

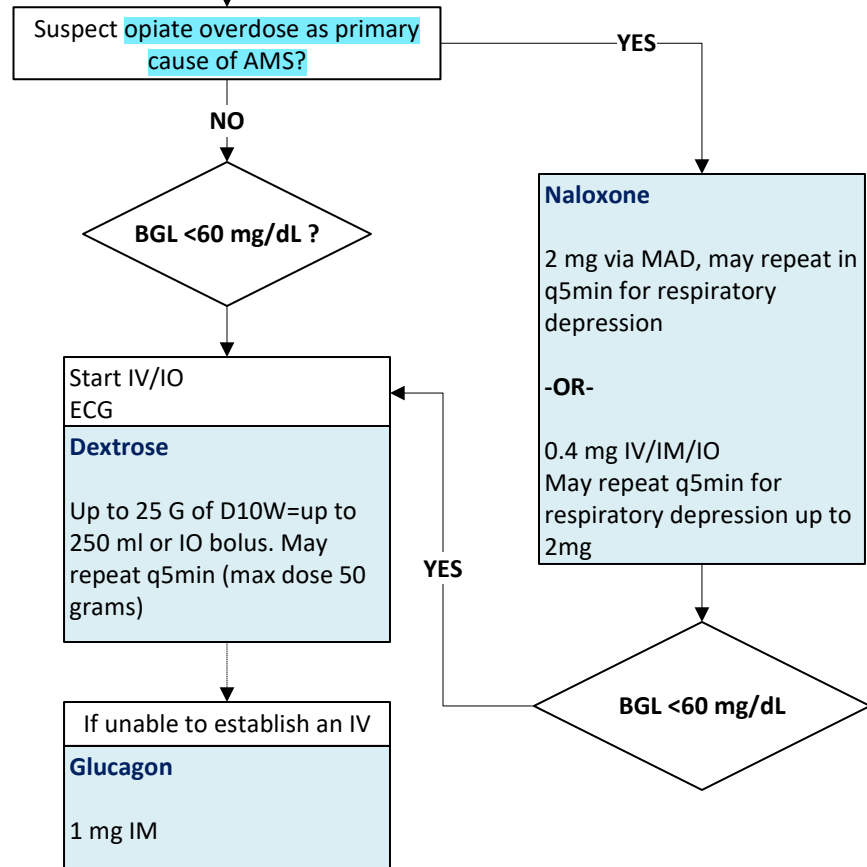
## 2.03 ALTERED MENTAL STATUS EMSAC JULY 2024

### BLS – FAQ Link

- Obtain history and perform patient assessment
- If BLS, request ALS resource
- If opiate overdose is suspected and respiratory depression are not responsive to BLS airway management: administer **Naloxone** IN (If EMT has been trained)
- Check blood glucose (If EMT has been trained)
- Administer **Glucose paste** or **Oral Glucose** to known diabetic patients with history of hypoglycemia. Patient must be conscious with intact gag reflex.
- ~~If opiate overdose is suspected and respiratory depression are not responsive to BLS airway management: administer **Naloxone** IN (If EMT has been trained)~~

