

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 as indicated by **Airway Management Protocol 6901** 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 **Spine Trauma Protocol 6103**.
 - 2. If a readily treatable cause is suspected, such as hypoglycemia or narcotic overdose, and ventilation can be maintained without intubation, consider assisting ventilation 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.
- D. If blood glucose level is <60 mg/dl, then:
 - 1. Treat per **Diabetic Emergencies Protocol 6604**.
- E. If blood glucose level is >60 mg/dl, administer **Naloxone (Narcan®)** 2 mg intranasal (IN) via atomizer.
- F. Expedite transport and notify **Medical Command**.