

SAN FRANCISCO EMERGENCY MEDICAL SERVICES AGENCY

Effective: 9/1/06
Supersedes: 7/1/02

Protocol: #P-006

ALTERED MENTAL STATUS

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
- ◆ Medical information tags, bracelets or medallions
- ◆ Blood glucose level

BLS Treatment	ALS Treatment
<ul style="list-style-type: none">• ABC's• Oxygen 10-15 L/min via non-rebreather mask; assist ventilations with BVM as indicated• C-spine immobilization if any suspicion of head trauma• RMC• Glucose paste for conscious patient with gag reflex intact.	<ul style="list-style-type: none">• IV of NS• Naloxone up to 2 mg intranasal (IN) via mucosal atomizer device (MAD) (preferred) (See PRECAUTIONS AND COMMENTS), or IVP or IM for suspected opiate overdose with respiratory depression and/or signs of shock (titrate to overcome respiratory depression and repeat as needed). See PRECAUTIONS AND COMMENTS)• Dextrose 50% (D₅₀W) 25 grams IVP; if blood glucose < 80 mg/dl or if patient is known diabetic; repeat on a 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 (or Unit) IM, if unable to establish an IV to administer Dextrose.• Advanced airway management as indicated

Documentation of adherence to protocol:

Neurologic assessment documented

Blood glucose checked

If blood glucose < 80 mg/dl, dextrose given

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PRECAUTIONS AND COMMENTS

- Always assess for treatable etiologies (hypoglycemia, opiate overdose, dysrhythmias, etc.) of the altered mental status before performing advanced airway procedures.
- **Naloxone** 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%**.
- Intranasal (IN) Mucosal Administration of Naloxone

Use of Mucosal Atomizing Device (MAD):

- Patient should be in a recumbent or supine position. If the patient is sitting, compress the nares after administration
- Draw up 2 mg of **Naloxone** into a 3 ml syringe
- Expel any air within the syringe
- Attach the MAD to the syringe and confirm that it is secured firmly to the syringe
- Insert syringe with the MAD attached into nares
- Briskly compress the syringe plunger to expel and atomize the medication.

Contraindications to intranasal administration include:

- Facial trauma
- Epistaxis
- Nasal congestion or discharge
- Any recognized nasal mucosal abnormality

Note:

- No more than 1 ml of medication should be administered per nostril
- No more than 0.5 ml of medication should be administered per nostril for children < 10 years old