

# Altered Mental Status



## History

- \* Known diabetic, medic alert tag
- \* Drugs, drug paraphernalia
- \* Report of illicit drug use or toxic ingestion
- \* Past medical history
- \* Medications
- \* History of trauma
- \* Change in condition
- \* Changes in feeding or sleep habits

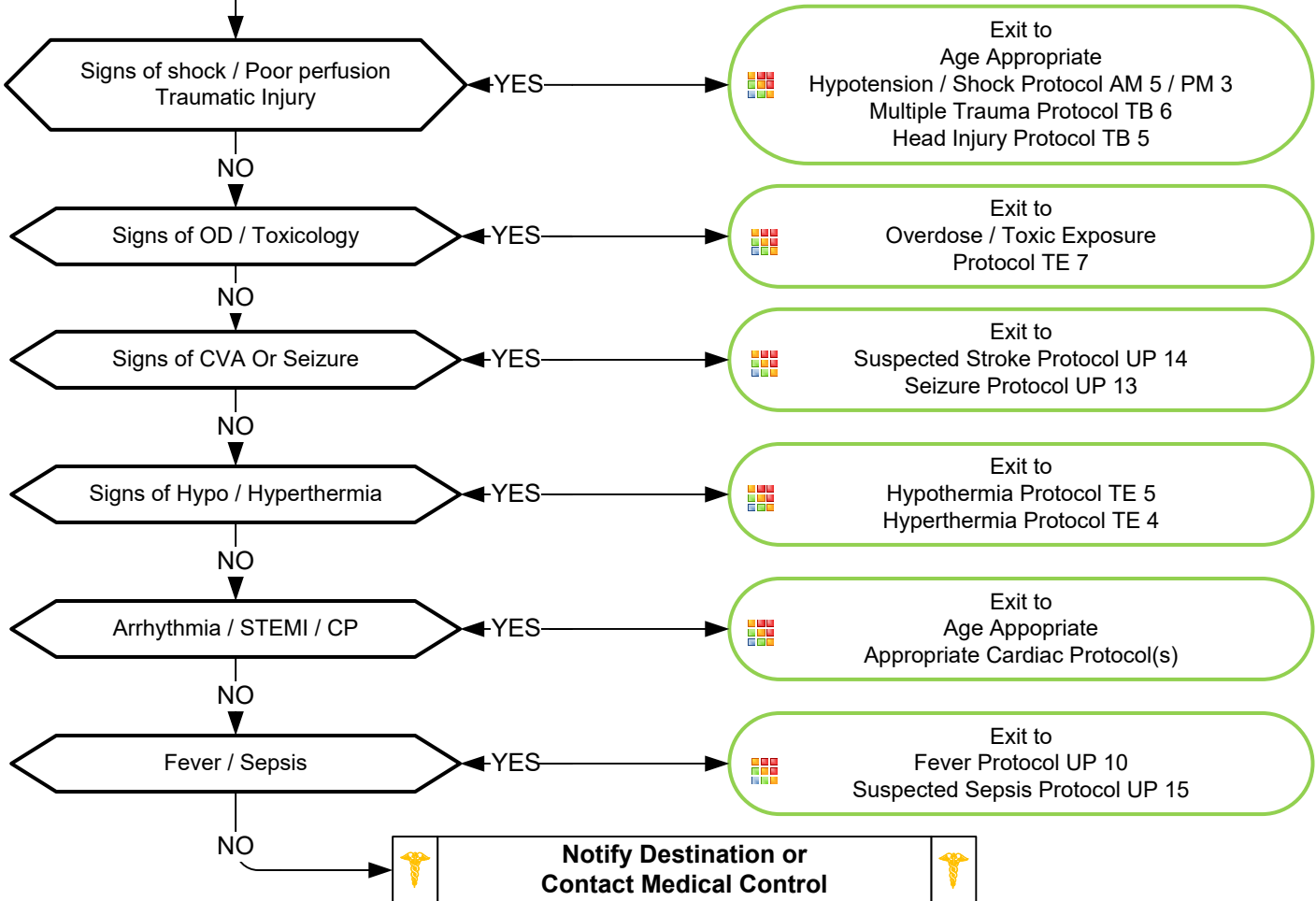
## Signs and Symptoms

- \* Decreased mental status or lethargy
- \* Change in baseline mental status
- \* Bizarre behavior
- \* Hypoglycemia (cool, diaphoretic skin)
- \* Hyperglycemia (warm, dry skin; fruity breath; Kussmaul respirations; signs of dehydration)
- \* Irritability

## Differential

- \* Head trauma
- \* CNS (stroke, tumor, seizure, infection)
- \* Cardiac (MI, CHF)
- \* Hypothermia
- \* Infection (CNS and other)
- \* Thyroid (hyper / hypo)
- \* Shock (septic, metabolic, traumatic)
- \* Diabetes (hyper / hypoglycemia)
- \* Toxicological or Ingestion
- \* Acidosis / Alkalosis
- \* Environmental exposure
- \* Pulmonary (Hypoxia)
- \* Electrolyte abnormality
- \* Psychiatric disorder

	Age Appropriate Airway Protocol(s) AR 1, 2, 3, 5, 6 <b>if indicated</b>
	Blood Glucose Analysis Procedure ASP 4
<b>B</b>	12 Lead ECG Procedure CSP 1
	IV / IO Access Protocol UP 6
	Age Appropriate Diabetic Protocol(s) AM 2 / PM 2 <b>if indicated</b>



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## Pearls

- \* **Recommended Exam:** Mental Status, HEENT, Skin, Heart, Lungs, Abdomen, Back, Extremities, Neuro.
- \* **AMS** may present as a sign of an environmental toxin or Haz-Mat exposure - protect personal safety.
- \* **General:**
  - The patient with AMS poses one of the most significant challenges.
  - A careful assessment of the patient, the scene, and the circumstances should be undertaken.
  - Assume the patient has a life threatening cause of their AMS until proven otherwise.
  - Pay careful attention to the head exam for signs of bruising or other injury.
  - Information found at the scene must be communicated to the receiving facility.
  - Patients not able to communicate with you coherently require a complete secondary survey (head-to-toe) exam to assess for trauma, infection, or signs of maltreatment/ abuse, or neglect.
  - Acute Stroke should be considered in all patients with acute AMS when < 24 hours from onset.
- \* **Substance misuse:**
  - Patients ingesting substances can pose a great challenge.
  - DO NOT assume recreational drug use and / or alcohol are the sole reasons for AMS.
  - Misuse of alcohol/ recreational drugs may lead to hypoglycemia or occult trauma.
  - More serious underlying medical and trauma conditions may be the cause.
- \* **Behavioral health:**
  - The behavioral health patient may present a great challenge in forming a differential.
  - DO NOT assume AMS is the result solely of an underlying psychiatric etiology.
  - Often an underlying medical or trauma condition precipitates a deterioration of a patient's underlying disease.
- \* **Spinal Motion Restriction / Trauma:**
  - Only utilize spinal immobilization if the situation warrants.
  - The patient with AMS may worsen with increased agitation when immobilized.
- \* **It is safer to assume hypoglycemia than hyperglycemia if doubt exists. Recheck blood glucose after Dextrose or Glucagon**
- \* Consider Restraints if necessary for patient's and/ or personnel's protection per USP 5 Restraints: Physical procedure..