

ALTERED MENTAL STATUS – PEDIATRIC

APPROVED: Gregory Gilbert, MD EMS Medical Director
Nancy Lapolla EMS Director

DATE: July 2018

Information Needed:

- Surroundings: syringes, blood glucose monitoring supplies, insulin, medication bottles, cleaning supplies, etc.
- Change in mental status: baseline status, onset and progression of altered state. Remember to use age-appropriate GCS and gauge neurologic functioning by appropriate response for age. Parents and guardians are good sources of information as to whether the infant or child's reaction to verbal or tactile stimuli is baseline.
- Preceding symptoms such as fever, respiratory distress, headache, seizures, confusion, trauma, etc.
- Medical history: psychiatric and medical problems, medications, allergies, potential ingestions (especially salicylates, acetaminophen, and ethanol).
- Utilize the Broselow Tape to measure length and then SMC Pediatric Reference Card for determination of drug dosages, fluid volumes, defibrillation/cardioversion joules and appropriate equipment sizes

Objective Findings:

- Appearance, skin signs, temperature
- Level of consciousness and neurological assessment
- Evidence of trauma
- Breath odor
- Pulse oximetry
- Medical information bracelets or medallions
- Blood glucose level
- Vital signs
- Cardiac rhythm on monitor

Treatment:

- Primary field survey
- Routine medical care, ensure protective position or need for c-spine precautions as indicated
- Ensure ABC's, oxygenation, ventilation; suction as needed
- Oxygen via blow-by, mask, or high flow as needed; assist ventilations with BVM as needed.

Known or Suspected Hypoglycemia:

- Glucose paste, Glucola, sugared soft drinks, orange juice or other oral glucose may be administered if patient is able to maintain his airway and follow commands
- Consider IV/IO access
- If neonate (less than 29 days) and blood glucose less than 40 mg/dL give:
 - D₁₀%W IV/IO
 - If no vascular access, administer glucagon IM
- If older than 29 days and blood glucose less than 60 mg/dL give:
 - D₁₀%W IV/IO
 - If no vascular access, administer glucagon IM

Unknown Cause:

- Establish IV/IO access
- Consider naloxone IV, IO, IM or IN
- Give IV/IO fluid bolus of NS for any signs of hypoperfusion or hypovolemia. Reassess. May repeat two times as indicated. Contact Pediatric Base Hospital Physician for additional fluid orders fluid
- Continuously monitor vital signs, pulse oximetry, and cardiac rhythm during transport

Precautions and Comments:

- Naloxone should be used with caution in the neonate of a known or suspected narcotic-addicted mother as this can induce a withdrawal reaction.
- Be attentive for excessive oral secretions, vomiting, and inadequate tidal volume.
- Consider abuse or neglect for children with AMS and unknown cause.
- When in doubt, and if trauma exists, c-spine and backboard precautions are warranted.