



Protocol 700-N1: Altered Mental Status

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BLS Treatment

- ❖ Treat life threats. (See Procedure 701 *Life Threats*)
- ❖ Spinal precautions as indicated.
- ❖ Consider causes*
- ❖ If unconscious, place a dime size amount of **Glucose Paste** under the tongue.
- ❖ If patient can swallow on command, administer **Glucose Paste** or let patient self-administer glucose product.
- ❖ Prepare for transport/transfer of care.

ALS Treatment

- ❖ Treat life threats. (See Procedure 701 *Life Threats*)
- ❖ Check for Hypoglycemia
 - Perform Blood Glucose check
 - if less than 60 mg/dl treat as needed. If 60-80 mg/dl use clinical judgment.
 - If conscious
 - consider giving **Glucose PO**.
 - If unconscious or unable to take oral sugar
 - **Dextrose 10%** IV up to 250 ml. Titrate to clinical response. Following initial infusion, check level of consciousness and BG Chem. If BG
 - If BG < 80 and the patient still has altered mentation, consider repeating Dextrose 10% 250 ml. Recheck patency of IV line frequently.
 - If no IV can be established and patient presents with altered mentation, give Glucagon 1unit (1mg) IM.
- ❖ If BG normal and persistent altered mentation, consider stroke or opioid overdose. (see Protocols N3 *Stroke and M1 Overdose*)

*Causes of Altered Mental Status

- A** Alcohol
- E** Epilepsy with seizure activity
- I** Infection
- O** Overdose
- U** Uremia (renal failure)
- T** Trauma
- I** Insulin (high or low BSL)
- P** Poisoning
- S** Stroke



Special Considerations

- ❖ If the patient's history of present illness/clinical presentation suggests acute hypoglycemia, give sugar even if the blood sugar reading is in the "low normal" range (60-80mg/dl).
- ❖ Mental status improvement following treatment for hypoglycemia may lag behind improved glucose levels.
- ❖ Oral glucose is the preferred treatment for hypoglycemia when the patient can take medication orally.
- ❖ Insulin pumps administer very small quantities of insulin at any one time. Insulin pumps should not be discontinued when treating hypoglycemia.
- ❖ **Glucagon** often causes nausea and vomiting. (see Protocol 700-M4 *Nausea and Vomiting*)
- ❖ **Glucagon** may take 10–15 minutes or longer to increase glucose levels.
 - Wait at least 15 minutes to recheck glucose before considering additional therapy.
- ❖ **Warning:** Transport of hypoglycemic patients is strongly urged in those patients over 65 years of age or who developed hypoglycemia secondary to oral diabetic medication.
- ❖ Acute hypoglycemia can occur with renal failure, starvation, alcohol intoxication, sepsis, **Aspirin** overdoses, sulfa drug ingestion or following bariatric surgery.