

Protocol 700-N1

Altered Mental Status

Rev: 2/18

**BLS Treatment**

- ❖ Treat life threats. (See Procedure 701 *Life Threats*)
- ❖ Spinal precautions as indicated.
- ❖ Consider causes\*
- ❖ Check for Hypoglycemia
  - Perform Blood Glucose check
    - if less than 60 mg/dl treat as needed.
      - If conscious and patient can swallow on command, administer glucose paste or let patient self-administer glucose product.
      - If unconscious, place a dime size amount of glucose paste under the tongue.
- ❖ 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% IV up to 250 ml. Titrate to clinical response. Following initial infusion, check level of consciousness and BG Chem. If BG
          - If BG < 70 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*)
- ❖ Transport/Contact Base Station.
  - Repeat BG check enroute

**\*Causes of Altered Mental Status**

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

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### 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 (60-70mg/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 is able to 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.

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