

WEST MICHIGAN REGIONAL PROTOCOL

ALTERED MENTAL STATUS PROTOCOL

Number: II.C.3.
Date: 7/01/2004
Page: 1 of 2

Purpose: To provide a process for the assessment and management of the patient with an altered mental status.

M B S P I. **Assessment Information**

- A. History:
1. Past Medical History: seizures, diabetes, cardiovascular disease, medications (including insulin, oral hypoglycemics, antidepressants, other mood altering drugs), infection, previous psychiatric disorders.
 2. Current History: trauma, headache, toxic exposure, environmental exposure, alcohol/drug use, suicidal ideas, infection, and bizarre or abrupt changes in behavior, emotional trauma, and exertion.
- B. Specific Objective Findings:
1. Vital Signs, pupil changes, EKG
 2. Mental and neurologic Status: Baseline vs. current
 3. Characteristic odor of breath (ketones, alcohol)
 4. Medical Alert tags
 5. Environmental clues
 6. Determine if signs of hypoglycemia are present

M B S P II. **Management**

- A. Restrain patient if necessary
- B. Utilize universal precautions.
- C. **If patient is not alert or vital signs are unstable:**
1. Evaluate and maintain airway, provide oxygenation and support ventilations as needed.
 2. If no concern regarding spinal injury, place the patient in left lateral recumbent position.
 3. Carefully administer small amounts (1/2 tube or less) of oral glucose paste, buccal or sublingual, if there is a delay in providing advanced level care.
 4. Obtain vascular access.
 5. If approved blood glucose measuring device is available, test for blood glucose level:
 - a. If blood glucose is less than 70 mg/dl, administer **dextrose 50% 25 grams (50 cc) IVP (0.5gm/kg of D25 % in peds)**. If, 5 minutes post administration, the patient's Glasgow Coma Score is <15, or if there are signs of alcoholism or malnutrition, administer **thiamine 100 mg IVP (NOT IN PEDS)**.
 - 1) If no ALS intercept is available, administer **dextrose 20% infusion, max of 250cc (50gms) IVPB**. (Limited Advanced services should stock and utilize 250cc premixed bags of 20% dextrose.)
 - b. If blood glucose is greater than or equal to 70 mg/dl, CONTACT MEDICAL CONTROL for permission to administer thiamine and dextrose.
 6. If a blood glucose-measuring device is not available, administer **dextrose 50% 25 grams (50 cc) IVP (0.5gm/kg of D25 % in peds)**. If, 5 minutes post administration, the patient's Glasgow Coma Score is <15, or if there are signs of alcoholism or malnutrition, administer **thiamine 100 mg IVP (NOT IN PEDS)**.
 - a. If no ALS intercept is available, administer **dextrose 20 % IVPB to max 50gm/250cc**. (Limited Advanced services should stock and utilize 250cc premixed bags of 20% dextrose.)
 7. If no response to the 50% dextrose, or if 50% dextrose is not indicated, and respiratory depression is present, give **naloxone 2 mg IVP (0.1 mg/kg with max of 2 mg in peds)**

WEST MICHIGAN REGIONAL PROTOCOL

ALTERED MENTAL STATUS
PROTOCOL

Number: II.C.3.
Date: 7/01/2004
Page: 2 of 2

- 8. **If unable to start IV:**
 - a. If blood glucose measuring device is available, test for blood glucose level, and if glucose is < 70 mg/dl:
 - 1) Administer **glucagon** 1 mg IM (adult or peds).
 - b. If blood glucose measuring device is not available:
 - 1) Administer **glucagon** 1 mg IM (adult or peds).
 - c. If, 5 minutes post administration of glucagon, the patient's Glasgow Coma Score is <15, or if there are signs of alcoholism or malnutrition, administer **thiamine** 100 mg IM (NOT IN PEDS).
 - d. If respiratory depression is present give **naloxone** 2 mg IM (0.1 mg/kg with max of 2 mg in peds)

M B S P

- D. **If the patient is alert** but demonstrating signs of hypoglycemia, administer oral high caloric fluid if available.
- E. Consider rechecking blood glucose after glucose administration as appropriate
- F. Transport

S P
B S P

CONTACT MEDICAL CONTROL

- G. **Possible orders post radio contact:**
 - 1. Dextrose
 - 2. Thiamine
 - 3. Naloxone
 - 4. Glucagon
 - 5. If patient has an insulin pump, disconnect the Luer fitting of the distal tubing.

S P

III. Special Considerations

- A. Patients with hypoxia or metabolic problems can present with focal neurological deficit.
- B. Consider hyperthermia or hypothermia and treat according to appropriate protocols.
- C. Psychiatric patients, particularly chronic callers, can be difficult to manage with concern. Don't succumb to the temptation to minimize new complaints; you may miss the acute change.

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

5/12/98
12/28/99
6/01
4/02
7/1/04