SAN FRANCISCO EMERGENCY MEDICAL SERVICES AGENCY

Effective: 01/07/13 **Protocol: P-006**
Supersedes: 09/01/06

ALTERED MENTAL STATUS

SUBJECTIVE FINDINGS

- **Surroundings:** Syringes, blood glucose monitoring supplies, insulin, etc.
- **Change in Mental Status:** Baseline status, onset and progression of altered state, symptoms such as headache, seizures, confusion, trauma, etc.
- **Medical History:** Psychiatric and medical problems, medications, and allergies
- Use of intoxicating substances: alcohol, stimulants e.g. cocaine, depressants e.g. opiates

OBJECTIVE FINDINGS

- AVPU and neurological assessment.
- Signs of trauma.
- Pupil size and reactivity.
- Needle tracks.
- Medical information tags, bracelets or medallions.
- Blood glucose level.

BLS Treatment	ALS Treatment
• Routine Medical Care. • If indicated, Oxygen 10-15 L/min via non-rebreather mask; assist ventilations with BVM. • C-spine immobilization if any suspicion of head trauma. • **Glucose paste** for conscious patient with gag reflex intact if blood glucose is <80 mg/dl..	• IV of NS • **Naloxone** 0.4 intranasal **(IN)** via mucosal atomizer device **(MAD)** (preferred) or IVP or IM for suspected opiate overdose with respiratory depression not responsive to BLS airway interventions. Repeat as needed every 5 minutes for respiratory depression (See PRECAUTIONS and COMMENTS) to total 2 mgs. • **Dextrose 50% ($D_{50}W$)** 25 grams IVP; if blood glucose < 80 mg/dl or if patient is known diabetic. Repeat as needed based on patient response up to a total dose of 50 grams. • Assume hypoglycemia if you are unable to measure blood glucose level. • **Glucagon** 1 mg (or Unit) IM, if unable to establish an IV to administer Dextrose. • Advanced airway management as indicated.

DOCUMENTATION

- Neurologic assessment documented.
- Blood glucose level results.
- If blood glucose < 80 mg/dl, dextrose given.

PRECAUTIONS AND COMMENTS

- Always assess for treatable etiologies (hypoglycemia, opiate overdose, dysrhythmias, etc.) of the altered mental status before performing advanced airway procedures.

- **Naloxone** can precipitate acute withdrawal syndrome. Use ONLY if patient is unconscious or severely altered with respiratory depression and you suspect opiate overdose. Do not exceed 2 mg total dose in an adult patient.
- Make sure IV is patent before and during administration of **Dextrose 50%.**

Use of **Mucosal Atomizing Device (MAD**) for Intranasal (IN) Mucosal Administration of Naloxone:

1. Patient should be in a recumbent or supine position. If the patient is sitting, compress the nares after administration.
2. Draw up 0.4 mg of **Naloxone** into a 3 ml syringe.
3. Expel any air within the syringe.
4. Attach the MAD to the syringe and confirm that it is secured firmly to the syringe.
5. Insert syringe with the MAD attached into nares.
6. Briskly compress the syringe plunger to expel and atomize the medication.

Contraindications to intranasal administration include:

1. Facial trauma.
2. Epistaxis.
3. Nasal congestion or discharge.
4. Any recognized nasal mucosal abnormality.

Note:

1. No more than 1 ml of medication should be administered per nostil.
2. No more than 0.5 ml of medication should be administered per nostril for children < 10 years old.