

**ALTERED MENTAL STATUS
PROTOCOL**

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

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 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:

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- a. If blood glucose is less than 90 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.
- b. If blood glucose is greater than or equal to 90 mg/dl, **CONTACT MEDICAL CONTROL** for permission to administer thiamine and dextrose.

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- P 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):**
 - S a. If no ALS intercept is available, administer **Dextrose 20 % IVPB to max. 50gm/250cc.**
- P 7. 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).**
- 8. **If unable to start IV:**
 - a. If blood glucose measuring device is available, test for blood glucose level, and if glucose is < 90 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).**
- M B S P D. **If the patient is alert** but demonstrating signs of hypoglycemia, administer oral high caloric fluid if available.
- S P E. Consider re-check of blood glucose after glucose administration as appropriate.
- B S P F. Transport

CONTACT MEDICAL CONTROL

- G.
 - Possible orders post radio contact:**
 - 1. Dextrose
 - 2. Thiamine
 - 3. Naloxone
 - 4. Glucagon
- S P 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

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- 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.