

# ALTERED MENTAL STATUS

## UPDATED 2/2024

### ALL PROVIDERS

- Focused history and physical exam
  - Blood glucose, oxygen saturation and temperature assessment
- Continuous cardiac, ETCO<sub>2</sub>, 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

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Apply supplemental oxygen as needed to maintain oxygen saturation of 90-94% <b>prior to administering Naloxone.</b></li> <li><input type="checkbox"/> Apply warming or cooling techniques as indicated</li> <li><input type="checkbox"/> <b>Naloxone</b> 2-4 mg (per dose) IM/IN (intranasal) for suspected narcotic overdose. <b>Repeat as needed to ensure respirations are adequate.</b></li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Apply supplemental oxygen as needed to maintain oxygen saturation of 90-94% <b>prior to administering Naloxone.</b></li> <li><input type="checkbox"/> Apply warming or cooling techniques as indicated</li> <li><input type="checkbox"/> <b>Naloxone</b> 0.1 mg/kg (max 2mg per dose) IM/IN (intranasal) for suspected narcotic overdose. <b>Repeat as needed to ensure respirations are adequate.</b></li> </ul> |
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#### AEMT

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- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Advanced airway, vascular access and fluid therapy</li> <li><input type="checkbox"/> If evidence of poor perfusion, give NS <b>or</b></li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Advanced airway, vascular access and fluid therapy</li> <li><input type="checkbox"/> If evidence of poor perfusion, give NS <b>or LR</b> 20mL/kg IV (max <b>500mL</b>)</li> </ul> |
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LR 500ml IV to maintain SBP >90mmHg  
or MAP of 65

- If patient is hypoglycemic, refer to hypoglycemia protocol

**PARAMEDIC**

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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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