

**SAGINAW VALLEY  
MEDICAL CONTROL AUTHORITY  
PRACTICE PARAMETER**

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**ACUTE ALTERED MENTAL STATUS**

**I. Assessment Information**

- A. Specific Objective Findings:
  - 1. Vital Signs, pupil changes, EKG
  - 2. Glasgow Coma Score
  - 3. Mental and neurologic Status: Baseline vs. Current
  - 4. Characteristic odor to breath
    - a. Ketones
    - b. Alcohol
  - 5. Medical Alert tags
  - 6. Environmental clues
  - 7. Determine if signs of hypoglycemia are present

**FIRST RESPONDER**

**II. Management**

- A. Restrain patient, if necessary
- B. Evaluate and maintain airway, provide oxygenation and support ventilations as needed.
- C. If no concern regarding spinal injury, place patient on either side.<sup>1</sup>
- D. Obtain vital signs (blood pressure, pulse and respiratory rate).
- E. Arrange for ALS Intercept
- F. Obtain blood glucose level, if available to you.
- G. If blood glucose is <70mg/dl and patient is ALERT/CONSCIOUS,
  - 1. Administer ORAL HIGH CALORIC FLUID available.
- H. If blood glucose is <70mg/dl and patient is NOT alert or vital signs are unstable.
  - 1. Carefully administer small amounts of ORAL GLUCOSE PASTE, buccal or sublingual, if there is a delay in providing advanced level care.<sup>2</sup>

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- I. If glucometer not available, but hypoglycemia is most likely to be expected, **CONSIDER FOLLOWING G & H STEPS ABOVE.**

**BASIC LIFE SUPPORT**

- J. Initiate transport toward ALS intercept, if transporting unit.

**ADVANCED LIFE SUPPORT**

- K. Monitor EKG
- L. IV NORMAL SALINE@ TKO
- M. Obtain blood glucose level
1. Administer 50cc DEXTROSE 50%(25 grams) IVP, if blood glucose is <70 mg/dl.
- N. If no response to dextrose or dextrose **NOT** indicated, Administer NARCAN 2-4mg IVP.
- O. Re-check blood glucose level and assess Glasgow Coma Score 10 minutes after glucose administration.

**NOTIFY RECEIVING FACILITY**

- P. If patient is still unconscious after above interventions

**CONTACT MEDICAL CONTROL**

- Q. Consider protecting and/or controlling airway with endotracheal intubation.
- R. Consider hyperventilation if any signs of focal neurologic deficit or cerebral herniation
- a. Adult hyperventilation = 16-20 per minute
  - b. Child hyperventilation = 20-24 per minute
  - c. Infant hyperventilation = 24-28 per minute

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- S. Possible orders post radio contact:
1. Consider additional DEXTROSE 50% (25 grams) IVP
  2. Consider additional NALOXONE 2-4mg IVP

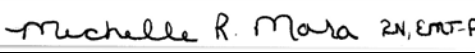
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<sup>1</sup> Rationale=Patient could vomit and aspirate.

<sup>2</sup> Administer to gums or mucosa in small amounts at the time. Avoid excessive salivation. If risk of aspiration becomes high, stop administration of paste.

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