

**Altered Mental Status (Adult and Pediatric)****CFR AND ALL PROVIDER LEVELS**

1. Assess the situation for potential or actual danger and establish a safe zone, if necessary.
2. If an underlying medical or traumatic condition causing an altered mental status is not apparent; the patient is fully conscious, alert, and able to communicate; and an emotional disturbance is suspected, see the Excited Delirium (Adult and Pediatric) protocol.
3. ABCs and vital signs.
4. Airway management, and appropriate oxygen therapy.
  - a. If an overdose is strongly suspected, use high flow oxygen.
5. If an opioid overdose is suspected, and the patient's respiratory rate is less than 10/minute, Administer intranasal (IN) Naloxone, if available, via mucosal atomizer device (MAD):
  - a. Adult patient:
    - i. 1 mg/ml in each nostril for a total of 2 mg/2 ml.
  - b. Pediatric Patient:
    - i. 0.5 mg/0.5 ml in each nostril for a total of 1 mg/1 ml.
  - c. If after 5 minutes, there is no improvement, administer a repeat dose of naloxone:
    - i. Adult patient:
      1. 1 mg/ml in each nostril for a total of 2 mg/2 ml.
    - ii. Pediatric Patient:
      1. 0.5 mg/0.5 ml in each nostril for a total of 1 mg/1 ml.

**● CFR STOP****EMT**

6. Request ALS assistance.
7. A glucometer should be used to document blood glucose level prior to administration of glucose solution, fruit juice or non-diet soda.
  - a. If the glucometer reading is above 60 mg/dL, withhold treatment for hypoglycemia.
8. For patients with a history of diabetes, who are conscious but confused and able to drink without assistance, then provide by mouth:
  - a. A glucose solution
  - b. Fruit juice
  - c. Or non-diet soda
9. If an opioid overdose is suspected, and the patient's respiratory rate is less than 10/minute, Administer intranasal (IN) Naloxone, if available, via mucosal atomizer device (MAD):
  - a. Adult patient:
    - i. 1 mg/ml in each nostril for a total of 2 mg/2 ml.
  - b. Pediatric Patient:
    - i. 0.5 mg/0.5 ml in each nostril for a total of 1 mg/1 ml.
  - c. If after 5 minutes, there is no improvement, administer a repeat dose of naloxone:
    - i. Adult patient:
      1. 1 mg/ml in each nostril for a total of 2 mg/2 ml.
    - ii. Pediatric Patient:
      1. 0.5 mg/0.5 ml in each nostril for a total of 1 mg/1 ml.
10. Transport.
11. Assess and monitor the Glasgow Coma Score.

- a. Do not delay transport.

**● EMT STOP**

**Paramedic**

12. Intravascular access.
13. If an opioid overdose is suspected, and the respiratory rate is less than 10/minute:
  - a. For Adult patients administer Naloxone titrate to response in increments of 0.5 mg up to 4 mg IV/IN/IM.
  - b. For pediatric patients administer Naloxone titrated to response in increments of 0.5 mg IV/IN/IM:
    - i. In patients two (2) years of age or older, up to 2 mg.
    - ii. In patients, less than two (2) years of age, up to 1 mg.
14. Administer Dextrose or Glucagon:
  - a. For adult patients, administer up to 25 gm Dextrose IV bolus.
  - b. For pediatric patients, administer Dextrose 0.5 gm/kg IV bolus.
    - i. Use 10% Dextrose in patients less than or equal to one (1) month of age.
    - ii. Use 25% Dextrose in patients greater than one (1) month of age and less than 15 years of age.
  - c. In adult and pediatric patients if intravascular access is unavailable, administer Glucagon, 1 mg, IM/IN.
15. If there is still no change in mental status or it fails to improve significantly:
  - a. Repeat administration of up to 25 gm Dextrose IV bolus.

**● Paramedic STOP**

**Medical Control Options**

*If there is still no change in mental status:*

1. Repeat any of the above Standing Orders.

**Key Points / Considerations**

1. Consider underlying cause of AMS (e.g., trauma, medical, behavioral) and treat as necessary.
2. All suicidal or violent threats or gestures must be taken seriously.
  - a. Utilize law enforcement personnel if the patient poses a danger to themselves, emergency personnel and/or others.
3. Do not administer any oral solutions to unconscious patients or to patients with head injuries.
4. Diabetic patients with a blood glucose level reading between 60 – 80 mg/dL may still be experiencing hypoglycemia.
  - a. In the presence of such signs and symptoms, treat accordingly.
5. Refer all weight-based fluids/medications to a Length Based Dosing Device.
6. Each certification level provider may administer a maximum of two (2) Naloxone doses as described in their respective protocol sections.
7. All providers may substitute Naloxone Nasal Spray (Adult and Pediatric patients: 4 mg/0.1 ml in ONE nostril) for intranasal naloxone dose, if approved by agency medical director.

8. Relative Contraindications of Naloxone:
  - a. Cardiopulmonary arrest
  - b. Active seizure
  - c. Evidence of nasal trauma, nasal obstruction and/or epistaxis