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 another 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

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

ADULT

EMT

- ❑ Apply supplemental oxygen as needed to maintain oxygen saturation of 90-94%
- ❑ Apply warming or cooling techniques as indicated
- ❑ Consider physical restraints as needed to protect the patient and/or rescue personnel
- ❑ **Naloxone** 0.4–2 mg (per dose) IM/IN (intranasal) for suspected narcotic overdose. May repeat once

AEMT

- ❑ Advanced airway, vascular access and fluid therapy.
- ❑ **Naloxone 0.4–2 mg (per dose) IV/IO** for suspected narcotic overdose.
- ❑ Consider chemical restraints per the ***Violent Patient/Chemical Sedation/Taser Barb Removal***

PEDIATRIC (<15 years of Age)

NOTE: Pediatric weight based dosing should not exceed Adult dosing.

EMT

- ❑ Apply supplemental oxygen as needed to maintain oxygen saturation of 90-94%
- ❑ Apply warming or cooling techniques as indicated
- ❑ Consider physical restraints as needed to protect the patient and/or rescue personnel
- ❑ **Naloxone** 0.1 mg/kg (max 2mg per dose) IM/IN (intranasal) for suspected narcotic overdose. May repeat once

AEMT

- ❑ Advanced airway, vascular access and fluid therapy. If evidence of poor perfusion, give NS 20mL/kg IV max 1 L.
- ❑ **Naloxone 0.1 mg/kg (max 2mg per dose) IV/IO** for suspected narcotic overdose.

Guideline, as needed, to protect the patient and/or rescue personnel

- ❑ If patient is hypoglycemic, refer to hypoglycemia protocol

PARAMEDIC

- ❑ Consider chemical restraints per the ***Violent Patient/Chemical Sedation/Taser Barb Removal Guideline,*** as needed, to protect the patient and/or rescue personnel
- ❑ If patient is hypoglycemic, refer to hypoglycemia protocol

PARAMEDIC