

ALTERED MENTAL STATUS

UPDATED 4/2025

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 or chemical restraints as needed to protect the patient and/or rescue personnel.
 - Consider hypoglycemia
- ☐ **Key Considerations**
 - Consider non-accidental trauma, especially in pediatric and elderly patients
 - Pediatric lowest acceptable systolic blood pressures
 - Birth to 1 month = 60mmHg
 - 1 month to 1 year = 70mmHg
 - 1 year to 10 years = 70mmHg + (age x 2)
 - 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
 - AEIOUTIPPS: 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

Pediatric weight-based dosing should not exceed Adult dosing.

EMT

EMT

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

- ☐ 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
- ☐ If patient is hypoglycemic, refer to Glucose Emergencies protocol

PARAMEDIC

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

AEMT

- ☐ 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, reference to Glucose Emergencies protocol

PARAMEDIC

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