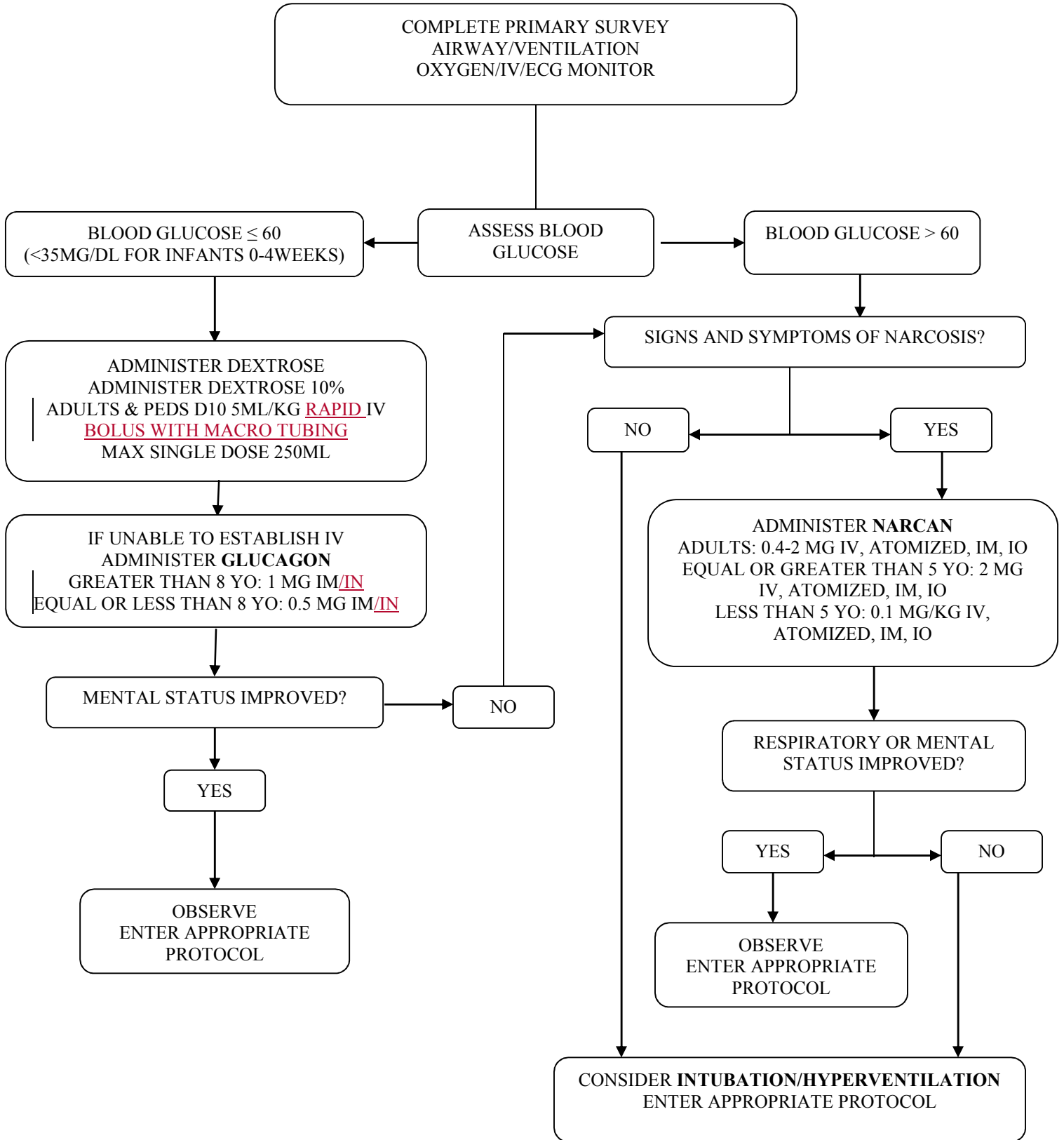


ALTERED MENTAL STATUS

Policy Number: **402**

Effective Date: **November 1, 1991**

Revision Date: **DRAFT**



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1. 10% dextrose should only be administered when blood glucose is below 60. A pre-dextrose blood draw is indicated prior to 10% dextrose administration when possible.
- ~~1.2.~~ Pressure infuser (i.e. Blood pressure cuff) may be used to help administer rapidly
- ~~2.3.~~ If the patient is presenting with an altered mental status, blood sugar between 60 and 80mg/dL, and has a history of diabetes, only after all other causes of altered mentation have been ruled out or signs and symptoms of hypoglycemia are present, 10% dextrose may be administered. Assessment, signs, symptoms and history should be thoroughly documented on the ePCR.
- ~~3.4.~~ Narcan is intended to reverse respiratory depression associated with narcotic use. Narcan may be withheld if respiratory depression is not present. The goal is to titrate Narcan to improve respiratory distress but not precipitate severe withdrawals. Generally a full 2 mg dose should not be given as an immediate bolus. Narcan may be repeated as needed after the first dose. Narcan may also be given IM for the second patient dose when a slower rate of action onset is indicated to prevent reoccurrence of the condition.
- ~~4.5.~~ If treatment is unsuccessful, re-assessment of the patient is indicated with examination of factors leading to the event.
- ~~5.6.~~ Hyperventilation is no longer advocated for routine head trauma. It is only indicated in the patient who is rapidly deteriorating and manifesting signs of impending herniation, such as:
 - Rapidly deteriorating mental status
 - Contralateral weakness/paralysis
 - Unilateral dilated pupil
 - Decerebrate or decorticate posturing
- ~~6.7.~~ If possibility of seizure exists, refer to seizure activity protocol. If ALOC suspected due to oral ingestion, refer to poisoning ingestion overdose protocol.