DRAFT Version

### ALS



#### Common causes of altered mental status

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• <b>A</b>-Alcohol (overconsumption or withdrawal)</li> <li>• <b>E</b>-Epilepsy (seizure)</li> <li>• <b>I</b>-insulin</li> <li>• <b>O</b>-Overdose</li> <li>• <b>U</b>-Uremia (renal failure)</li> </ul> | <ul style="list-style-type: none"> <li>• <b>T</b>-Trauma</li> <li>• <b>I</b>-Infection (sepsis)</li> <li>• <b>P</b>-psychiatric condition</li> <li>• <b>S</b>-Stroke/Shock</li> </ul> |
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BLS Treatment
<ul style="list-style-type: none"><li><del>• Position of comfort.</del></li><li><del>• NPO except as noted below.</del></li><li><del>• Oxygen as indicated.</del></li><li>• Obtain history and perform patient assessment</li><li>• If BLS dispatched, request ALS resource</li><li>• If opiate overdose is suspected AND respiratory depression is present initiate BLS airway maneuvers and <del>are not responsive to BLS airway management</del> administer <b>Naloxone IN</b> if EMT has been trained.</li><li>• Check blood glucose (if EMT has been trained).</li><li>• If blood glucose is &lt;60 mg/dl administer <b>Glucose Paste</b> or <b>Oral Glucose</b> to <del>known diabetic patients</del> with symptoms of hypoglycemia. Patient must be conscious and have an intact gag reflex.</li><li>• If opiate overdose is suspected AND respiratory depression is present initiate BLS airway maneuvers and <del>are not responsive to BLS airway management</del> administer <b>Naloxone IN</b> if EMT has been trained.</li></ul>
ALS Treatment
<ul style="list-style-type: none"><li>• IV / IO of <b>Normal Saline</b> TKO.</li><li>• Check blood glucose:<ul style="list-style-type: none"><li>○ If blood glucose is &lt;60 mg/dl, <del>unmeasurable, or patient is a known diabetic:</del> administer <b>Dextrose</b>. Up to 25 G of D10W = Up to 250ml IV or IO bolus. May repeat q5min based on patient response (max dose 50 grams)</li><li>○ If blood glucose &lt; 60 mg/dl and IV cannot be established: administer <b>Glucagon</b>. : 1 mg IM</li></ul></li><li>• If opiate overdose is suspected AND respiratory depression is present initiate BLS maneuvers and <del>are not responsive to BLS airway management:</del> administer <b>Naloxone- IV/IM/IO: 0.4 mg</b>, may repeat in 5 min for continued respiratory depression up to 2mg. IN: 2mg via MAD, may repeat in 5 min for continued respiratory depression. <del>IN, IV or IM.</del></li></ul>
NOTES Common causes of altered mental status
<ul style="list-style-type: none"><li>• Alcohol, epilepsy, insulin, overdose, uremia, trauma, infection, psychiatric condition, stroke/sepsis</li><li>• <del>For opiate overdose patients who decline transport, (if available) consider distribution of leave behind naloxone (See Appendix A)</del></li><li>• <del>For patients who received bystander naloxone prior to EMS arrival, check for an EMS Agency label affixed to the box and scan QR code in Appendix A</del></li><li>• If suspected from poisoning and overdose see 2.10</li><li>• Signs of head trauma see protocol <b>4.03 Head, Neck and Facial Trauma</b></li><li>• Signs of shock see <b>Protocol 2.16 Shock</b></li><li>• Signs of stroke see <b>Protocol 2.14 Stroke</b></li><li>• Signs of seizure see <b>Protocol 2.13 Adult Seizure</b></li><li>• Signs of sepsis see <b>Protocol 2.15 Suspected Sepsis</b></li></ul>

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- Signs of STEMI see [Protocol 2.06 Chest Pain/ACS](#)
- Signs of symptomatic bradycardia see [Protocol 2.07 Bradycardia](#)
- Signs of symptomatic tachycardia see [Protocol 2.08 Tachycardia](#)

### Appendix A – Guidelines for EMS-Distributed Leave Behind Naloxone

<b>Patient Assessment</b>
Patients presenting with any ONE of the following conditions are eligible for leave behind Naloxone <ul style="list-style-type: none"><li>• Opioid overdose (requiring naloxone administration or supportive care and monitoring)</li><li>• History or physical exam with evidence of illicit drug use or paraphernalia (e.g. history of intravenous drug use, track marks, needles present in belongings, etc.)</li><li>• History or physical exam with prescription opioid use (prescribed or recreational)</li><li>• Physical environment with illicit, multiple, or high-dose prescription opioids present</li></ul>
<b>Distribution of Naloxone</b>
<ul style="list-style-type: none"><li>• Assess patient decision-making capacity</li><li>• Offer leave behind naloxone with just-in-time training to patient and/or appropriate bystander(s)</li><li>• Perform teaching and direct recipient to visual aids on naloxone kit</li><li>• Distribute naloxone kit</li><li>• Register distribution with the EMS Agency by scanning the QR code on the EMS Agency label and following prompts</li><li>• Record distribution in the narrative of the PCR</li></ul>
<b>Successful Reversal</b>
<ul style="list-style-type: none"><li>• Should an EMS responder find a box of naloxone on scene with an EMS Agency logo or seal (see example), EMS responders shall register with the EMS Agency by scanning the QR code on the EMS Agency label and following prompts</li></ul>
Example of EMS Agency Label Affixed to Naloxone Kit:

Survey Link → <a href="#">Click Here</a> ←