

Altered Mental Status (Adult and Pediatric)

CFR and All Provider Levels

1. Assess the scene for potential or actual danger and establish a safe zone, if necessary
2. ABCs and vital signs
3. Airway management
4. Administer oxygen
5. Assess and treat for an overdose as needed

CFR STOP

EMT

6. Request ALS assistance
7. Obtain blood glucose level (BGL)
8. If BGL < 60 mg/dl AND the patient is conscious AND able to drink without assistance, administer a glucose solution or other sugar containing beverage
9. Transport

EMT STOP

Paramedic

10. Obtain intravascular access
11. For patients with a glucometer reading < 60 mg/dl, administer Dextrose OR Glucagon as follows. Repeat as needed if there is no change in symptoms or if symptoms fail to improve significantly:
 - **ADULT:** Dextrose up to 25 g IV
 - **PEDIATRIC:** Dextrose 0.5 g/kg IV (maximum 25 g) with the following concentrations:
 - Age ≤ 1 month: 10% Dextrose
 - Age between 1 month – 14 years: 25% Dextrose
 - For **ADULT** and **PEDIATRIC** patients, administer Glucagon 1 mg IM/IN if intravascular access is unavailable

Paramedic STOP

Medical Control Options

Key Points / Considerations

- For pediatric patients, no more than 2 (two) attempts at obtaining intravascular access shall be made before administering Glucagon. Intranasal (IN) Glucagon is the preferred administration route
- Consider underlying causes of altered mental status (e.g. trauma, medical, behavioral) and treat appropriately
- Do not administer oral solutions to unconscious patients or to patients with head injuries
- Diabetic patients with a blood glucose level reading between 60-80 mg/dl may still be symptomatic secondary to hypoglycemia. In the presence of such signs and symptoms, treat accordingly