ALTERED MENTAL STATUS

ALL PROVIDERS

 □ Focused history and physical exam • Blood glucose, oxygen saturation and temperature assessment □ Continuous cardiac, ETCO2, blood pressure, and pulse oximetry monitoring, when available. □ Obtain a 12 Lead EKG when available □ Treatment Plan • Assess for trauma. • Assess for stroke and score per the Suspected Stroke Guideline. • Assessment for possible overdose, substance abuse or other potential toxin exposure. Evaluate the scene for supportive evidence. • Gather and collect any evidence on scene that may assist in the treatment of the patient (medication bottles, pills, notes, etc.) □ Key Considerations • Consider non-accidental trauma, especially in pediatric and elderly patients • Consider hypoglycemia in pediatric patient • Pediatric lowest acceptable systolic blood pressures are birth to 1 month = 60mmHg, 1 month to 1 year = 70mmHg, 1 year to 10 years is = 70mmHg + (age x 2) and over 10 years = 90mmHg. • If poisoning suspected, you may contact Utah Poison Center at 1-800-222-1222 for guidance. • When evaluating pediatric level of consciousness use A.V.P.U. Alert, Verbal, Pain, Unresponsive 						
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		The constraint of the constraint	, , , , , , , , , , , , , , , , , , ,			
A - Alcohol T – Trauma/Temp		A - Alcohol	T – Trauma/Temp			
E - Electrolytes I – Infection						
I – Insulin P – Psychogenic						
O - Opiates P - Poison U - Uremia S - Shock/Seizure						
AEIOUTIPPS: Possible causes of Altered Mental Status						
TILIO O TILI O. I OSSIOIO CAASOO OI TIMOIOA IVIOIMI SAMAA						
ADULT PEDIATRIC (<15 years of Age)		ADULT	PEDIATRIC (<15 years of Age)			
NOTE: Pediatric weight based dosing should not			NOTE: Pediatric weight based dosing should not			
exceed Adult dosing.		DM (F)				
EMT EMT		EM I	EM I			
☐ Apply supplemental oxygen as needed to ☐ Apply supplemental oxygen as needed to		Apply supplemental oxygen as needed to	☐ Apply supplemental oxygen as needed to			
maintain oxygen saturation of 90-94% maintain oxygen saturation of 90-94%						
☐ Apply warming or cooling techniques as ☐ Apply warming or cooling techniques as						
indicated indicated						
☐ Consider physical restraints as needed to protect ☐ Consider physical restraints as needed to protect						
			the patient and/or rescue personnel			
	_	the patient and/or rescue personnel	Nolowone 0.1 mg/kg (may 2mg nor dogo) IM/IN			
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Naloxone 0.4–2 mg (per dose) IM/IN	□ Naloxone 0.1 mg/kg (max 2mg per dose) IM/IN (intranasal) for suspected parcotic overdose. May			
AEMT AEMT	_		☐ Naloxone 0.1 mg/kg (max 2mg per dose) IM/IN (intranasal) for suspected narcotic overdose. May repeat once			
	_	Naloxone 0.4–2 mg (per dose) IM/IN (intranasal) for suspected narcotic overdose. May repeat once	(intranasal) for suspected narcotic overdose. May repeat once			
☐ Advanced airway, vascular access and fluid therapy ☐ Advanced airway, vascular access and fluid therapy		Naloxone 0.4–2 mg (per dose) IM/IN (intranasal) for suspected narcotic overdose. May repeat once AEMT	(intranasal) for suspected narcotic overdose. May repeat once AEMT			

2020 Utah EMS Protocol Guidelines 8

IV max 1 L

☐ If evidence of poor perfusion, give NS 20mL/kg

☐ Consider chemical restraints per the *Violent*

Patient/Chemical Restraint Guideline, as

☐ Consider chemical restraints per the *Violent*

personnel

Patient/Chemical Restraint Guideline, as

needed, to protect the patient and/or rescue

If patient is hypoglycemic, refer to hypoglycemia protocol	needed, to protect the patient and/or rescue personnel If patient is hypoglycemic, refer to hypoglycemia protocol
PARAMEDIC	PARAMEDIC