SAN FRANCISCO EMERGENCY MEDICAL SERVICES AGENCY

Effective: 09/01/06 **Protocol: P-041**
Supersedes: 02/01/05

PEDIATRIC ALTERED MENTAL STATUS

SUBJECTIVE FINDINGS

- Surroundings: pill bottles, syringes, insulin, alcohol containers, etc.
- Change in mental status: baseline status, onset and progression of altered state, antecedent symptoms such as fever, respiratory distress, headache, seizures, confusion, trauma, etc.
- **Medical history: psychiatric and medical problems, medications, and allergies.**
- **Hx of Diabetes Mellitus and type of medication (oral vs. insulin).**

OBJECTIVE FINDINGS

- Appearance: "TICLS" (**t**one, **i**nteractiveness, **c**onsolability, **l**ook/gaze, **s**peech/cry).
- LOC and neurological assessment (remember to gauge neurologic functioning by appropriate response for age; parents and guardians are good sources of information as to whether the infant or child's reaction to verbal or tactile stimuli is baseline).
- Signs of trauma.
- Pupil size, equality and reactivity.
- Medical information bracelets or medallions.
- Blood glucose level.
- Vital signs and temperature.

KNOWN OR SUSPECTED HYPOGLYCEMIA	
BLS Treatment	**ALS Treatment**
• **Glucose paste** or other **oral Glucose** administration if patient is able to maintain their airway and follow commands. • Routine Medical Care.	• IV or IO of NS. • **Dextrose:** *Neonates < 1 month: **D10W**, 1-2 ml/kg IVP or IO *Child 1 month to 2 years: **D25W**, 2 ml/kg IVP or IO *Child > 2 years: **D50W**, 1 ml/kg IVP or IO If no IV access • **Glucagon:** 0.1 mg/kg IM (max. dose 1 mg).

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UNKNOWN CAUSE	
BLS Treatment	**ALS Treatment**
• Field primary survey, ensure protective position or need for C- Spine precautions. • Ensure ABC's, oxygenation, ventilation, and suction prn. • Oxygen by blow-by, mask, or high flow prn, assist ventilations with BVM prn. • Routine Medical Care.	IV or IO of NS. **Naloxone**: • AVOID **Naloxone** in the neonate. • Infant or Child up to 5 years old (< 20 kg): 0.1 mg/kg IVP, IM or IO . • Children 5 – 10 years old (> 20 kg): 2 mg IN via MAD (preferred) See PRECAUTIONS AND COMMENTS) or IVP, IM or IO. Repeat prn. • Children > 10 years old: 2 mg IN via MAD (preferred) See PRECAUTIONS AND COMMENTS) or IVP, IM or IO. If rapid blood glucose test shows glucose < 60 mg/dl for child; < 40 mg/dl for newborn. (see PRECAUTIONS AND COMMENTS) **Dextrose:** • *Neonates (< 1 month): **D10W**, 1-2 ml/kg IVP or IO, • *Child 1 month to 2 years: **D25W**, 2 ml/kg IVP or IO. • *Child > 2 years: **D50W**, 1 ml/kg IVP or IO. If no IV access, **Glucagon** 0.1 mg/kg IM (max dose 1 mg) • If hypotensive, administer fluid bolus 20 ml/kg.

DOCUMENTATION

Correct doses of medications administered if indicated.
Blood glucose documented.
Glucose given if BG is < 60 mg/dl.
Oxygen administered.

PRECAUTIONS AND COMMENTS

- Blood glucose: consider **Dextrose** for any child with an altered level of consciousness and blood glucose test of < 80 mg/dl; and consider not treating a normal child with blood glucose > 60 mg/dl.
- **$D_{25}W$** is half strength **$D_{50}W$**. Mix 1ml of $D_{50}W$ with each 1 ml of NS.
- **$D_{10}W$** is made by mixing 1 ml of **$D_{50}W$** with 4 ml of NS.
- Be attentive for excessive oral secretions, vomiting, and inadequate tidal volume.
- Consider suspected child maltreatment and/or occult head trauma in patients with seizures and utilize pediatric trauma treatment protocols. Be aware of child maltreatment reporting requirements in these cases.

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INTRANASAL (IN) MUCOLSAL ADMINSTRATION OF NALOXONE

Use of Mucosal Atomizing Device (MAD):

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

Contraindications to intranasal administration include:

- Facial trauma.
- Epistaxis.
- Nasal congestion or discharge.
- Any recognized nasal mucosal abnormality.

Note:

- No more than 1 ml of medication should be administered per nostril.
- No more than 0.5 ml of medication should be administered per nostril for children **< 10 years.**