



POLICY PEDIATRIC M5 ALTERED MENTAL STATUS

Effective Date: May 16, 2018

Last Review Date: October 3, 2011

Next Review Date: May 2021

Authority: Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9

DEFINITION:

Characterized by a GCS less than 15, confusion, unconsciousness, syncope

BLS TREATMENT:

OXYGEN: as appropriate, goal to maintain SPO2 at least 94%; Assists ventilations as necessary.

POSITION & VITALS: If not contraindicated by injuries, place patient in left lateral decubitus position. Assess vitals, monitor airway and ventilator effort – assist ventilations as needed.

BLOOD SUGAR CHECK: Test blood sugar

ORAL GLUCOSE: 1 unit dose – if blood sugar < 60 mg/dl with history of diabetes and intact gag reflex (patient able to manage their own secretions). Recheck blood sugar after 3-5 minutes.

NALOXONE: < than 20 kg – 1 mg IN (0.5mg per nare)

> than 20 kg – 2 mg IN (1 mg per nare) or administer **FULL DOSE** of pre-packaged Naloxone nasal spray. May repeat after 3-5 minutes if no improvement or response.

ALS TREATMENT:

MONITOR: treat rhythm as appropriate

BLOOD SUGAR CHECK: Test blood sugar

IV/IO ACCESS: TKO. If patient has low systolic BP or signs of shock, give 20 ml/kg fluid bolus and reassess BP. Repeat as necessary.

DEXTRROSE: If blood sugar less than 60 mg/dl treat with IV/IO dextrose as follows

D10 5ml/kg refer to length-based assessment tape for dose, if D10 not available use D25 2 ml/kg IV/IO – may repeat after 3-5 minutes if no improvement

GLUCAGON: If blood sugar < 60 mg/dl and no IV/IO access give Glucagon as follows

< than 20 kg 0.5 mg (0.5 ml) IM – may repeat after 3-5 minutes if no improvement

> than 20 kg 1 mg IM – may repeat after 3-5 minutes if no improvement

NALOXONE: < than 20 kg – 1 mg IN (0.5mg per nare)

> than 20 kg – 2 mg IN (1 mg per nare) Repeat after 3-5 minutes if no response. If no response after 2 – 2 mg IN doses, give 0.5 mg IV/IM titrated to increased respiratory effort or until a total of 8 mg of naloxone has been given.

CONSIDERATIONS:

Manage airway with aggressive BLS techniques (suction, airway adjuncts, BVM) if necessary ALS providers may use approved supraglottic airway device.

Refer to length based assessment tape for drug doses and proper equipment sizes.