



Protocol 700-N1-P: Altered Mental Status

Revision 5/22/18
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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 pt. 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 conscious
 - ◆ consider giving **Glucose** PO.
 - If unconscious or unable to take oral sugar
 - ◆ **Dextrose 10%** 5ml/kg IV up to 250 ml. Titrate to clinical response. Following initial infusion, check level of consciousness and BG Chem. If BG
 - If BG < 60 and the patient still has altered mentation, consider repeating **Dextrose 10%** 5ml/kg 250 ml.
 - Recheck patency of IV line frequently.
 - If no IV can be established and patient presents with altered mentation, consider **Glucagon**
 - < 20 kg, give 0.5 units (0.5mg) IM
 - ≥ 20kg, give 1 unit (1 mg) IM
- ❖ Transport/Contact Base Station.
 - Repeat BG check end-route

*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-P *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.
- ❖ Acute hypoglycemia can occur with renal failure, starvation, alcohol intoxication, sepsis, **Aspirin** overdoses, sulfa drug ingestion or following bariatric surgery.