

## UNCONSCIOUS / ALTERED MENTAL STATUS (NON-TRAUMA)

To use this protocol, a patient must have a current Glasgow coma scale total < 12. This protocol is intended to guide the management of patients with a decreased level of consciousness who have no history of trauma.

- A. Perform **Initial Treatment / Universal Patient Care Protocol**.
- B. Maintain airway with the following special considerations in patients with decreased level of consciousness.
  1. Reassess that there is no history of even remote trauma which could have resulted in a cervical spine injury. If in doubt, protect spine by performing **Spinal Trauma Protocol 5103**.
  2. If a readily treatable cause is suspected such as hypoglycemia or narcotic overdose, and ventilation can be maintained without intubation, consider assisting ventilation without intubation until treatment is administered and condition reassessed.
  3. Possible causes of unconsciousness or altered mental status (AEIOU-TIPS):
    - A** Acidosis, alcohol
    - E** Epilepsy
    - I** Infection
    - O** Overdose
    - U** Uremia (kidney failure)
    - T** Trauma, tumor
    - I** Insulin
    - P** Psychosis
    - S** Stroke
- C. Assess blood glucose level by glucometer and draw labs if available.
- D. If blood glucose level is  $\leq 60$  mg/dl, then:
  1. Treat per **Diabetic Emergencies Protocol 5604**.
- E. If blood glucose level is  $> 60$ , administer **Naloxone (Narcan®)** 2 mg IV titrated to restore the respiratory drive.  
If IV cannot be established, administer 2 mg intranasal (IN) via atomizer, or intramuscular (IM).
- F. Expedite transport and notify **Medical Command**.