

## ALTERED MENTAL STATUS/SEIZURE

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

DATE: July 2018

### **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<sub>50</sub>W 25 g IV slow push for blood glucose <80mg/dL. May repeat as indicated
- D<sub>10</sub>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