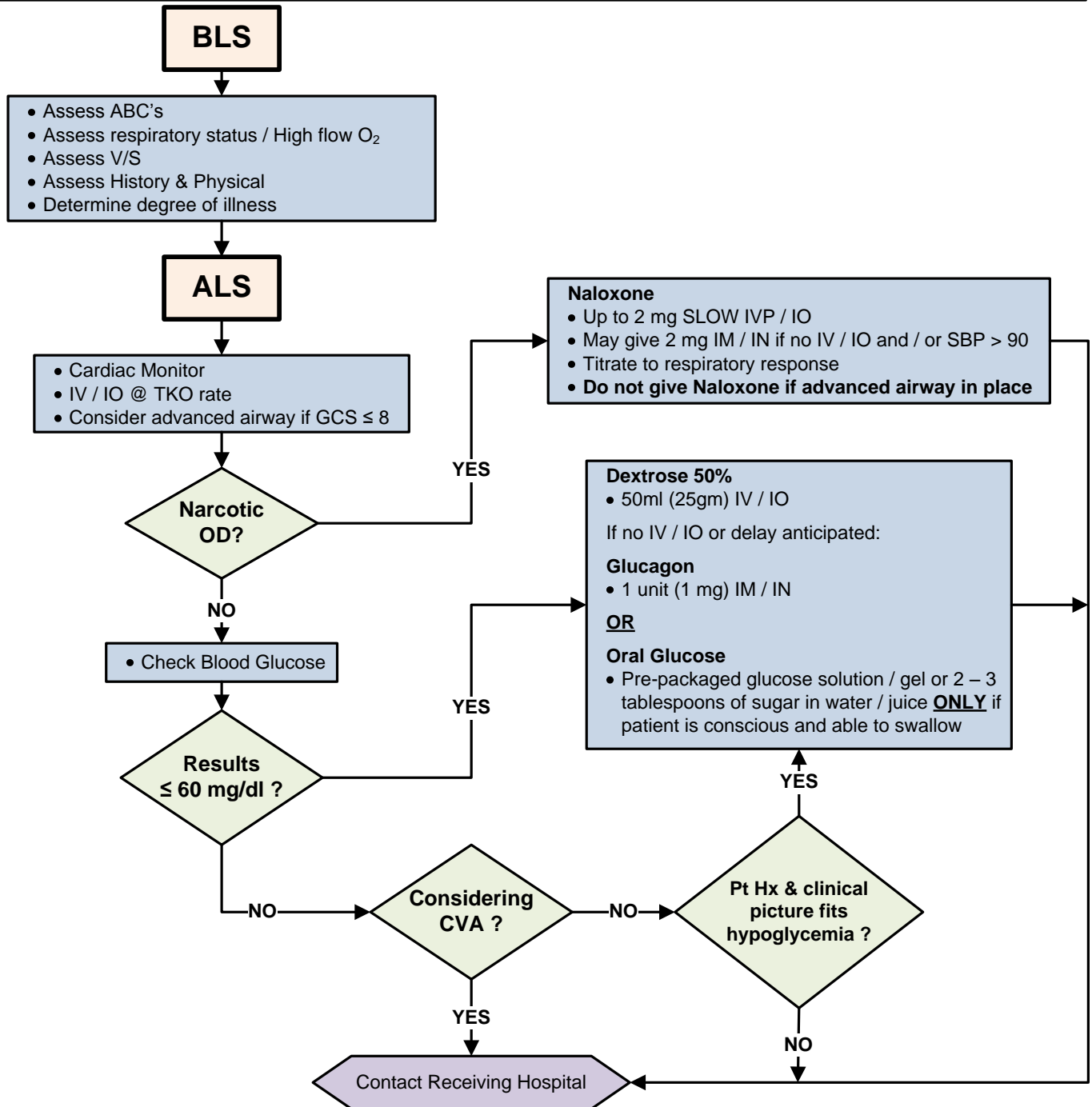




**SIERRA SACRAMENTO VALLEY EMS AGENCY**  
**TREATMENT PROTOCOL – MEDICAL EMERGENCY**

**NEUROLOGICAL**  
**REFERENCE NO. N-1**

**SUBJECT: ALTERED LEVEL OF CONSCIOUSNESS**



Effective Date: 01/01/2010  
Next Review Date: 04/2011  
Approved by:

Date last reviewed revised: 07/2009  
Page 1 of 1

**SIGNATURE ON FILE**  
S-SV EMS Medical Director

**SIGNATURE ON FILE**  
S-SV EMS Regional Executive Director