

**REGION I EMERGENCY MEDICAL SERVICES  
STANDING MEDICAL ORDERS  
EMT – Basic**

**SMO: Altered Mental Status**

**Overview:** The term *altered mental status* describes a change from the “normal” mental state. The term *level of consciousness* indicates a patient’s state of awareness.

**INFORMATION NEEDED**

- \_\_\_ 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

**OBJECTIVE FINDINGS**

- \_\_\_ AVPU and neurological assessment
- \_\_\_ Signs of trauma
- \_\_\_ Pupil size and reactivity
- \_\_\_ Needle tracks or other signs of abuse such as smell of ETOH, empty pill bottles etc.
- \_\_\_ Medical information tags, bracelets or medallions
- \_\_\_ Blood glucose

**TREATMENT**

- \_\_\_ ABC’s
- \_\_\_ Pulse Oximetry
- \_\_\_ Oxygen 10-15 L/min via nonrebreather mask; assist ventilations with BVM as indicated
- \_\_\_ Spine immobilization if any suspicion of head trauma with full spinal immobilization
- \_\_\_ RMC
- \_\_\_ **Glucose paste** for conscious patient with gag reflex intact and BS less than 60 mg/dl.
- \_\_\_ **Glucagon 1 mg IM if patient without intact gag reflex and with BS less than 60 mg/dl.**

**Documentation of adherence to protocol:**

- \_\_\_ Neurologic assessment documented
- \_\_\_ Blood glucose checked
- \_\_\_ If blood glucose < 60 mg/dl, treatment given per protocol and response documented.

**PRECAUTIONS AND COMMENTS**

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

**REGION I EMERGENCY MEDICAL SERVICES  
STANDING MEDICAL ORDERS  
EMT – Paramedic**

**SMO: Altered Mental Status**

**Overview:** The term *altered mental status* describes a change from the “normal” mental state. The term *level of consciousness* indicates a patient’s state of awareness.

**INFORMATION NEEDED**

- \_\_\_ Surroundings: syringes, blood glucose monitoring supplies, insulin, etc.
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- \_\_\_ Medical history: psychiatric and medical problems, medications, and allergies

**OBJECTIVE FINDINGS**

- \_\_\_ AVPU and neurological assessment
- \_\_\_ Signs of trauma
- \_\_\_ Pupil size and reactivity
- \_\_\_ Needle tracks or other signs of abuse such as smell of ETOH, empty pill bottles etc.
- \_\_\_ Medical information tags, bracelets or medallions
- \_\_\_ Blood glucose level

**TREATMENT**

- \_\_\_ ABC’s
- \_\_\_ Pulse Oximetry
- \_\_\_ Oxygen 10-15 L/min via nonrebreather mask; assist ventilations with BVM as indicated
- \_\_\_ Spine immobilization if any suspicion of head trauma with full spinal immobilization
- \_\_\_ RMC
- \_\_\_ Cardiac monitor
- \_\_\_ **Glucose paste** for conscious patient with intact gag reflex.
- \_\_\_ IV access
- \_\_\_ **Naloxone** 2 mg IVP or IM for suspected opiate overdose with respiratory depression consisting of Respirations < 12 and or very shallow respirations and/or signs of shock (titrate to overcome respiratory depression and repeat as needed)
- \_\_\_ **Dextrose 50% (D50W) 25 grams IVP**; if blood glucose <60 mg/dl or if patient is known diabetic; repeat as needed based on patient response up to a total dose of 50 grams. If you are unable to measure blood glucose level, assume hypoglycemia.
- \_\_\_ **Glucagon 1 mg IM**, if unable to establish an IV to administer Dextrose.
- \_\_\_ If history of ETOH abuse suspected or undernourished patient.
- \_\_\_ Advanced airway management as indicated

7/04

Reviewed:

Revised:

EMS/ Region1 SMOs

**Documentation of adherence to protocol:**

Neurologic assessment documented

Blood glucose checked

If blood glucose < 60 mg/dl, treatment given per protocol and response documented.

ECG strip attached to report.

**PRECAUTIONS AND COMMENTS**

- Always assess for treatable etiologies (hypoglycemia, opiate overdose, dysrhythmias, etc.) of the altered mental status before performing advanced airway procedures.
- Nalaxone can precipitate acute withdrawal syndrome. Use ONLY if patient is unconscious, or severely altered with respiratory depression and you suspect opiate overdose.
- Make sure IV is patent before and during administration of Dextrose 50%.

7/04

Reviewed:

Revised:

EMS/ Region1 SMOs