

CASS COUNTY EMS PROTOCOL

Number: II.C.3.

ALTERED MENTAL STATUS
PROTOCOL

Date: 12/15/2003

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Revised CCMCB 02/16/2004 Approved Cass County Medical Control 12/15/2003

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, bizarre or abrupt changes in behavior, emotional trauma, exertion.

B. Specific Objective Findings:

1. Vital Signs, pupil changes, EKG
2. Mental and neurologic Status: Baseline vs. current
3. Characteristic odor to breath (ketones, alcohol)
4. Medical Alert tags
5. Environmental clues
6. Determine if signs of hypoglycemia are present

II. Management

M B S P

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. Obtain vascular access.
4. If approved blood glucose measuring device is available, test for blood glucose level:

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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

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b. Carefully administer small amounts of oral glucose paste, buccal or sublingual, if there is a delay in providing advanced level care.

(NOT IN PEDS).

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1) if ALS intercept is more than 5 minutes,

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administer

dextrose 20% infusion, max of 250cc
(50gms) IVPB.

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b. If blood glucose is greater than or equal to 90 mg/dl, CONTACT MEDICAL CONTROL for possible orders to administer thiamine and dextrose.

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- 6. If no response to the 50% dextrose, or 50% dextrose not indicated, and respiratory depression is present, give **naloxone** 2 mg IVP (0.1 mg/kg with max of 2 mg in peds).
- 7. **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 (0.05 mg/kg to max. of 1 mg in peds).
 - b. If blood glucose measuring device is not available:
 - 1) Administer **glucagon** 1 mg IM (0.05 mg/kg to max. of 1 mg in 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).

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D. **If the patient is alert** but demonstrating signs of hypoglycemia, administer oral high caloric fluid if available.

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E. Consider re-check of blood glucose after glucose administration as appropriate.

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F. Transport

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B.

1 CONTACT MEDICAL CONTROL

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G. Possible orders post radio contact:

- S P**
1. Dextrose: 50% 25 grams (50 cc) IVP (0.5gm/kg of D25 % in peds).
 2. Thiamine: 100 mg IVP (NOT IN PEDS)
 3. Naloxone: 2 mg IVP (0.1 mg/kg with max of 2 mg in peds)
 4. Glucagon: 1 mg IM (0.05 mg/kg to max. of 1 mg in peds)
 5. If patient has an insulin pump, disconnect the Luer fitting of the distal tubing.

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.