Altered Mental Status

The purpose of this protocol is to provide for the assessment and treatment of patients with altered mental status. Consideration should be given to treatable and reversible causes (e.g., hypoglycemia, opioid overdose, etc.). For patients ≤ 14 years of age refer to **Pediatric Altered Mental Status-Treatment Protocol.**

1. Follow **General Pre-hospital Care Protocol-Treatment Protocol**.
2. If patient is not alert or vital signs are abnormal:
   a. Evaluate and maintain airway, provide oxygenation, and support ventilations as needed per **Airway Management-Procedure Protocol**.
   b. If no suspected spinal injury, place the patient in recovery position.
3. If respiratory depression is present due to suspected opioid overdose, administer **naloxone** per **Opioid Overdose Treatment and Prevention-Treatment Protocol**.
4. Restrain patient, if necessary, refer to **Patient Restraint-Procedure Protocol**.
5. For a known diabetic, consider small amounts of **oral glucose** if unable to measure blood glucose level.
6. If the patient is demonstrating signs of hypoglycemia, measure blood glucose level (may be MFR skill, see **Blood Glucose Testing-Procedure Protocol**.)
   a. If less than 60 mg/dL, administer oral glucose (all licensure levels).
   S b. Administer IV **dextrose** 25 gm, may titrate to fully awake and oriented.
   S c. Per MCA selection, if unable to start IV, when IV **dextrose** is indicated, administer **glucagon** 1 mg IM, or 3 mg IN (if available per MCA selection), (may be EMT skill per MCA selection).

Glucagon administration per MCA Selection
☐ Not included

	1 mg **glucagon** IM *Injectable formulation ONLY*	3 mg **glucagon** IN *Intranasal formulation ONLY*
EMT	☐	☐
Specialist	☐	☐
Paramedic	☑	☐

*INTRANASAL GLUCAGON ADMINISTRATION: Only glucagon that is FDA-approved for nasal administration (e.g., Baqsimi(R)) may be given by IN route. Injectable glucagon is not to be administered via IN route. EMS clinicians may assist family/patient care givers in administering glucagon that is FDA-approved for IN use, if prescribed for the patient (regardless of age).

d. Recheck the blood glucose level (may be MFR skill, see **Blood Glucose Testing-Procedure Protocol**.) 10 minutes after glucose or **glucagon** (per MCA selection) administration.

7. If glucose is >250 mg/dL, administer **NS** or **LR** IV bolus, up to 1 L.
   a. For patients with renal failure or heart failure, decrease volume to 500 mL.

8. Consider 12 Lead ECG (Per MCA selection, may be a BLS or Specialist procedure) follow **12 Lead ECG-Procedure Protocol**.

9. If the patient is not alert and the cause is not immediately known contact Medical Control and consider:

A – Alcohol	T – Trauma	C – Cardiac
E – Epilepsy	I – Ingestion	H – Hypoxia
I – Insulin	P – Psych	E – Environmental
O – Overdose	P – Phenothiazine	S – Stroke
U – Uremia	S – Salicylates	S - Sepsis

<u>Medication Protocols</u>
Dextrose
Glucagon