EMS Pediatric Protocols

<table>
<thead>
<tr>
<th>Protocol Title:</th>
<th>Altered Mental Status</th>
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<tbody>
<tr>
<td>Original Adoption Date:</td>
<td>08/2000</td>
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<tr>
<td>Date of Most Recent Update:</td>
<td>December 26, 2013</td>
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<tr>
<td>Medical Director</td>
<td>Chad Torstenson M.D.</td>
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**Basic Treatment Guidelines:**
Follow initial protocol for all patients
General altered mental status treatment:
- Consider all possible causes including head trauma
- Perform **Blood Glucose Testing**
- Administer oxygen unless patient condition warrants otherwise
- Utilize appropriate airway management
- Administer oral glucose if patient is able to swallow and blood glucose is < 60 mg/dl
- Be alert for combativeness
- Transport in position of comfort

**Advanced Treatment Guidelines:**
1. Perform **Endotracheal Intubate** if necessary.
2. Apply cardiac monitor.
3. Establish **IV** or **IO** access as necessary and infuse as patient condition indicates.
4. If indicated administer dextrose for hypoglycemia:
   - Infant and child with glucose <60 mg/dl
   - Newborn with glucose <40 mg/dl
   - Child > 2 years old administer **50% DEXTROSE**, 1-2 ml/kg IV or IO bolus
   - Child < 2 years old administer **25% DEXTROSE**, 2-4 ml/kg IV or IO bolus. Dilute **50% DEXTROSE** 1:1 with sterile water or **NORMAL SALINE**.
   - Newborn administer **10% DEXTROSE** 2-4 ml/kg IV or IO bolus. Mix 1 part **50% DEXTROSE** with 4 parts sterile water or **NORMAL SALINE**.
5. If unknown history of events or history of drug abuse, administer **NALOXONE** 0.1 mg/kg IV, IO, up to maximum of 2.0 mg or if no IV access consider **NALOXONE** Intranasal (Atomizer) 0.1 mg/kg
*When using Mucosal Atomization Devices (MAD) for intranasal administration, deliver half of the dose into each naris. For doses less than 1 milliliter, use two separate syringes and MAD tips. This will insure accurate dosing to both nares. A single naris dose should not exceed 1 milliliter.