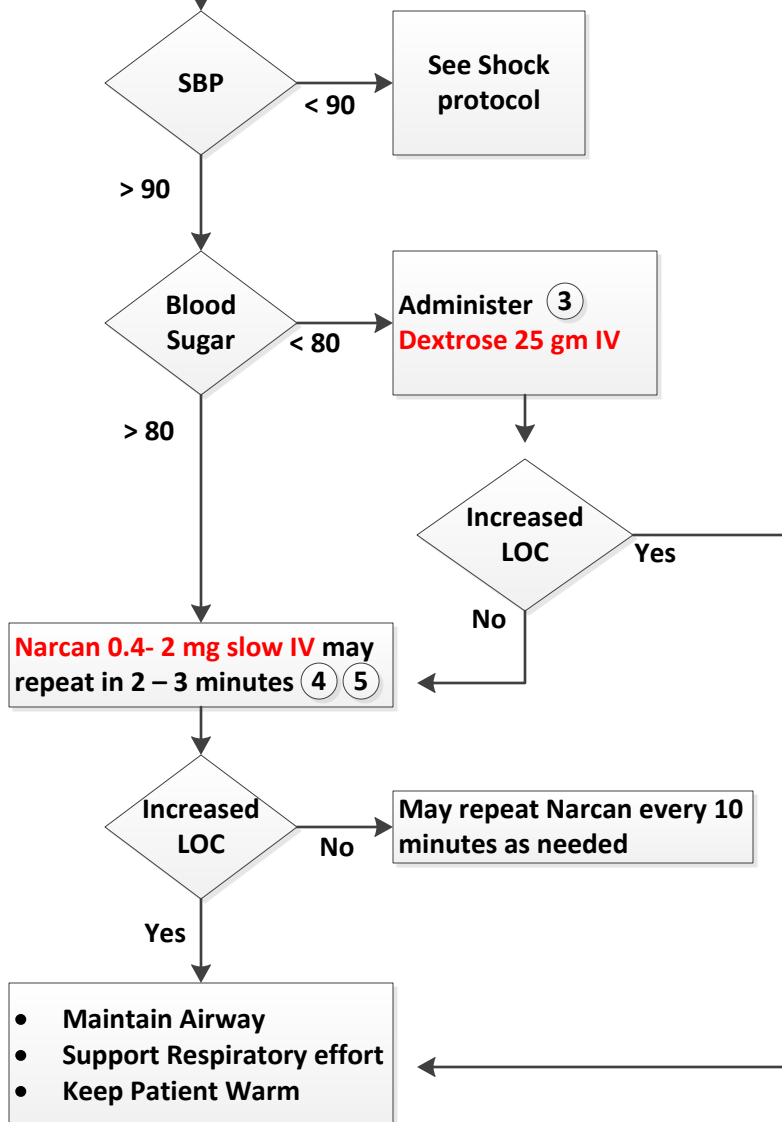


Altered Mental Status Coma

- ABCs
- Oxygen 100 % NRB mask
- Intubate prn
- Monitor cardiac rhythm, SPO2, GCS, temp.
- IV NS TKO
- EKG

Detailed Assessment ① ②



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

Signs/ Symptoms:

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

Differential:

- * Head trauma
- * CNS (stroke, tumor, seizure, infection)
- * Cardiac (MI, CHF)
- * Infection
- * Thyroid (hyper / hypo)
- * Shock (septic, metabolic, traumatic)
- * Diabetes (hyper/ hypoglycemia)
- * Toxicologic
- * Acidosis / Alkalosis
- * Environmental Exposure
- * Pulmonary (Hypoxic)
- * Electrolyte abnormality

1. Detailed Assessment: Document Glasgow Coma Scale. Check odor on breath. Look for medical alert tags, needle tracks, and evidence of trauma.
2. Observe environment closely for signs of potential overdose.
3. **Dextrose**: Recheck blood sugar 5 minutes following Dextrose. If **blood sugar remains < 80 mg/dl repeat Dextrose**.
4. **Narcan** may be administered prior to Dextrose administration if pupils are constricted, suggestive of narcotic effects.
5. Be prepared to restrain combative patient.