

Protocol 700-N1-P

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% 5ml/kg IV up to 250 ml. Titrate to clinical response. Following initial infusion, check level of consciousness and BG Chem.
 - 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 en-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 (60-70mg/dl).

David Ghilarducci MD

David Ghilarducci MD
EMS Medical Director

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- ❖ 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-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.
- ❖ **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.



David Ghilarducci MD
EMS Medical Director