

Bayfield-Ashland Counties EMS MEDICAL	M-5 ALTERED MENTAL STATUS
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SYMPTOMS: Confused, not with it, loss of consciousness, impaired decision-making capacity.

Exclusion: Traumatic Brain Injury (TBI)

Assessment and Treatment

ALL LEVELS

1. Assure patent airway.
2. Look for treatable causes of altered mental status.
3. If suspected overdose, consider administration of naloxone/Narcan [0.4 to 2.0 mg intranasal].
  - a. Start with the lowest dose possible.
  - b. Be aware that patients with altered mental status secondary to an opioid overdose may become agitated following administration of naloxone due to opioid withdrawal.
  - c. Use discretion to avoid complete reversal/combatative behavior.
  - d. May repeat as needed every 3-5 minutes up to 10 mg.
4. Consider need for spinal immobilization.
5. Document GCS and/or AVPU.

EMR-O; EMT-R

6. Conduct secondary survey.
  - a. Airway - Assure airway remains patent; reposition patient as needed.
  - b. Breathing – look for respiratory depression.
    - i. Administer oxygen as appropriate for dyspnea or distress with a target of achieving greater than 93% saturation for most patients.
    - ii. Check SPO<sub>2</sub>.
    - iii. Check CO detector.
  - c. Circulation – look for signs of shock. If present, see [Shock guideline \[M-13\]](#).
  - d. Glasgow Coma Score (GCS) or AVPU. Document.
  - e. Pupils – document findings.
  - f. Neck – look for rigidity or pain with range of motion.
  - g. Stroke tool – document findings. See [Stroke guideline \[M-15\]](#).
  - h. Determine blood glucose.
    - i. If less than 60 mg/dL refer to [Hypoglycemia guideline \[M-9\]](#).
    - ii. If greater than 250 mg/dL refer to [Hyperglycemia guideline \[M-8\]](#).
  - i. Breath odor – look for possible unusual odors such as alcohol, acidosis, or ammonia.
  - j. Chest/Abdominal – look for possible intra-thoracic hardware, assist devices, abdominal pain, or distention.
  - k. Extremities/skin – look for track marks, hydration, edema, dialysis shunt.
  - l. Temperature – assess temperature by touch or thermometer.
  - m. Environment – survey for pills, paraphernalia, ambient temperature, etc.
7. Consider need for active cooling or warming. See [Hypothermia/Cold Exposure \[EE-7\]](#) or [Hyperthermia/Heat Exposure \[EE-6\] guidelines](#)
8. Consider physical restraint as necessary.

EMT-O

9. Acquire ETCO<sub>2</sub>.
10. Acquire ECG.

AEMT-R

11. Establish IV access; consider isotonic IV/IO fluid bolus 20 ml/kg normal saline.

OR

AEMT-O

12. Consider lactated Ringer's. See fluid administration doses in [Shock \[M-13\]](#) and [Hypoglycemia \[M-9\]](#) or [Hyperglycemia \[M-8\]](#) guidelines.

INT-R

13. Interpret ETCO<sub>2</sub> and ECG as available.
14. Consider Vasopressors. See [Shock guideline \[M-13\]](#).

INT-O

15. Consider anti-dysrhythmic medication, See [Cardiovascular \[C-1 thru 5\]](#) section for specific dysrhythmia guidelines.