

ALTERED MENTAL STATUS

UPDATED 2/2024

ALL PROVIDERS

- Focused history and physical exam
 - Blood glucose, oxygen saturation and temperature assessment
- Continuous cardiac, ETCO₂, blood pressure, and pulse oximetry monitoring.
- 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.)
 - Consider physical restraints as needed to protect the patient and/or rescue personnel.
- 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, 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
 - ADIOUTIPPS: Possible causes of Altered Mental Status

A - Alcohol	T – Trauma/Temp
E - Electrolytes	I – Infection
I – Insulin	P – Psychogenic
O - Opiates	P – Poison
U - Uremia	S – Shock/Seizure

ADULT

PEDIATRIC (<15 years of Age)

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

EMT

EMT

- Apply supplemental oxygen as needed to maintain oxygen saturation of 90-94% **prior to administering Naloxone.**
- Apply warming or cooling techniques as indicated
- Naloxone** 2-4 mg (per dose) IM/IN (intranasal) for suspected narcotic overdose. **Repeat as needed to ensure respirations are adequate.**

- Apply supplemental oxygen as needed to maintain oxygen saturation of 90-94% **prior to administering Naloxone.**
- Apply warming or cooling techniques as indicated
- Naloxone** 0.1 mg/kg (max 2mg per dose) IM/IN (intranasal) for suspected narcotic overdose. **Repeat as needed to ensure respirations are adequate.**

AEMT

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- Advanced airway, vascular access and fluid therapy
- If evidence of poor perfusion, give NS **or LR** 500ml IV to maintain SBP >90mmHg or **MAP of 65**

- Advanced airway, vascular access and fluid therapy
- If evidence of poor perfusion, give NS **or LR** 20mL/kg IV (max **500mL**)

- If patient is hypoglycemic, refer to hypoglycemia protocol

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PARAMEDIC

- Consider chemical restraint as per the **BEHAVIORAL EMERGENCIES guidelines**, as needed, to protect the patient and/or rescue personnel.

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