



# Altered Mental Status

## History

- Known diabetic, medic alert tag
- Drugs, drug paraphernalia
- Report of illicit drug use or toxic ingestion
- Past medical history
- Medications
- History of trauma
- Change in condition
- Changes in feeding or sleep habits

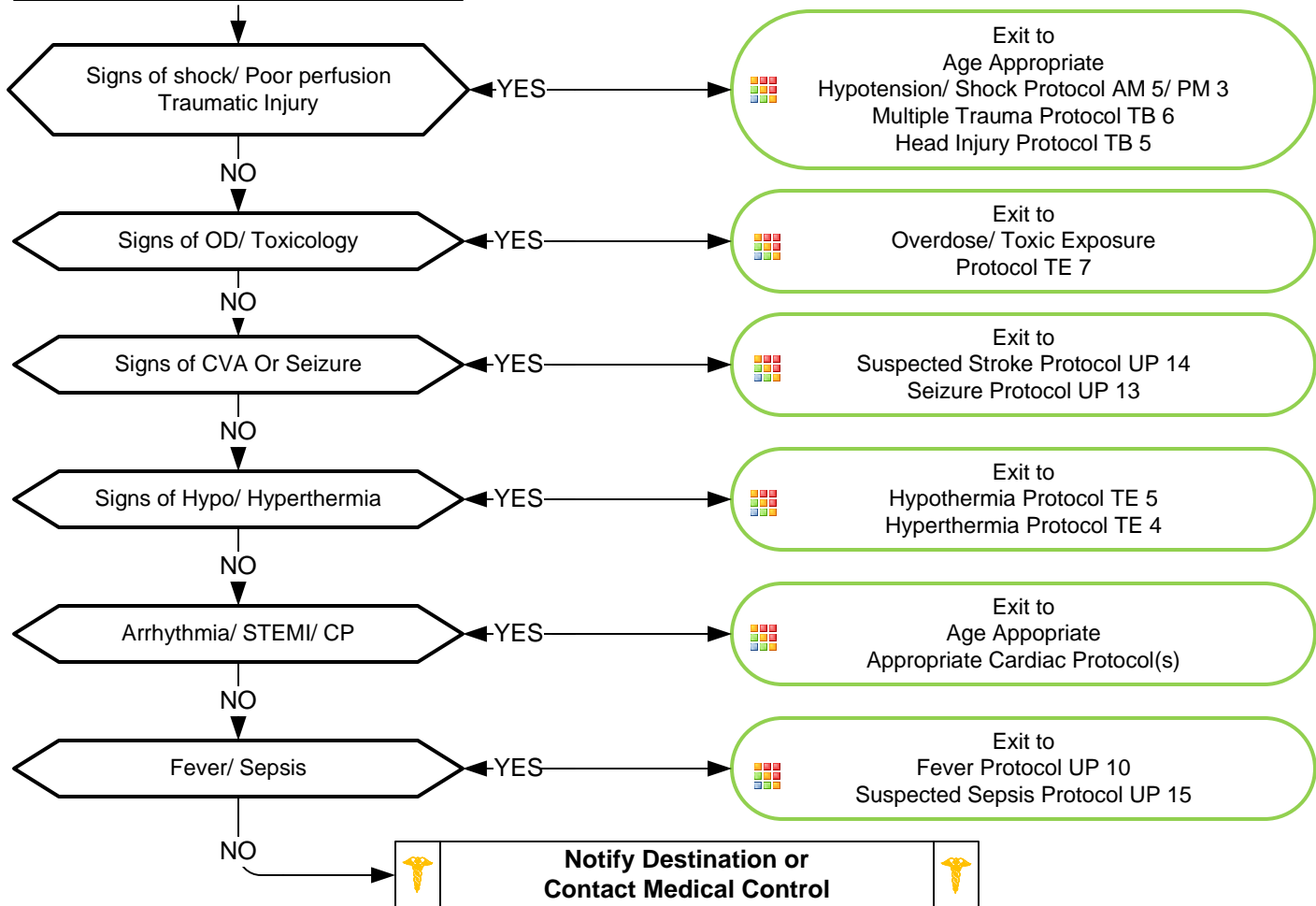
## Signs and Symptoms

- Decreased mental status or lethargy
- Change in baseline mental status
- Bizarre behavior
- Hypoglycemia (cool, diaphoretic skin)
- Hyperglycemia (warm, dry skin; fruity breath; Kussmaul respirations; signs of dehydration)
- Irritability

## Differential

- Head trauma
- CNS (stroke, tumor, seizure, infection)
- Cardiac (MI, CHF)
- Hypothermia
- Infection (CNS and other)
- Thyroid (hyper / hypo)
- Shock (septic, metabolic, traumatic)
- Diabetes (hyper / hypoglycemia)
- Toxicological or Ingestion
- Acidosis / Alkalosis
- Environmental exposure
- Pulmonary (Hypoxia)
- Electrolyte abnormality
- Psychiatric disorder

Age Appropriate Airway Protocol(s) AR 1, 2, 3, 5, 6 <i>if indicated</i>	
	Blood Glucose Analysis Procedure
<b>B</b>	12 Lead ECG Procedure
	IV or IO Access Protocol UP 6
Age Appropriate Diabetic Protocol(s) AM 2/ PM 2 <i>if indicated</i>	





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## Pearls

- **Recommended Exam: Mental Status, HEENT, Skin, Heart, Lungs, Abdomen, Back, Extremities, Neuro.**
- **AMS may present as a sign of an environmental toxin or Haz-Mat exposure, protect personal safety.**
- **General:**
  - **The patient with AMS poses one of the most significant challenges.**
  - **A careful assessment of the patient, the scene, and the circumstances should be undertaken.**
  - **Assume the patient has a life threatening cause of their AMS until proven otherwise.**
  - **Pay careful attention to the head exam for signs of bruising or other injury.**
  - **Information found at the scene must be communicated to the receiving facility.**
  - **Patients not able to communicate with you coherently require a complete secondary survey (head-to-toe) exam to assess for trauma, infection, or signs of maltreatment/ abuse, or neglect.**
  - **Acute Stroke should be considered in all patients with acute AMS when < 24 hours from onset.**
- **Substance misuse:**
  - Patients ingesting substances can pose a great challenge.
  - DO NOT assume recreational drug use and/ or alcohol are the sole reasons for AMS.
  - Misuse of alcohol/ recreational drugs may lead to hypoglycemia or occult trauma.
  - More serious underlying medical and trauma conditions may be the cause.
- **Behavioral health:**
  - The behavioral health patient may present a great challenge in forming a differential.
  - DO NOT assume AMS is the result solely of an underlying psychiatric etiology.
  - Often an underlying medical or trauma condition precipitates a deterioration of a patients underlying disease.
- **Spinal Motion Restriction/ Trauma:**
  - Only utilize spinal immobilization if the situation warrants.
  - The patient with AMS may worsen with increased agitation when immobilized.
- **It is safer to assume hypoglycemia than hyperglycemia if doubt exists. Recheck blood glucose after Dextrose or Glucagon**
- Consider Restraints if necessary for patient's and/ or personnel's protection per USP 5 Restraints: Physical procedure.