

HEALTHEAST MEDICAL TRANSPORTATION  
MEDICAL OPERATIONS MANUAL

**3D ALTERED MENTAL STATUS**

**PATIENT CARE GOALS**

- Identify and treat potential life threats and underlying problems involving altered mental status or unconsciousness, while ensuring adequate oxygenation, ventilation and perfusion.

**EMT**

1. Assess the patient and provide initial care including oxygen and vascular access, as per **1B General Assessment and Care**. Consider potential life threats and underlying causes of altered mental status or unconsciousness.<sup>1,2</sup>
2. Measure blood glucose level and treat per **3G Hypoglycemia** or **3H Hyperglycemia**.
3. Perform stroke assessment as detailed in **3E Stroke** and treat accordingly.
4. Perform spinal motion restriction per **7L Selective Spinal Precautions** if trauma is suspected.

**PARAMEDIC**

ADULT	PEDIATRIC (less than 60 kg)
<p>5. Treat dysrhythmias, if present, as per specific dysrhythmia treatment guidelines.</p> <p>6. For known or suspected narcotic or opiate toxicity, administer <b>naloxone (Narcan) titrated in 0.4 mg increments IV/IO/IM/IN to a maximum total dose of 2 mg</b>, to ensure adequate respirations without restoring full consciousness.<sup>3</sup></p> <p>7. Consider <b>7F Advanced Airway Management</b> for patients with depressed respirations, poor gag reflex, or GCS 8 or less.</p>	<p>5. Treat dysrhythmias, if present, as per specific dysrhythmia treatment guidelines.</p> <p>6. For known or suspected narcotic or opiate toxicity, administer <b>naloxone (Narcan) titrated in 0.01 mg/kg increments IV/IO/IM/IN to a maximum total dose of 2 mg</b>, to ensure adequate respirations without restoring full consciousness.<sup>3</sup></p> <p>7. Consider <b>7F Advanced Airway Management</b> for patients with depressed respirations, poor gag reflex, or GCS 8 or less.</p>

**DOCUMENTATION KEY POINTS**

- Time last seen normal.
- Baseline mental status if history of dementia, stroke, or chronic neurologic condition.
- Differential diagnosis and findings supporting suspected primary cause.
- Initial and ongoing assessments, monitoring, interventions, patient response and complications (if any) encountered.

**NOTES**

<sup>1</sup> **Causes and contributing factors** of altered mental status or unconsciousness to be considered include:

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- Hypoxia, hypercapnia
- Hypoglycemia, other metabolic disorders
- Trauma (consider hypovolemia, possible need for spinal protection)
- Dysrhythmias, stroke or other cardiovascular disorders
- Acute alcohol intoxication, drug toxicity, withdrawal
- Infection, sepsis (especially in elderly and pediatric patients)
- Seizures, postictal state

<sup>2</sup> **Pediatric patients:** Increasing ICP should be noted as a potential cause for altered LOC; for example in the case of meningitis, blocked AV shunt, or oncology patients with a brain tumor. The non-traumatic increasing of ICP is a more common cause of LOC in children. Clinical management of ICP includes ETCO<sub>2</sub> goal of 35, elevated head of bed if no contraindications, and maintaining head midline.

<sup>3</sup> **Naloxone (Narcan):** In the field, naloxone is used to restore respirations to the point that intubation will not be necessary. Avoid full narcotic reversal, which may necessitate patient restraint, sedation, and/or treatment of narcotic withdrawal. Synthetic narcotics may require higher doses of naloxone (Narcan).