REGION I EMERGENCY MEDICAL SERVICES
STANDING MEDICAL ORDERS
EMT – Basic

SMO: Altered Mental Status

Overview: The term *altered mental status* describes a change from the "normal" mental state. The term *level of consciousness* indicates a patient's state of awareness.

INFORMATION NEEDED

___ Surroundings: syringes, blood glucose monitoring supplies, insulin, etc.
___ Change in mental status: baseline status, onset and progression of altered state, symptoms such as headache, seizures, confusion, trauma, etc.
___ Medical history: psychiatric and medical problems, medications, and allergies

OBJECTIVE FINDINGS

__AVPU and neurological assessment
__Signs of trauma
__Pupil size and reactivity
__Needle tracks or other signs of abuse such as smell of ETOH, empty pill bottles etc.
__Medical information tags, bracelets or medallions
__Blood glucose

TREATMENT

__ ABC's
__ Pulse Oximetry
__ Oxygen 10-15 L/min via nonrebreather mask; assist ventilations with BVM as indicated
__ Spine immobilization if any suspicion of head trauma with full spinal immobilization
__ RMC
__ **Glucose paste** for conscious patient with gag reflex intact and BS less than 60 mg/dl.
__ **Glucagon 1 mg IM if patient without intact gag reflex and with BS less than 60 mg/dl.**

Documentation of adherence to protocol:

___ Neurologic assessment documented
___ Blood glucose checked
___ If blood glucose<60 mg/dl, treatment given per protocol and response documented.

PRECAUTIONS AND COMMENTS

- Always assess for treatable etiologies (hypoglycemia, opiate overdose, dysrhythmias, etc.) of the altered mental status before performing advanced airway procedures.

EMT – Intermediate, EMT – Paramedic

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OBJECTIVE FINDINGS

__AVPU and neurological assessment
__Signs of trauma
__Pupil size and reactivity
__Needle tracks or other signs of abuse such as smell of ETOH, empty pill bottles etc.
__Medical information tags, bracelets or medallions
__Blood glucose level

TREAMENT

___ ABC's
___ Pulse Oximetry
___ Oxygen 10-15 L/min via nonrebreather mask; assist ventilations with BVM as indicated
___ Spine immobilization if any suspicion of head trauma with full spinal immobilization
___ RMC
___ Cardiac monitor
___ **Glucose paste** for conscious patient with intact gag reflex.
___ IV access
___ **Naloxone** 2 mg IVP or IM for suspected opiate overdose with respiratory depression consisting of Respirations < 12 and or very shallow respirations and/or signs of shock (titrate to overcome respiratory depression and repeat as needed)
___ **Dextrose 50% (D50W) 25 grams IVP**; if blood glucose <60 mg/dl or if patient is known diabetic; repeat as needed based on patient response up to a total dose of 50 grams. If you are unable to measure blood glucose level, assume hypoglycemia.
___ **Glucagon 1 mg IM**, if unable to establish an IV to administer Dextrose.
___ If history of ETOH abuse suspected or undernourished patient.
___ Advanced airway management as indicated

Documentation of adherence to protocol:
Neurologic assessment documented
Blood glucose checked
If blood glucose<60 mg/dl, treatment given per protocol and response documented.
ECG strip attached to report.

PRECAUTIONS AND COMMENTS

- Always assess for treatable etiologies (hypoglycemia, opiate overdose, dysrhythmias, etc.) of the altered mental status before performing advanced airway procedures.
- Nalaxone can precipitate acute withdrawal syndrome. Use ONLY if patient is unconscious, or severely altered with respiratory depression and you suspect opiate overdose.
- Make sure IV is patent before and during administration of Dextrose 50%.