ALTERED MENTAL STATUS/SEIZURE

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Information Needed:

- Surroundings: syringes, blood glucose monitoring supplies, insulin, etc.
- Change in mental status: baseline status, onset and progression of altered state, preceding symptoms such as headache, seizures, confusion, trauma, etc.
- Medical history: psychiatric and medical problems, medications, and allergies
- Consider stroke as a possible etiology

Objective Findings:

- Level of consciousness and neurological assessment
- Pulse Oximetry on room air
- Rate and depth of respirations before and after treatment
- Signs of trauma
- Breath odor
- Pupil size and reactivity
- Needle tracks
- Medical information bracelets or medallions
- Blood glucose level

Treatment:

Known or Suspected Hypoglycemia

- Routine Medical Care
- Glucose paste or other oral glucose administration if patient is able to maintain an airway and swallow the solution without difficulty
- If unable to tolerate oral glucose, IV access
  $D_{50}W$ 25 g IV slow push for blood glucose <80mg/dL. May repeat as indicated
- $D_{10}W$ 100 ml (10g) IV/IO for blood glucose <80 mg/dL
  - If no response in LOC or glucose remains <80 mg/dL, administer 150 ml (15g) and reassess. May repeat as indicated.
- Glucagon 1mg IM if IV access is not immediately available. May repeat once after 10 minutes if blood glucose <80 mg/dL

Suspected Intracranial Hemorrhage

- Routine Medical Care
- Spinal immobilization if any suspicion of head trauma
- Elevate head of gurney if possible to 30 degrees
- Consider IV access

- Avoid excess fluid administration
- Comfort and reassure patient

Seizure

- Routine Medical Care
- Spinal immobilization for any suspicion of head trauma
- Consider IV access
- For persistent generalized seizures (>5 minutes) or recurrent seizures without regaining a normal mental status, treat with midazolam (Versed®):
    - 1-2 mg IV/IO. May repeat every 5 minutes, up to a maximum of 10 mg.
    - 1-5 mg IN. May repeat in 10 minutes up to a maximum of 10 mg
    - Monitor the patient's EKG monitor and pulse oximetry after administration.

Unknown Cause

- Routine Medical Care
- Spinal immobilization if any suspicion of head trauma
- Consider IV access
- If narcotic overdose is a possibility (e.g. pinpoint pupils) and the patient is in respiratory failure or shock, give naloxone:
    - 1-2 mg IV/IO/IM. May repeat as needed to overcome respiratory depression.
    - 2 mg IN split into two (2) doses, 1 mg in each nare. May repeat as needed to overcome respiratory depression.
- Blood glucose measurement

Behavioral or Psychological

- Routine Medical Care
- Comfort and reassure patient
- Restrain only as necessary

Precautions and Comments:

- Consider transport in left lateral recumbent position if no spinal injury is suspected
- Be attentive for excessive oral secretions, vomiting, and inadequate tidal volume
- Carefully monitor pulse oximetry and respiratory status including rate and depth of ventilation after administration of midazolam (Versed®)
- Aggressive use of naloxone may precipitate withdrawal symptoms and combativeness
- Focal seizures without mental status changes do not require prehospital pharmacological intervention

- Consider withholding naloxone in narcotic-dependent comfort care patients, such as hospice, end-stage terminal illness or DNR patients. Base Hospital contact is encouraged