

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 4103**.
 - 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 ≤ 60 mg/dl, then:
 - 1. Treat per **Diabetic Emergencies Protocol 4604**.
- E. If blood glucose level is > 60 , administer **Naloxone (Narcan®)** 0.4 mg/minute up to 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**.